European Transport Safety Council

PROGRESS IN REDUCING DRINK-DRIVING IN EUROPE

And other alcohol-related deaths

November 2026









SMART

SOBER MOBILITY ACROSS ROAD TRANSPORT

ACKNOWLEDGEMENTS

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

European Transport Safety Council

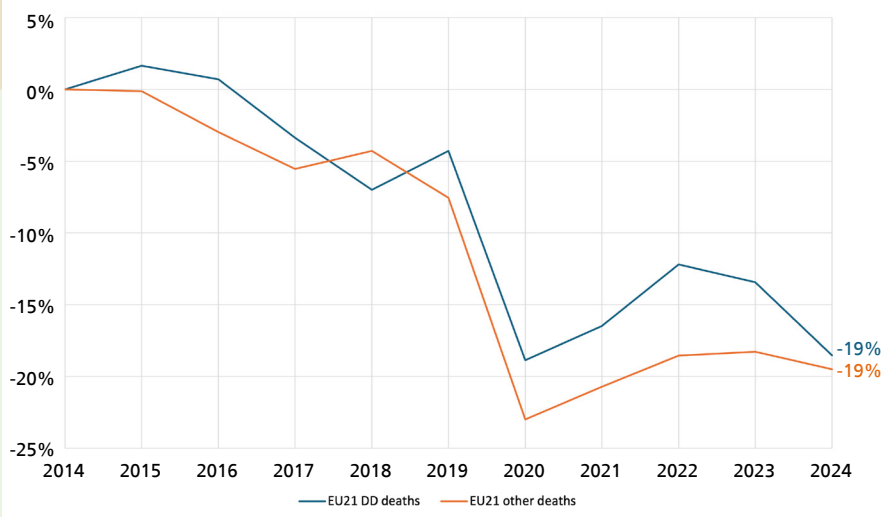


19,400

People were killed on the roads in **2025**

2,224 PEOPLE RECORDED KILLED IN ALCOHOL-RELATED COLLISIONS IN 2024 *EU21

-19% reduction for both drink-driving deaths and all other road deaths in the period 2014-2024



PEDESTRIANS ACCOUNTED FOR AROUND 12% OF ALCOHOL-RELATED ROAD DEATHS IN THE EU IN 2022–2024

MAIN RECOMMENDATIONS

- ✓ Adopt a zero-tolerance level (i.e. a max. BAC of 0.2 g/l) for all drivers and riders of motorised vehicles
- ✓ Intensify enforcement by setting annual targets for the number of police roadside alcohol checks
- ✓ Improve data collection to measure progress and target action to tackle drink-driving
- ✓ Establish use of alcohol interlocks as part of rehabilitation programmes for first time high-level and recidivist offenders as well as drivers with alcohol dependency
- ✓ Mandate the use of alcohol interlocks for professional drivers, including through public procurement
- ✓ Organise regular nationwide campaigns, especially targeting young drivers

EXECUTIVE SUMMARY

Alcohol remains one of the leading risk factors for road deaths and serious injuries in Europe. Although only an estimated 1.5–2% of kilometres travelled in the EU are driven with an illegal blood alcohol concentration (BAC), an estimated one in four road deaths is alcohol-related. Of the approximately 19,400 people killed on EU roads in 2025, several thousand are therefore likely to have died in collisions involving alcohol. Yet official figures capture only part of the problem: police records in 21 EU countries identified 2,224 deaths in alcohol-related collisions in 2024, around 16% of all road deaths in those countries. Keeping alcohol-impaired road users off the roads could save thousands of lives every year.

Drink-driving deaths are falling, but no faster than other road deaths. Between 2014 and 2024, recorded road deaths attributed to alcohol fell by 19% in the 21 EU Member States that could provide consistent data, matching the reduction in other road deaths. Progress also varies widely between countries. Sixteen countries reduced alcohol-related deaths faster than other road deaths, led by Cyprus, Hungary and Serbia, while in Latvia and Spain other road deaths fell faster. The picture for serious injuries is similarly mixed: of the 23 countries providing data, 14 recorded a decline in serious injuries in alcohol-related collisions, two saw little change and seven recorded increases. Without renewed action on drink-driving, the European Union will not achieve its road safety targets.

Alcohol-related harm goes beyond motor vehicle drivers. Pedestrians, cyclists and e-scooter riders are at risk both from impaired drivers and when they are under the influence themselves. Pedestrians accounted for around 12% of alcohol-related road deaths in the EU in 2022–2024, and for more than half in Bulgaria and Slovakia. Evidence from individual countries also points to alcohol as a significant factor for cyclists and e-scooter riders: in Finland, around one in five cyclists killed between 2018 and 2022 was under the influence of alcohol, and studies link alcohol to up to 40% of e-scooter deaths. Yet several countries still have no BAC limit for cyclists or e-scooter riders. The full scale of the problem remains difficult to establish, because these road users are not always systematically tested for alcohol and national definitions and reporting practices differ.

Drink-driving enforcement remains insufficient and inconsistent. Of the 16 countries able to provide comparable data, only five increased the number of roadside alcohol breath checks between 2014 and 2024, while the other eleven saw a decline. Enforcement levels also vary enormously between countries. Drivers perceive little risk of being caught: in the 2023 ESRA survey, only around 17% of EU car drivers considered it likely that they would be checked for alcohol on a typical journey. Frequent, visible and unpredictable roadside alcohol checks are essential to increase the perceived likelihood of detection and deter drink-driving. Wider use of evidential breath testing, already in place in 20 of the 28 countries that provided information, would allow police to process more cases, as roadside results can then be used as evidence in court without a blood test.

Better data are essential to measure progress and target action. National differences in the definition and recording of alcohol-related deaths make direct comparisons between countries difficult, and six EU Member States could not be included in the EU-wide trend because of inconsistent or missing data. Alcohol testing is not always carried out systematically on all participants in fatal and serious collisions, and test results may not be incorporated into official statistics. Data on enforcement are also patchy: 14 of the 31 countries covered could not provide figures on roadside breath tests. All countries should apply the common SafetyNet definition of an alcohol-related road death and collect comparable data on deaths and serious injuries, roadside checks and positive test results.

Legal BAC limits still vary across Europe. Seven EU Member States, as well as Norway and Serbia, apply a limit of 0.2 g/l or lower to all drivers, while England and Wales retain a limit of 0.8 g/l. Bulgaria and Finland still have no lower BAC limit for novice or professional drivers, and several other Member States, including Denmark and the Netherlands, have no lower limit for professional drivers. There is evidence that lower limits save lives: a Belgian study estimated that lowering the limit from 0.5 g/l to zero could prevent 10–17 deaths and 8–20 serious injuries each year. Studies from Ireland and Finland also show that young drivers are overrepresented among drink-drivers involved in serious and fatal crashes.

Alcohol interlocks and rehabilitation offer opportunities to reduce repeat and high-level offences. Eight countries already use alcohol interlocks as part of rehabilitation programmes for drink-driving offenders, and in 2025 Italy made interlocks compulsory for all drivers convicted with a BAC above 0.8 g/l. The evidence is encouraging: a 2025 evaluation in France found reoffending rates of around 2% in the year after an interlock measure ended, compared with 6% after an administrative licence suspension. Interlock programmes are particularly effective when combined with rehabilitation, counselling and appropriate medical or psychological supervision. The revised EU Driving Licence Directive now allows drivers with alcohol dependency to be licensed, provided they use technology such as an alcohol interlock and are subject to periodic review of their treatment.

Professional transport and public procurement should play a greater role. Alcohol-related collisions involving buses, trucks and other commercial vehicles can have particularly severe consequences because of the size and mass of these vehicles. Experiences in countries including France, Finland, Norway and Sweden demonstrate different ways of using alcohol interlocks in commercial and public transport as well as in public procurement.

Drink-driving campaigns can play an important role in raising awareness, encouraging safer behaviour, particularly among young and novice drivers. However, campaigns need to be systematically evaluated to assess their impact on attitudes, actual driving behaviour and road casualties. The growing availability and promotion of non-alcoholic drinks may also offer an alternative to alcoholic drinks, although further research is needed to establish their potential influence on drink-driving behaviour and road safety.

MAIN RECOMMENDATIONS TO MEMBER STATES

- Collect the annual number of drink-driving checks and the number of positive results, and the number of deaths and serious injuries in alcohol-related collisions according to the SafetyNet definition.
- Adopt a zero-tolerance level (i.e. a maximum BAC of 0.2 g/l) for drivers and riders of motorised vehicles. As an important step towards this objective, lower BAC limits for novice and professional drivers.
- Allow alcohol testing in all police roadside checks and introduce mandatory alcohol testing of all active participants in fatal and serious collisions. Introduce roadside evidential breath testing procedures.
- Intensify enforcement by setting annual targets for the number of police roadside alcohol checks, e.g. checking one in five drivers each year. Couple enforcement with publicity activities.
- Establish rehabilitation programmes for recidivist and high-level first-time offenders and mandate the use of alcohol interlocks within them. Allow drivers with alcohol dependency to participate in a rehabilitation programme and be issued a conditional licence requiring the use of an alcohol interlock, provided this is combined with medical supervision and treatment.
- Make wider use of conditional licences (Codes 61 to 69) to allow those who may be at risk to continue to drive under certain circumstances. Apply code 69 when a driver is restricted to drive only a vehicle equipped with an alcohol interlock.
- Mandate the use of alcohol interlocks for professional drivers, including through public procurement.
- Organise regular nationwide campaigns to raise public understanding of the dangers of combining alcohol with using the roads, particularly targeting young and novice drivers, and evaluate their impact.

MAIN RECOMMENDATIONS TO EU INSTITUTIONS

- Propose an EU Directive on drink-driving, establishing a zero-tolerance level (i.e. a maximum BAC of 0.2 g/l) for drivers and riders of motorised vehicles to reduce the risks associated with alcohol-impaired driving.
- Strengthen EU guidance on drink-driving enforcement to support frequent, visible and unpredictable roadside alcohol checks, effective sanctions and appropriate rehabilitation measures.
- Encourage the wider use of alcohol interlocks in professional transport, including through public procurement requirements. Support measures that facilitate the installation and use of approved devices.
- Encourage alcohol interlock programmes for high-level and recidivist offenders and support Member States, including through EU guidance on the use of alcohol interlocks, in combining them with rehabilitation, counselling and, where appropriate, medical supervision to address the underlying causes of repeat drink-driving.
- Support the implementation of provisions of the revised EU Driving Licence Directive on conditional licences and alcohol interlock rehabilitation, allowing drivers with alcohol dependency to drive under specific conditions, such as the use of an alcohol interlock where appropriate.
- Improve EU-wide data collection and monitoring of drink-driving enforcement, alcohol-related road deaths and serious injuries. Increase the comparability of national data, for example by promoting the common SafetyNet definition, to better assess progress and identify where further action is needed.
- Revise the existing KPI on the "percentage of drivers driving within the legal limit for blood alcohol concentration" so that it measures the percentage of drivers within the legal BAC limit among those breath-tested by police in roadside checks, rather than relying on self-reported behaviour.

INTRODUCTION

Around 19,400 people were killed on EU roads in 2025,[1] and alcohol remains one of the main factors behind these deaths. Even small amounts of alcohol slow reaction times and impair concentration, coordination and judgement, and the risk of a fatal crash rises steeply with blood alcohol concentration (BAC): compared with a sober driver, the crash rate of a driver with a BAC of 0.5 g/l is 1.4 times higher; at 1.0 g/l his crash rate is 5 times higher and at 1.5 g/l around 20 times higher. Although only an estimated 1.5–2% of kilometres in the EU are driven above the legal limit, an estimated quarter of all road deaths are alcohol-related.[2]

The EU and its Member States have committed to halving road deaths and serious injuries between 2020 and 2030. Without renewed action on drink-driving, that target will not be met. Over the past decade, overall road deaths attributed to alcohol have fallen at the same rate as other road deaths, suggesting that progress may largely reflect general improvements in road safety rather than measures specifically targeting drink-driving.

This report gives an updated overview of drink-driving in 31 European countries: the 27 EU Member States, Norway, Serbia, Switzerland and the United Kingdom. It covers the period 2014–2024 and updates ETSC's previous assessment, published in 2022.[3]

The policy landscape has changed since then. The revised EU Driving Licence Directive, adopted in 2025, introduces a probationary period for novice drivers, allows drivers with alcohol dependency to be licensed if they use technology such as an alcohol interlock. The revised Cross-Border Enforcement Directive will make it easier to pursue offences committed by non-resident drivers. Several countries have also strengthened their national rules, from mandatory alcohol interlocks for convicted drivers in Italy to vehicle confiscation in Poland and a new offence of road homicide in France.

The report is in two parts. Part I assesses each country's progress in reducing alcohol-related road deaths, and looks at pedestrians, cyclists and e-scooter riders, and at serious injuries in alcohol-related collisions. Part II reviews the measures that make a difference: enforcement and evidential breath testing, better data collection, lower BAC limits and stricter sanctions, rehabilitation programmes and alcohol interlocks, and awareness campaigns. The main recommendations to Member States and the EU institutions are set out at the start of the report.

Comparing countries is not straightforward. Definitions of an alcohol-related road death, testing practices and data quality vary widely, and not every country could provide data for every indicator. The method used to compare progress is explained in the Indicator box below.

NOTE ON COUNTRIES COVERED BY THIS REPORT

This report includes aggregate data analysis covering the 31 countries that participate in ETSC's Road Safety Performance Index (PIN) programme. They are:

- The 27 EU Member States;
- the United Kingdom, a former EU Member State;
- Norway and Switzerland, two Member States of the European Free Trade Area;
- Serbia, a candidate EU Member State.

The 27 EU Member States agreed to, and will work towards, the aim of achieving the common target to halve the number of road deaths and serious injuries in the EU over the period 2020-2030. This target followed an earlier target set in 2010 to halve the number of road deaths by 2020.

[1] ETSC (2026): Annual Road Safety Performance Index (PIN Report), https://tinyurl.com/3xr5mejs
[2] European Commission (2024), Alcohol and drugs thematic report, https://tinyurl.com/tf253zyb
[3] The subject of this report has been examined previously in the following ETSC reports: (2022) Progress in reducing drink-driving and other alcohol-related road deaths in Europe, 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 as well as the 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.

INDICATOR

Levels of road deaths attributed to alcohol cannot be compared between countries, because countries define and record a "road death attributed to alcohol" in very different ways (see section 2.2). Countries are therefore compared on the basis of how road deaths attributed to alcohol have developed relative to other road deaths, using each country's own method of identifying alcohol-related deaths. These rates of change are comparable across countries in so far as recording procedures have remained consistent during the reporting period.

For reference, 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". National definitions, as provided by PIN panellists, are available in the annexes.

The main indicator of progress is the difference, in percentage points, between the average annual change in recorded alcohol-related road deaths and the average annual change in other road deaths between 2014 and 2024 (Fig. 2). The same indicator is used for serious injuries (Fig. 5).

The average annual change is based on the entire time series of all the eleven annual numbers of road deaths between 2014 and 2024 and estimates the average exponential trend. For more information, read the methodological note, PIN Flash 6: https://tinyurl.com/mrysk6jk

The numbers of road deaths attributed to alcohol were supplied by the ETSC PIN panellists in each country (see www.etsc.eu/pin).

No data are available for Malta. Bulgaria, Ireland, Italy, the Netherlands and Romania are excluded from the EU average because of inconsistencies in their data trends or lack of updated data.

PART

01



Progress in reducing road deaths attributed to alcohol in the EU

1.1 ALCOHOL-RELATED ROAD DEATHS COMPARED TO OTHER ROAD DEATHS

2,224 people were recorded killed in alcohol-related collisions in police records in 2024 in 21 EU countries,[4] compared to 2,730 in 2014. These recorded deaths represent around 16% of all road deaths in these countries in 2024. Because not all road users involved in fatal collisions are tested for alcohol, and test results are not always recorded (see section 2.2), the true share is estimated to be around one in four.

Recorded road deaths attributed to alcohol were cut by 19% between 2014 and 2024 in the EU21, the same rate as other road deaths that also went down by 19% over the same period (Fig. 1). The impact of the COVID-19 pandemic and accompanying restrictions in mobility explains the sudden drop registered in 2020 for both drink-driving deaths and all other road deaths.

Despite the strong consensus on the risks related to drinking and driving and the need to reduce the number of alcohol-related road deaths, the figures below show that alcohol-related road deaths in the European Union have fallen at the same rate as other road deaths, but no faster.

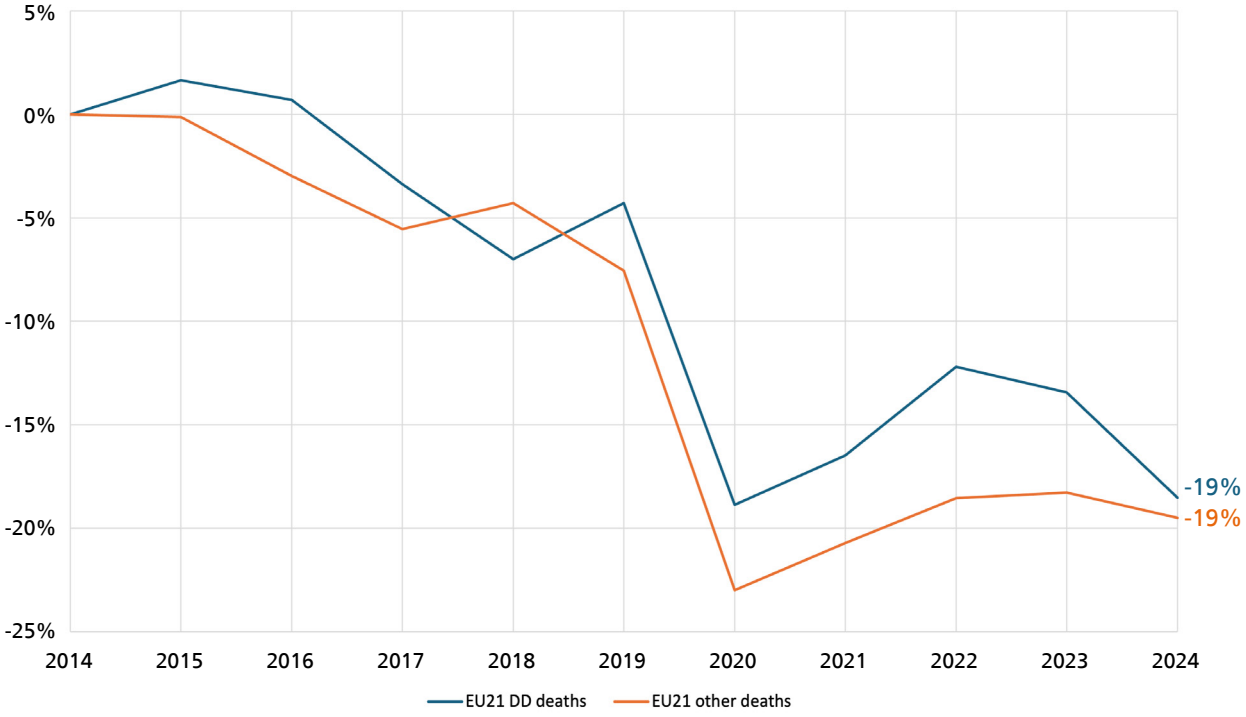


Fig. 1. Relative developments in recorded road deaths attributed to alcohol and other road deaths in 21 EU countries that could provide data taken together over the period 2014-2024
EU21: EU27 minus BG, IE, IT and RO for inconsistency in the data trend and MT and NL for lack of updated data.

Fig. 2 shows the 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 period 2014-2024, using each country's own method of identifying alcohol-related deaths (see indicator box) that can lead to underreporting of alcohol-related road deaths.

Collectively in the EU, alcohol-related deaths have followed the same evolution as other road deaths between 2014 and 2024.

[4] EU21: EU27 minus BG, IE, IT and RO for inconsistency in the data trend and MT and NL for lack of updated data.

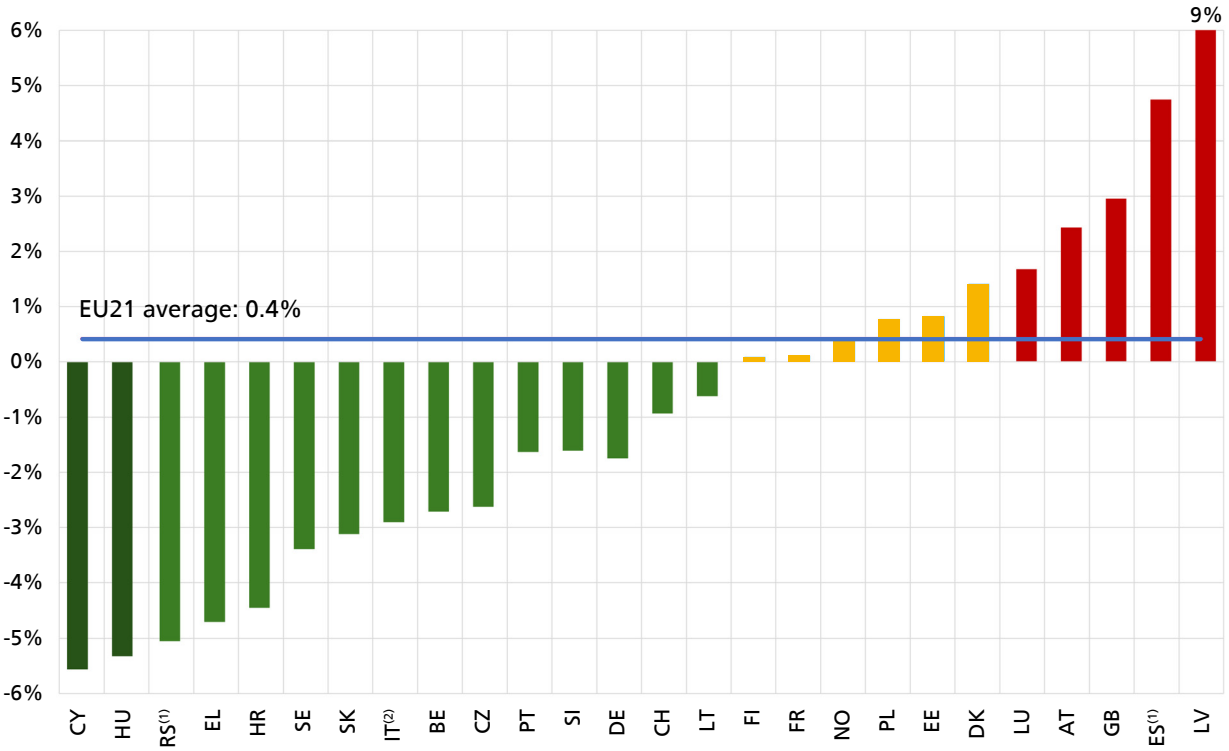


Fig. 2. Difference between the average annual (%) changes in the number of road deaths attributed to alcohol and the corresponding reduction for other road deaths over the period 2014-2024

BG and RO excluded from the graph for inconsistency in the data trend. BG, IE, IT, MT, NL and RO excluded from the EU average. (1)RS, ES: 2016-2024, (2)IT: 2018-2024 Alcohol-related fatal crashes detected by Carabinieri and National Police, which detect about one third of all road collisions with injuries, Data Source: ISTAT.

Sixteen countries achieved faster progress in reducing alcohol-related road deaths than overall reductions in other road deaths (Fig. 2). In Cyprus, the average annual reduction in alcohol-related road deaths between 2014 and 2024 was 5.5 percentage points greater than for all other road deaths, followed by Hungary and Serbia, each with a difference of 5 percentage points. Latvia and Spain 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 Latvia the number of alcohol-related road deaths increased by 2% on average annually over the period 2014-2024, while the number of other road deaths decreased on average by 7% annually, leading to the 9 percentage point difference seen in Fig. 2.

HUNGARY

Hungary ranks among the countries with faster reductions in the number of alcohol-related deaths compared to all other road deaths, showing a decline from 47 to 29 drink-driving deaths in the decade 2014 to 2024.

In Hungary the long-standing zero-tolerance approach has become increasingly accepted and internalised by road users over the years. Today, most drivers understand any level of alcohol consumption before driving is unacceptable and may result in sanctions.

In addition, roadside enforcement and alcohol testing practices have improved, contributing to the deterrent effect, ranking among the EU countries with the highest number of alcohol checks (260 per 1,000 inhabitants). Considerable investments have been made in new breath-testing equipment, alongside ongoing improvements in personnel and technical capacity to increase the likelihood of detecting drink-driving offences.

It should also be noted that the absolute number of drink-driving deaths in Hungary is relatively low, so long-term trends can be influenced by relatively small changes in annual figures.

Gábor Pauer, Institute for Transport Sciences (KTI).

SERBIA

Serbia moved from 173 road deaths caused by alcohol to 102 in the period 2016-2024, an average annual reduction of 5% compared to a particularly low 0.5% annual average reduction for all other road deaths.

In 2018, Serbia lowered the legal blood alcohol concentration (BAC) limit for most drivers from 0.3 g/l to 0.2 g/l, reinforcing the message that drinking and driving are incompatible.

Enforcement has been strengthened considerably. The Ministry of Interior has intensified roadside checks, particularly during holiday periods, weekends and night-time hours, when the risk of drink-driving is highest. The latest ESRA survey findings also indicate a high level of perceived enforcement (27% compared to 17% EU average). A notable feature of Serbian enforcement practice is that every driver stopped during a traffic control operation is subject to a breath test, increasing both the objective and perceived likelihood of detection.

Public awareness and prevention campaigns also played a role. Drink-driving has become one of the most prominent road safety topics in recent years, especially when it comes to educating young people. These campaigns have been implemented both by public authorities, including the Road Traffic Safety Agency and the Ministry of Interior, and by socially responsible private-sector stakeholders, such as breweries and other alcohol producers.

Taken together, these measures combined with broader road safety improvements have likely contributed to the substantial reduction in deaths in crashes involving alcohol observed in Serbia over the last decade.

Milica Dragišić, Road Traffic Safety Agency, Republic of Serbia.

SPAIN

In Spain progress has been much slower in reducing alcohol related road deaths compared to other deaths over the period 2014 to 2024, with a 4.8 percentage point difference between the average annual (%) changes in the number of road deaths attributed to alcohol and the corresponding reduction for other road deaths. In 2024, Spain recorded 273 alcohol-related fatal crashes, representing 28% of the total. In addition, toxicology data show that 34% of drivers killed in road crashes tested positive for alcohol, while 23% had a blood alcohol concentration (BAC) above 1.2 g/l.

Sadly, alcohol continues to play a very significant role in fatal road crashes in Spain.

The standard legal BAC limit remains 0.5 g/l, although the Spanish Directorate-General for Traffic (DGT) recommends zero as the only safe BAC. The Spanish government recently proposed to reduce the standard BAC limit to 0.2 g/l, but this was not approved by the Parliament.

Enforcement activity is substantial: the Traffic Division of the Spanish Civil Guard carried out more than 7.3 million breath tests in 2024. Of the more than 6.2 million preventative roadside tests conducted, 1% were positive (i.e. above the legal limit).

Spanish Directorate-General for Traffic (DGT)

COUNTRIES NOT INCLUDED IN THE EU COMPARISON DUE TO DATA LIMITATIONS

Malta: no data available on drink-driving road deaths

Estimates of the number of deaths attributed to drink-driving are not available in Malta, leaving the country with no indicator of the effectiveness of its drink-driving policy measures. After a fatal road collision, the cause of death is established by the health authorities following a post-mortem examination, including toxicology analysis, as part of a judicial inquiry led by a magistrate. However, these data are collected to establish liability rather than for statistical or analytical purposes, and are often not recorded in the police database. The National Statistics Office does not publish statistics on alcohol-related road deaths.

Italy: Progress in reporting, but the scale of drink-driving remains underestimated

The scale of alcohol-related collisions in Italy was unknown until 2018. Since then, reporting of drink-driving crashes by the police forces that provide data to ISTAT (the National Institute of Statistics) has improved, but it is still incomplete, so the problem continues to be underestimated.

A further limitation is that drivers involved in a crash may refuse to be tested for alcohol. In such cases, unless the offence constitutes a more serious crime, the penalties for the highest blood alcohol concentration band apply, but the crash is not reported to ISTAT as alcohol-related. Alcohol use may also go undetected in single-vehicle crashes in which the driver dies, as a post-mortem examination is not always carried out. To provide additional evidence and enrich the dataset on accident causes, ISTAT has therefore included data on violations of the Italian Road Code recorded by the National Police, Carabinieri and Local Police forces.

According to data on alcohol-related crashes recorded by the National Police and the Carabinieri, which detect approximately one third of all road collisions involving injuries, the number of fatal crashes attributed to drink-driving fell from 99 in 2018 to 84 in 2024. This represents an average annual reduction of 3 percentage points faster than the reduction in all other road deaths.

Ireland: Delays in coronial data limit the timeliness of drink-driving statistics

The RSA receives data on road user deaths from the Health Research Board. These data are collected from closed coronial files, which include detailed toxicology information. To allow time for inquests to be completed (which may be influenced by prosecutions), there is a lag in the time between year of death and year of data collection (typically up to two years). This process was further delayed during the COVID-19 pandemic.

RSA analysis of coronial data found that 35% of driver deaths between 2016 and 2020 with a toxicology result available had a positive toxicology for alcohol. A positive toxicology for alcohol was recorded where the Blood Alcohol Concentration (BAC) of the deceased was >0.2 g/l or equivalent.

The RSA will be publishing a new report and analysis of coronial data for road deaths that occurred during 2018-2022 in December 2026.

1.2 PEDESTRIANS INVOLVED IN ALCOHOL-RELATED COLLISIONS

There is growing recognition at local, national and EU level that increasing walking and cycling can help address public health and environmental challenges in the European Union. However, pedestrians and cyclists remain among the most vulnerable road users, accounting for 27% of all road deaths in the EU in 2024.[5] Alcohol adds to this risk, whether it is the driver, the rider or the pedestrian who has been drinking.

Fig. 3 shows the share of pedestrians among all alcohol-related road deaths in each country. Across the EU20,[6] pedestrians accounted for 12% of all alcohol-related road deaths over the three-year period 2022-2024.

The lowest number of pedestrian deaths due to an alcohol-related collision can be found in Norway with zero deaths, Estonia and Finland with one pedestrian killed and Belgium with two pedestrians killed in 2024.

Bulgaria and Slovakia recorded a particularly high proportion of pedestrian victims among all alcohol-related road deaths from 2022 to 2024, where respectively 62% and 54% of all alcohol-related road deaths involved pedestrians. Pedestrians represent approximately one-quarter of all alcohol-related road deaths in Poland over the same timeframe.

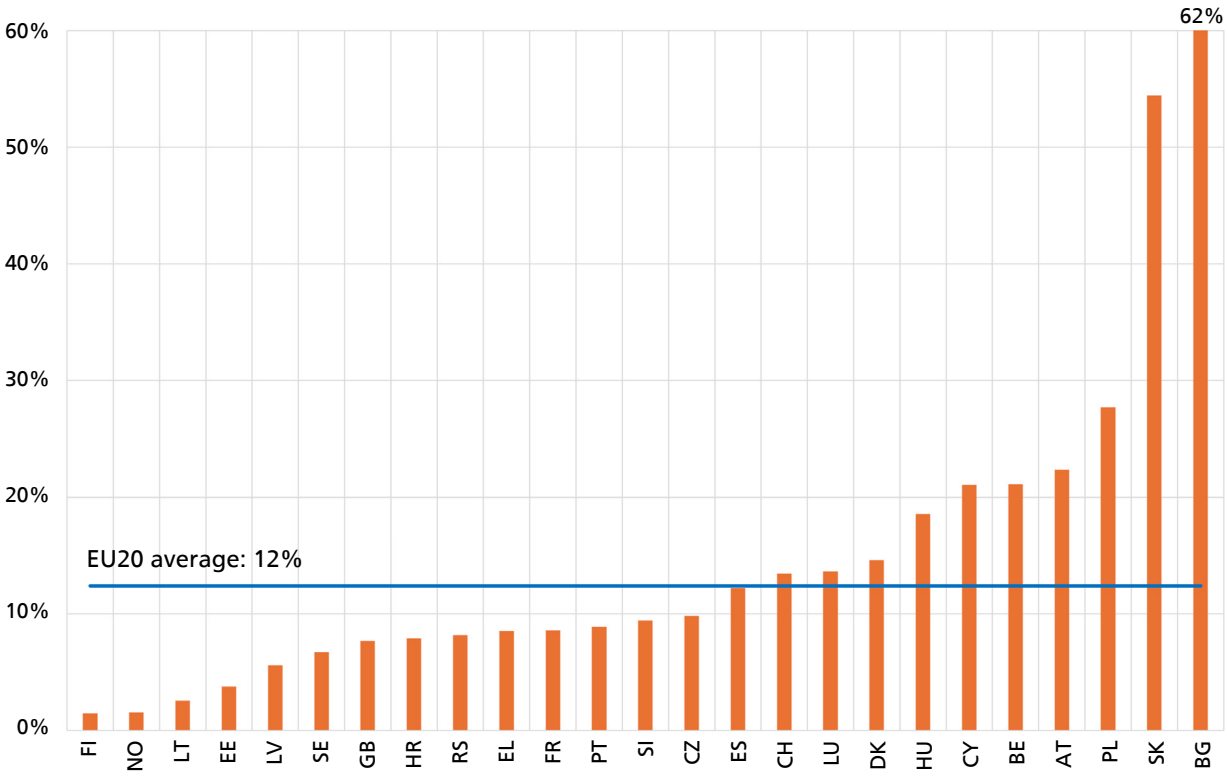


Fig. 3. Proportion (%) of pedestrians killed in alcohol-related road crashes out of the all alcohol-related deaths (average years 2022-2024 or last three years available)
DK - Killed pedestrians in crashes where one of the involved had a BAC level >=0.5 g/l - "estimated under the influence of alcohol" by the police are excluded.
ES - Except Catalonia and the Basque Country.
FI - All substance-related cases, not only alcohol.

[5] European Commission (2026) Annual statistical report on road safety in the EU, https://tinyurl.com/2s3rcnvv
[6] EU20: EU27 minus BG, IE, IT and RO for inconsistency in the data trend and DE, MT and NL for lack of updated data.

1.3 CYCLISTS INVOLVED IN ALCOHOL-RELATED COLLISIONS

Cycling is increasingly promoted across Europe for its health, environmental and mobility benefits. However, cyclists remain among the most vulnerable road users and progress in improving their safety has been limited. In the EU, cyclists represent 10% of all road user deaths. In 2024, 1,926 cyclists died on EU roads, while 22,153 cyclists died between 2014 and 2024.

Under the SafetyNet definition (see Indicator box), a cyclist killed by an impaired driver 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. 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.

It is difficult therefore to know how many cyclists are killed by impaired drivers. Data from Finland, where in-depth collision investigations are carried out on all fatal collisions, show us that between 2018 and 2022, 90 motor vehicle drivers caused a collision which resulted in the death of a cyclist or pedestrian. Of the 82 motor vehicle drivers causing a collision which resulted in the death of a cyclist or pedestrian for which intoxication results are available, 10% were under the influence (four were under the influence of only alcohol and four were under the influence of intoxicants other than alcohol or had used other intoxicants mixed with alcohol).

1.3.1 Cyclists under the influence of alcohol

Alcohol or drug intoxication can be a contributing factor in fatal and serious cyclist collisions. Research done in the Netherlands using data from visits to hospital emergency departments showed that cyclists represent 76% of all traffic victims that had used alcohol and/or drugs prior to their collisions.[7]

Legal blood alcohol concentration (BAC) limits are an important measure for tackling cycling under the influence. 20 PIN countries have a BAC limit for cyclists. The limits range from 1.6 g/l in Germany to 0.0 g/l in Czechia. The majority of PIN countries have a BAC limit for cyclists of 0.5 g/l. Three countries have a BAC limit of 0.2 g/l and six countries report not having a BAC limit for cyclists (Table 1).

Table 1. BAC limits for cyclists

BAC limits for cyclists						
No limits	**1.6 g/l**	**0.8 g/l**	**0.5 g/l**	**0.4 g/l**	**0.2 g/l**	**0.0 g/l**
Denmark	Germany[b]	Austria	Belgium	Lithuania	Estonia	Czechia
Finland			Bulgaria		Poland	
Hungary[a]			Cyprus		Serbia	
Ireland			France			
Sweden			Greece			
United Kingdom			Italy			
			Latvia			
			Malta			
			Netherlands			
			Portugal			
			Slovakia[c]			
			Slovenia			
			Spain			
			Switzerland			

[a]HU – There is no specific BAC limit for cyclists in Hungary; however, cycling is only permitted if the rider is in a condition fit for safe participation in traffic.
[b]DE – in Germany, cycling with 1.6 g/l blood alcohol or more is a criminal offence. Lower levels (from 0.3 g/l) combined with impaired riding can lead to fines or other penalties, and even under 1.6 g/l, observable alcohol-related impairment may trigger legal consequences.
[c]SK – corresponding to 0.24 milligrams of alcohol per litre of exhaled breath as determined by a breath test.
Source: ETSC (2026), Improving the safety of cycling in Europe (PIN Flash 50).

[7] Veiligheid NL (2022), Substance use in traffic (In Dutch: Middelengebruik in het verkeer), https://tinyurl.com/mr34jnm5

1.3.2 Enforcement of impaired cyclists

Enforcement of drink-driving among drivers and riders is critical for improving the safety of all road users, including cyclists. Enforcement also has a key role to play in keeping impaired cyclists and illegal bicycles off the road.

Nine countries were able to provide data on the number of cyclists tested and found to be above the legal BAC limit for cycling in 2024 (Table 3) and five were able to say what proportion of all cyclists tested for alcohol were found to be over the legal limit (Table 2).

Data on cyclists tested for alcohol and found to be above the legal alcohol limit can be gathered from different sources. In Austria, Bulgaria, France and Slovenia however, the data cover only cyclists involved in police-reported collisions.

Table 2. Total number of cyclists tested in 2024 and proportion found to be over the legal alcohol limit.

	Total number of cyclists found to be above the legal alcohol limit in 2024	% of all tested cyclists found to be over the legal alcohol limit
BE	479	6.9%
BG	45	15.8%
FR	104	2.4%
LV	67	7.9%
SI	149	9.2%

Source: PIN panellists.

Table 3. Cyclists found to be above the legal alcohol limit in 2024 and the proportions that were male or female.

	Total number of cyclists found to be above the legal alcohol limit		
	2024	% male	% female
AT	681	86%	14%
BE	479	83%	17%
BG	45	100%	0%
EE	47	94%	2%
FR	104	86%	14%
HR	2,350	96%	4%
LV	67	90%	10%
PL*	31,288	n/a	n/a
SI	149	85%	15%

Source: PIN panellists
*PL - the numbers are given for all riders of non-motorised vehicles (the majority of these are cyclists, however they also include scooters riders and other PMD users)

FINLAND: DATA ON INTOXICATED CYCLISTS OVER THE PERIOD 2018-2022

Data from Finland on intoxicated cycling are available for 2018-2022. During this time, 18 of the 76 cyclists killed were intoxicated. Fifteen of the cyclists were under the influence of alcohol; one of them was under the influence of other drugs in addition to alcohol. Three cyclists were under the influence of substances other than alcohol. Of the 18 intoxicated cyclists, seven were killed in collisions with motor vehicles, while 11 died in single-vehicle collisions. Of the seven cyclists involved in collisions with motor vehicles, four were the at-fault parties. Among the intoxicated cyclists, five were aged 35–54, and 13 were aged 55–74.

1.4 E-SCOOTER RIDERS UNDER THE INFLUENCE OF ALCOHOL

Riding an e-scooter under the influence of alcohol carries an increased risk of being involved in a collision.[8] In a survey of e-scooter riders in 22 European countries, 21% admitted to riding an e-scooter after potentially consuming too much alcohol.[9] Various studies have shown that alcohol is a risk factor in up to 40% of e-scooter deaths.[10] A study conducted in Oslo found that 40% of individuals injured in e-scooter collisions were alcohol-impaired. Another study in Bern, Switzerland, reported alcohol consumption in 43.5% of e-scooter collisions, with an average blood alcohol concentration of 1.4 g/l. In France, 37% of e-scooter riders admitted to hospital trauma centres had blood alcohol levels exceeding the legal limit of 0.5 g/l.[11] A further study found that alcohol-impaired e-scooter patients arrived at the hospital emergency department more often at night and via ambulance, and they required hospital admission more frequently than sober patients.[12]

24 of the 31 PIN countries reported having a legal alcohol limit for riding an e-scooter. Most countries with a limit have chosen the same limit as for driving other vehicles (Table 4). Two countries (Austria and Slovakia) went for a more relaxed limit compared to other vehicles. In Austria the alcohol limit for e-scooter riders is the same limit as the limit that applies to cyclists.

There is no alcohol limit for riding an e-scooter in Sweden, however the Swedish Transport Agency writes: "It is not permitted to drive an electric scooter if you are too tired, sick or affected by alcohol or other substances in order to be able to ride safely".[13]

Table 4. Alcohol limit for e-scooters riders

Alcohol limit for e-scooter riders				
0.0 g/l	0.2 g/l	0.5 g/l	0.8 g/l	No limit
Czechia	Norway	Belgium	Austria	Sweden(4)
Lithuania	Poland	Bulgaria	United Kingdom	
	Serbia	Croatia		
		Cyprus		
		Denmark		
		Finland		
		France		
		Germany(1)		
		Greece		
		Italy		
		Latvia		
		Luxembourg		
		Portugal		
		Slovakia(2)		
		Slovenia		
		Spain(3)		
		Switzerland		

(1)DE - 0.0 g/l for riders under 21 years old
(2)SK - 0.24 mg/l of exhaled air, 0.5 g/l of body weight
(3)ES - 0.0 g/l for riders under 18 years old
(4)SE - it is not permitted to ride an e-scooter if you are too tired, ill or under the influence of alcohol or other substances to ride safely
Source: PIN Panellists

8 VTI (2023) Electric scooters : A review of international literature and an analysis of Swedish accident data https://tinyurl.com/3t7ctpvp
9 Delavary, M., Lyon, C., Vanlaar, W.G.M., Robertson, R.D., Nikolaou, D., Yannis, G. (2024). E-Scooter Riders. ESRA3 Thematic report Nr. 6. ESRA project (E-Survey of Road users' Attitudes). (2024-R-23-EN). Traffic Injury Research Foundation. https://tinyurl.com/fmujrxye
10 ITF (2023) Safer micromobility https://tinyurl.com/3trtuzch
11 James A, Harrois A, Abback P, et al. Comparison of Injuries Associated With Electric Scooters, Motorbikes, and Bicycles in France, 2019-2022. JAMA Netw Open. 2023 ; 6(6):e2320960. Sample size (n=84).
12 VTI (2023) Electric scooters : A review of international literature and an analysis of Swedish accident data https://tinyurl.com/3t7ctpvp
13 Ibid.

Seventeen PIN countries were able to provide the number of e-scooter riders killed while under the influence of alcohol. The numbers killed are low, but the share involving alcohol is high. In Croatia, for example, all e-scooter riders killed in 2022 were under the influence of alcohol. In Switzerland, two thirds of the e-scooter riders killed in 2022 had been drinking, as had one out of two of those killed in Slovenia (Table 5).

Table 5. Total number of e-scooter riders killed who were under the influence of alcohol

	2019	2020	2021	2022	2023
BE	1	1	4	4	2
BG	n/a	n/a	n/a	n/a	0
CY	0	0	0	0	0
CZ	n/a	n/a	n/a	n/a	1
DE	0	0	1	0	1
DK	0	0	0	0	0
EE	0	0	0	0	0
ES	n/a	0	1	2	0
FR	4	0	7	7	11
HR	n/a	n/a	n/a	1	0
LV	n/a	n/a	0	0	0
LT	0	0	1	0	0
PT	n/a	n/a	n/a	n/a	0
SI	0	0	0	1	0
SK	n/a	0	0	0	0
GB	n/a	0	2	n/a	n/a
CH	1	0	0	2	0

Source: PIN Panellists

1.5 SERIOUS INJURIES

Serious injuries are a critical, yet often underestimated, aspect of road safety. While road deaths rightly receive significant attention, the long-term consequences of serious injuries, including pain, disablement, and the associated societal costs, demand greater consideration. In 2025, the European Commission updated the estimated number of serious road traffic injuries. According to this estimate, 100,000 people were seriously injured on EU roads in 2023 based on the common EU definition of what constitutes a serious road injury – an in-patient with an injury level of MAIS3 or more.[14]

However, this figure likely underestimates the true extent of the problem due to inconsistencies in data collection and significant underreporting.

MAIS3+ DEFINITION

The Abbreviated Injury Scale (AIS) is a globally accepted anatomical-based trauma classification of injuries published by the Association for the Advancement of Automotive Medicine (AAAM). It is used by medical professionals to describe injuries and rank their severity on an ordinal scale from 1 (minor injuries) to 6 (non-treatable injuries). As one person can have more than one injury, the Maximum Abbreviated Injury Score (MAIS) is the maximum AIS of all injury diagnoses for a person.

Fig. 4 below shows the average annual change in the number of serious injuries in alcohol-related crashes. The data show considerable variation between countries. Out of the 23 countries that could provide data, 14 recorded a decline in the number of serious injuries, indicating progress in reducing the burden of alcohol-related road crashes. On the other side, two countries show a stagnation while seven countries experienced increases, with some reporting substantial year-on-year growth.

The strongest improvements were observed in Cyprus, with the largest average annual decrease of approximately 10% followed by Czechia, recording a reduction of around 9% per year.

Lithuania recorded the largest average annual increase at approximately 11–12%, the highest among all countries, followed by Portugal with an increase of around 10% per year. Serbia also showed a marked increase of nearly 9% annually.

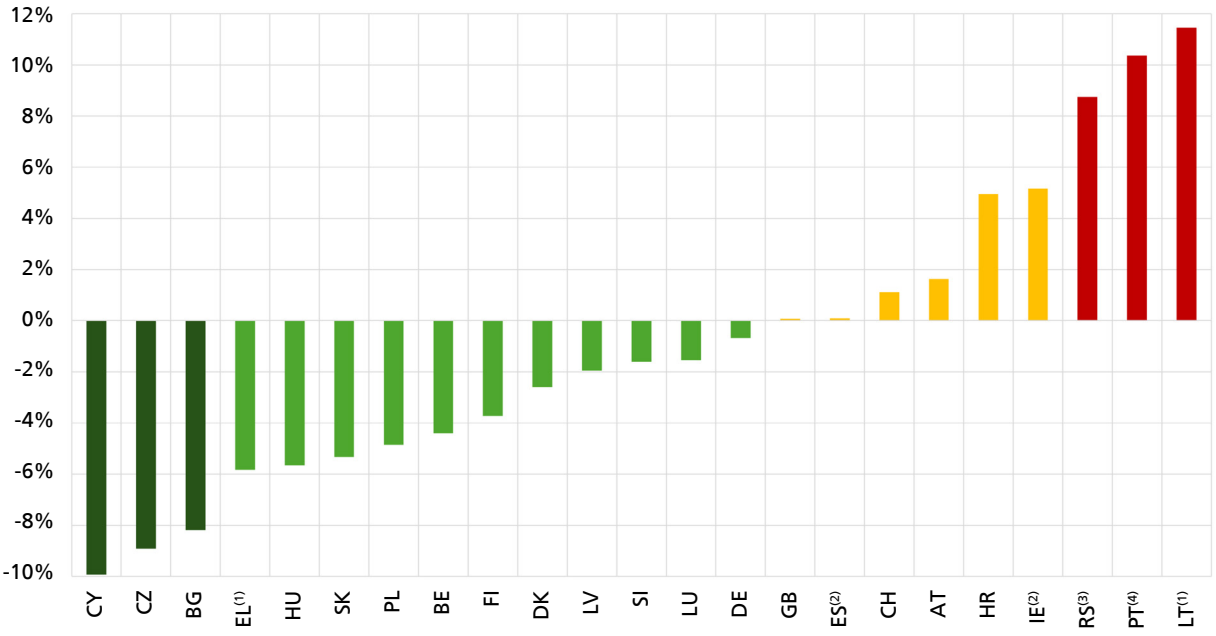


Fig. 4. Average annual change in the number of serious injuries in alcohol-related crashes over the period 2014-2024
(1)EL, LT: 2017-2024, (2)ES: 2016-2024, (3)RS: 2015-2024, (4)PT: 2019-2024.

[14] European Commission (2020), Road Safety: Europe's roads are getting safer but progress remains too slow, https://tinyurl.com/bdzz378p

Fig. 5 shows in addition the average annual change in serious injuries in alcohol related crashes compared to all other serious injuries.

Approximately half of the countries that provided data achieved a greater reduction in alcohol-related serious injuries than in serious injuries overall, while the remaining countries experienced the opposite. The strongest relative reductions were observed in Bulgaria, with the largest annual improvement of approximately five percentage points, followed by Hungary and Greece, with an annual improvement of approximately four percentage points. Luxembourg and Czechia followed closely, recording annual reductions of around 3–4 percentage points.

In contrast, in several countries, alcohol-related serious injuries increased in comparison to overall serious injuries. These are Switzerland with the largest increase at approximately nine percentage points per year, Portugal with an increase of around seven percentage points annually and Croatia with an increase of approximately five percentage points.

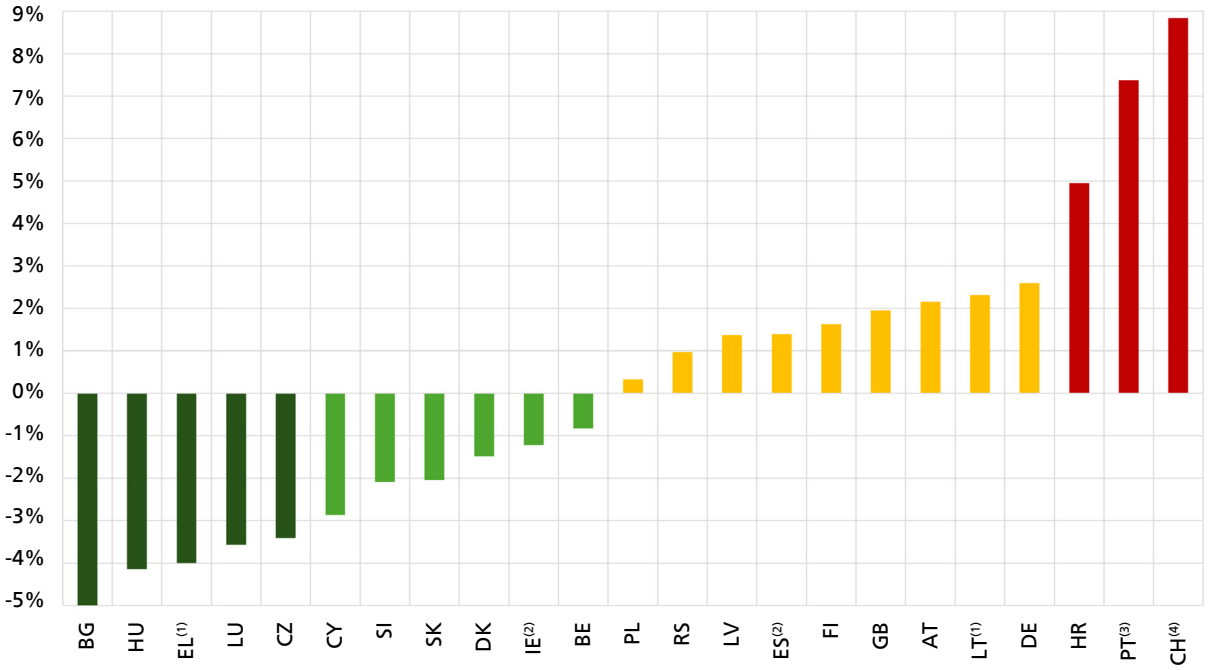


Fig. 5. Average annual change in serious injuries in alcohol related crashes compared to all other serious injuries over the period 2014-2024
(1)EL, LT: 2017-2024, (2)IE, ES: 2016-2024, (3)PT: 2019-2024, (4)CH: 2015-2024

PART

02



Effective measures to tackle alcohol-related collisions in the EU

Several proven measures can keep alcohol-impaired drivers off the road and save thousands of lives each year. These include effective enforcement, lower legal BAC limits backed by appropriate sanctions, alcohol interlocks for professional drivers and drink-driving offenders combined with rehabilitation programmes, and education and awareness-raising campaigns. Better data are also needed to target these measures and monitor their impact.

2.1 ENFORCEMENT AND DRINK-DRIVING CHECKS

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.

Fig. 6 shows the annual change in the number of alcohol roadside breath checks over the period 2014-2024. Out of the 16 countries able to provide data for this report, the number of alcohol roadside breath checks increased in five countries between 2014 and 2024 while it fell in the remaining eleven. The number of roadside alcohol checks in Norway grew by 46% on average each year between 2020 and 2024, 6% in Hungary (period from 2014 to 2024) and by 4% in Slovenia (period from 2014 to 2024).

In contrast, in Finland the number of roadside alcohol checks fell on average each year by 12% in Italy by 11.3% and in the UK by 11% (period 2014-2023).

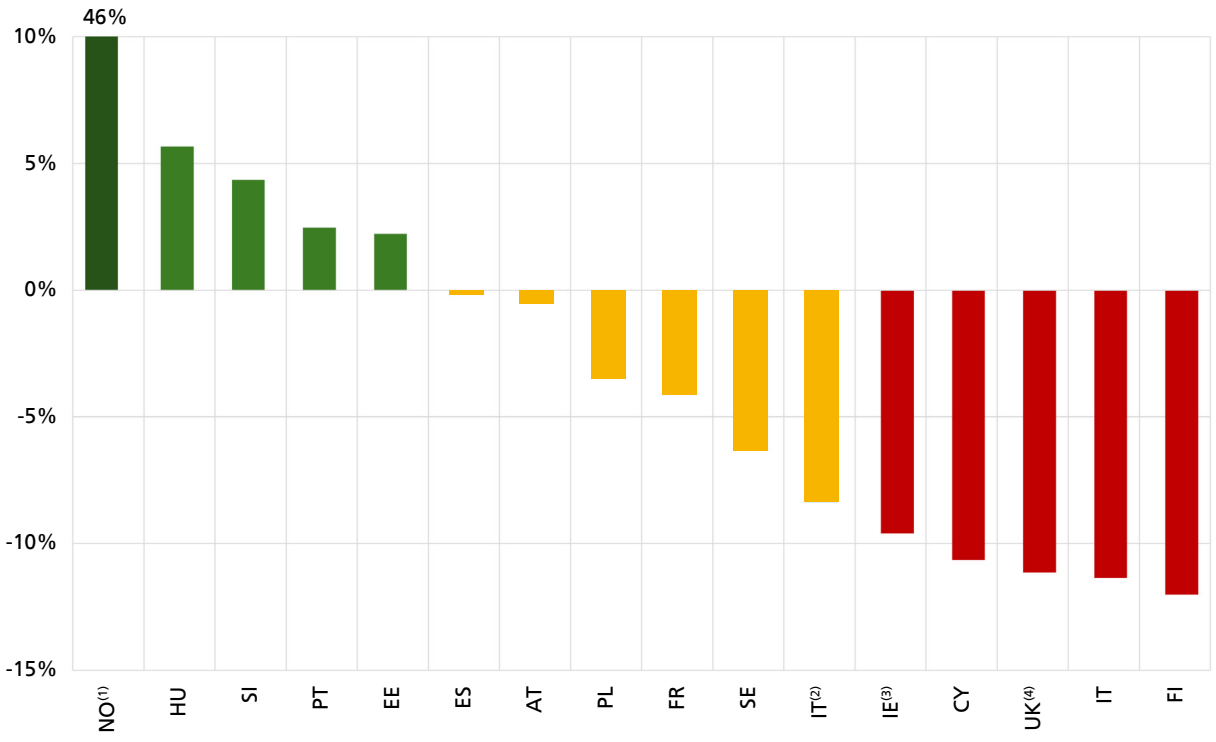


Fig. 6. Average annual change in the number of alcohol roadside breath checks per 1000 population over the period 2014–2024

(1)NO: 2020-2024, (2)IT: 2016-2024, Local police of main cities, IT 2014-2024 National Police and Carabinieri (3)IE: 2018-2024, (4)UK: 2014-2023

2.1.1 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 maintained the top position in 2024 with 841 checks carried out per 1000 population followed by Poland with 438, Hungary with 260 and Slovenia with 213 (Table 6). Alcohol checks are comparatively low in Ireland, with 36 checks per 1000 population and very rare in Italy with only 13 checks per 1000 population.

In 2024, Ireland registered the lowest proportion of tested drivers found to be over the legal limit at 0.5%, followed by Estonia and Poland with 0.6%. In Cyprus 8% of tested drivers were found to be over the legal limit while Lithuania recorded almost 7% of drivers tested with an illegal BAC limit.

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.[15]

Table 6. Roadside alcohol breath tests per 1000 inhabitants and proportion of those tested found to be above the legal limit.
Ranked by number of roadside breath tests per 1000 inhabitants in 2024, from highest to lowest.

	2024		2023		2022		2021		2020		2014	
	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	841	0.6%	709	0.6%	677	0.7%	576	0.8%	566	0.9%	572	1%
PL	438	0.6%	376	0.7%	338	0.8%	219	1.2%	177	1.5%	405	1%
HU	260	0.8%	254	0.9%	236	1.0%	185	1.2%	173	1.3%	124	2%
SI	213	2.3%	221	2.5%	209	3.0%	190	3.1%	172	3.2%	138	5%
PT	212	2.2%	218	1.6%	188	1.8%	159	1.6%	126	1.9%	157	3%
AT	205	1.5%	208	1.6%	197	1.9%	155	2.1%	137	2.1%	214	2%
SE[1]	135	0.7%	121	0.8%	89	1.1%	37	2.1%	42	2.0%	209	1%
FI	132	1.2%	119	1.4%	100	1.7%	71	2.3%	78	2.2%	284	1%
FR	127	3.1%	123	3.3%	120	3.4%	109	3.2%	108	3.2%	169	3%
NO[2]	98	2.0%	94	2.3%	80	2.7%	17	10.5%	34	5.6%	310	1%
CY	58	8.4%	67	8.4%	56	8.5%	31	8.3%	49	9.0%	138	7%
LT	52	6.8%				n/a					52	9%
IE[3]	36	0.5%	32	0.5%	29	0.6%	18	0.6%	21	0.4%	n/a	
RO					n/a						73	2%
Countries where data are available for checks on part of the road network only												
ES[4]	152	1.0%	139	1.2%	123	1.4%	96	1.2%	69	1.1%	143	2%
IT[5]	13	3.9%	11	4.7%	7	7.2%	6	7.5%	11	3.5%	26	2%
IT Local Police of Main Cities	1	10.9%	1	9.3%	1	10.8%	1	7.8%	1	8.3%	n/a	
UK[6]	n/a		4	16.2%	4	17.7%	3	18.3%	4	18.7%	11	11%

Data are not available for: BE, BG, CH, CZ, DE, DK, EL, HR, LU, LV, MT, NL, RS and SK.
[1]SE - very few tests in 2020 due to pandemic.
[2]NO - Until 2020, it was not mandatory for police districts in Norway to report the number of roadside breath tests. Before 2020, the tests conducted by the police did not distinguish between driver's licence checks only and alcohol tests. Since 2020, the responsibility for roadside tests lies with the National Road Police Service. The Police also now conduct drug controls, which include both alcohol and drugs (narcotics and pharmaceutical substances).
[3]IE - An Garda Síochána is only in a position to provide information in respect of those breath tests performed at Mandatory intoxicant Testing Checkpoints between 2018 and 2024.
[4]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.
[5]IT - Alcohol tests conducted by National Police and Carabinieri. National Police data includes also drug tests.
[6]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.

[15] 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.

NORWAY

THE HIGHEST INCREASE IN THE NUMBER OF ALCOHOL CHECKS SINCE 2020

The Norwegian Traffic Police have chosen to maintain a consistently high level of roadside alcohol checks to support the overall goal of achieving zero fatalities and serious injuries in road traffic. Impairment due to alcohol or drugs is a contributing factor in more than 20% of fatal road crashes on Norwegian roads. Driving under the influence of alcohol or other intoxicating substances is therefore one of the priority areas included in the Norwegian National Road Safety Action Plan.[16]

LITHUANIA

PROGRESS IN REDUCING DRINK-DRIVING DEATHS

In Lithuania, significant progress has been made over recent years to reduce the number of drink-driving deaths. Such deaths were reduced by 50% between 2020 and 2024 (from 20 deaths to 10). Some actions that have contributed to this shift include more enforcement, preventative campaigns, where checks are carried out on all road users, and the use of contactless alcohol detectors[17] allowing more road users to be tested. Meanwhile, a change to the legal system means that driving in Lithuania with a BAC higher than the legal limit now triggers a pre-trial investigation and brings with it criminal liability. Lithuania has seen a direct correlation between the introduction of contactless alcohol detectors and a decrease in the number of collisions caused by drink-drivers.

GREECE

STRONGER ENFORCEMENT IN 2025

In 2025, the Greek Traffic Police significantly stepped up alcohol checks across the country. This is considered one of the main reasons for the 22% fall in road deaths compared with 2024. In the first months of the year, the more systematic checks led to an increase of up to 30% in the number of drink-driving offences detected. As drivers became aware of the stronger enforcement, compliance improved, and by the last months of 2025 the number of offences detected had fallen by up to 18%.[18]

2.1.2 Revision of the EU legislation on enforcement of drink-driving offences

Updated EU legislation on enforcement across borders will enable better enforcement of drink-driving offences committed by drivers who are travelling abroad. According to the European Commission, non-resident drivers account for approximately 5% of road traffic in the EU, and a foreign-registered car is around three times more likely to commit a traffic offence than a domestically registered one.[19]

The new directive improves cooperation between Member States. Besides the automated exchange of information between national authorities, mutual assistance procedures to identify the offender and to enforce fines will be introduced.[20] The new Directive aims to further improve communication with citizens on road traffic rules with the new and improved 'CBE Portal' including information on follow-up procedures of offences committed.

Follow-up for non-financial major offences has also been legislated at EU level for misdemeanours including drink-driving within the revised EU Driving Licence Directive. The Member State issuing a driving licence will be obliged to impose a driving disqualification similar to the penalty issued by the Member State in which the offence took place. This will extend deterrence for the non-respect of the rules beyond the cross-border enforcement of traffic fines.

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[16] Norwegian National Road Safety Action Plan 2026-2029: https://www.vegvesen.no/globalassets/fag/fokusomrader/trafikksikkerhet/nasjonal-tiltaksplan-for-trafikksikkerhet-pa-vei-2026-2029.pdf?v=494163

[17] Contactless alcohol detectors are devices that analyse the air exhaled by a driver from a short distance, without requiring the driver to blow into a mouthpiece. They provide a rapid preliminary indication of possible alcohol consumption and identify drivers who should undergo a standard breathalyser test.

[18] Hellenic Traffic Police annual report (2025): https://tinyurl.com/5cpk9zd6

[19] EC, cited in ETSC (2022) Position on Revision of the Cross Border Enforcement Directive https://tinyurl.com/2dmrfrbx

[20] Final Law on Cross Border Enforcement Agreed, ETSC (2024) https://tinyurl.com/24kkt6br

2.1.3 Evidential breath testing

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

Twenty countries out of 28 confirmed that evidential breath testing is in use by the police during roadside checks and the result can be used as proof in courts, without requiring an evidential blood test.

Table 7. Evidential breath testing in use at roadside police checks (more information available in the annexes)

	YES	NO
Does your country have evidential breath testing in use at roadside police checks (to be used as proof in court instead of a blood test?)	AT, BE, BG, CY, CZ, EE, ES, FI, HR, HU, IT, LV, LT, PL, PT, SE, SK, CH, NO, RS	DE, DK, FR, EL, IE, NL, SI, UK

2.1.4 Road user perceptions about drink-driving enforcement activities

The 2023 ESRA3 survey highlighted that the perceived likelihood of being checked for drink-driving remains relatively low across the EU. On average, only around 17% of EU surveyed car drivers considered it likely that they would be stopped by the police for an alcohol check during a typical journey (Fig. 7).[21]

Perceptions varied substantially between Member States, with Serbia reporting the highest perceived enforcement level (27%) and countries such as Slovenia, Finland, Denmark among the lowest, with respectively 9.2%, 9.6% and 10%.

The survey also found that on average across the EU only 19% of drivers surveyed had been checked for alcohol during the previous 12 months (Fig. 8). The findings underline the importance of visible and consistent enforcement, as the perceived risk of getting caught is clearly recognised as a key factor in deterring drink-driving behaviour.

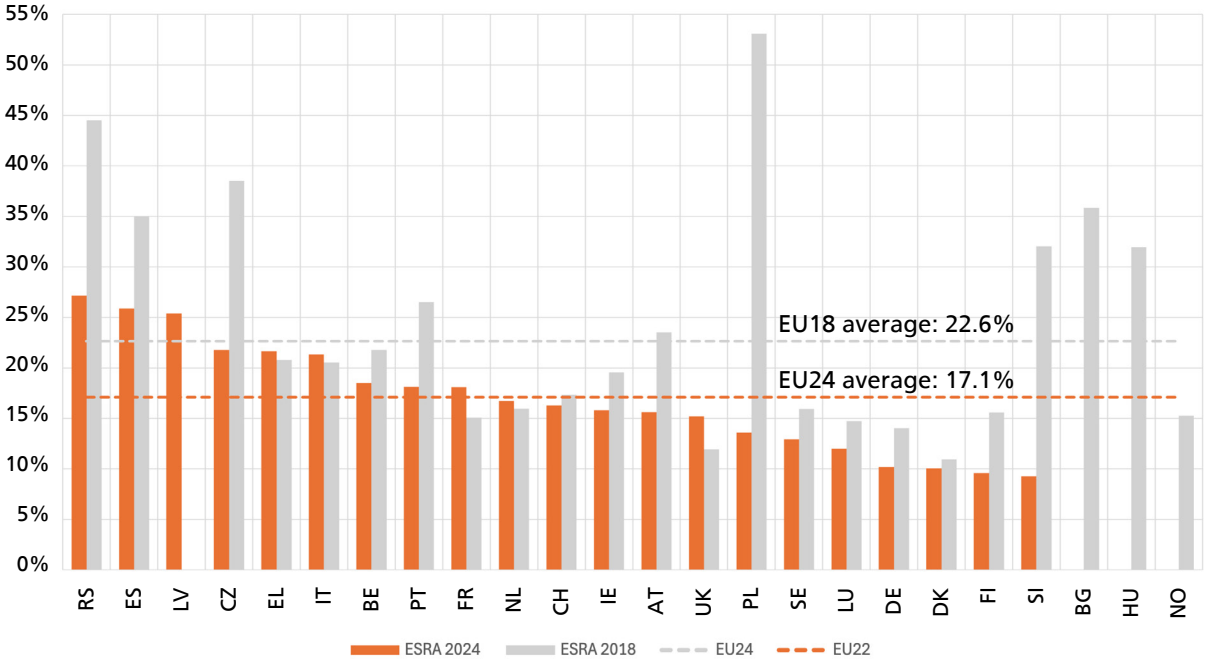


Fig. 7. Perceived likelihood of being checked for drink-driving (with 2018 for comparison) replying to the question: "*On a typical journey, how likely is it that you (as a car driver) will be checked by the police (including cameras or radars) for alcohol?*" Source ESRA 3 Thematic report.

[21] Driving under the influence: alcohol, drugs, medication. ESRA3 Thematic report (2023): https://tinyurl.com/2b4j8vy8

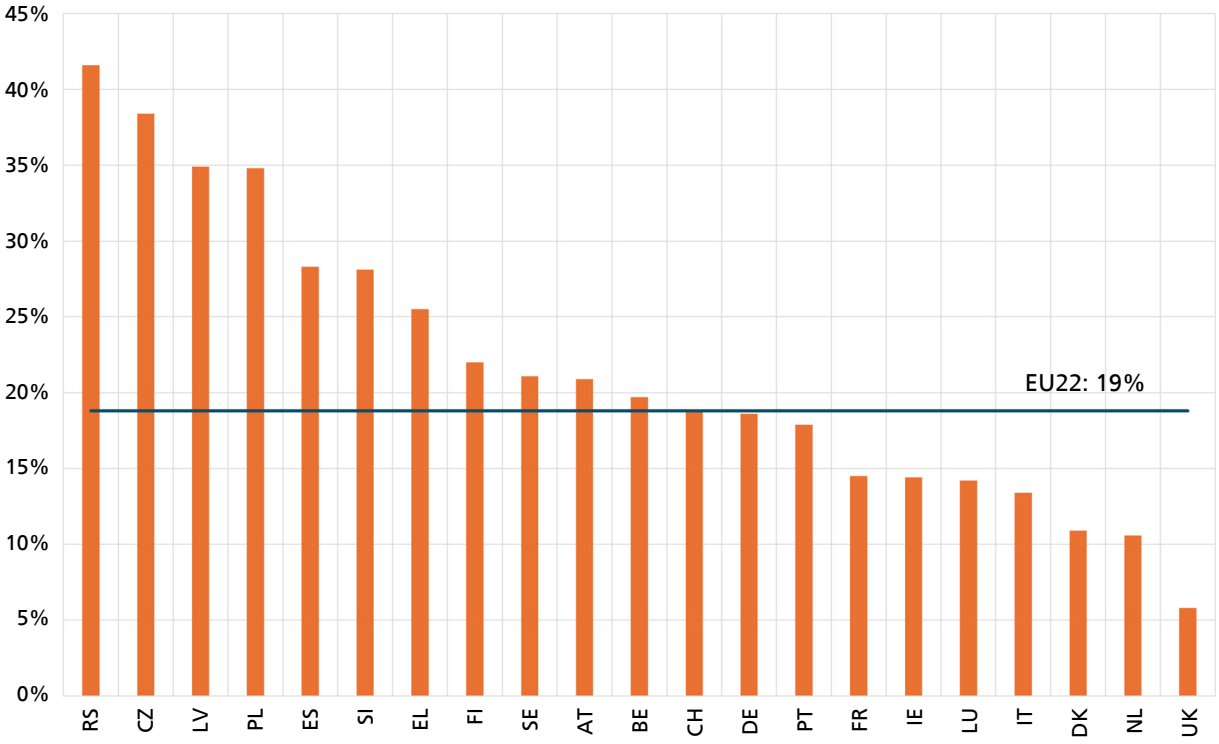


Fig. 8. **Experienced alcohol checks done by the police as a car driver, replying to the question: "*In the past 12 months, how many times have you been checked by the police for using alcohol while driving a car (i.e., being subjected to a Breathalyser test)?" (% reporting at least one check in the past 12 months.)*"** Source ESRA 3 Thematic report.

2.2 IMPROVING DATA COLLECTION TO ACCOUNT FOR ALL ALCOHOL-RELATED 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 this 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.

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 below). 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.

The European Commission should improve EU-wide data collection and monitoring of drink-driving enforcement, alcohol-related road deaths and serious injuries. Member States should be encouraged to apply the common SafetyNet definition of alcohol-related road deaths and ensure that all active road users involved in fatal and serious injury collisions are systematically tested for alcohol, with test results consistently recorded. The comparability of national data should also be improved to enable more accurate assessment of progress and identification of areas requiring further action.

Furthermore, the European Commission should revise the existing road safety KPI on the "percentage of drivers driving within the legal limit for blood alcohol concentration" so that it measures the percentage of drivers within the legal BAC limit among those breath-tested by police in roadside checks, rather than relying on self-reported behaviour.[22]

ALCOHOL AND OTHER DRUGS

Alcohol is increasingly found in combination with other drugs, and the two are not always separated in national data. Norway's figures cover deaths involving a road user under the influence of alcohol or drugs, and Finland's pedestrian figures (Fig. 3) cover all substance-related cases. In Finland, a quarter of at-fault drivers in fatal crashes with impairing substances in their system had no alcohol detected (section 2.2.1). Drug-driving is likely to be under-recorded across Europe, as testing is less systematic than for alcohol. This report focuses on alcohol, but better recording of drug and polysubstance use is needed to understand the full picture of impaired driving.

[22] ETSC suggest the following formulation: "a KPI on % of drivers driving within the legal BAC limit among drivers that have been breath-tested by the police in roadside checks".

Table 8. 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 involved in a single vehicle car crash. When more than one vehicle is involved an alcohol test (breath test or blood sample) of deceased or seriously injured people is more likely. In 2024, 68.7% of all active participants 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. 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.
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, drivers are not tested systematically; only suspected drivers and riders are tested.	Not systematically, but all 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.	It is routinely done in serious road collisions.
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. Spanish General Traffic Rules. Art. 21.	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 does 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	Yes.	Yes.
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, for drivers of all vehicles, as established by Articles 186 and 186-bis of the Highway Code, but the driver may refuse to submit to a blood alcohol test. Refusal to do so constitutes a crime. The blood alcohol level of a pedestrian hit by a vehicle is not always determined.	In minor traffic accidents, alcohol tests are not always performed. In serious or fatal accidents, if the police cannot perform an alcohol test at the scene of the accident, they request that the test be performed by medical personnel at the hospital where the drivers are being transported for treatment. The driver may refuse to submit to an alcohol test. Refusal is a crime. The blood alcohol level of a pedestrian hit by a vehicle is not always determined.
LU	Yes, if there are injured or killed participants.	Yes, if there are injured or killed participants.
LV	Yes for drivers, riders, everyone has to be tested if taken to hospital or killed.	Yes for drivers, riders, everyone is tested if taken to hospital or killed.

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.	Yes, tests are performed in all accidents, even minor ones, and blood alcohol tests are performed on those killed during the autopsy.
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. The cause of death may be established by the coroner following a post-mortem examination (including toxicology analysis) as part of a judicial inquiry.
NO	Yes. The legal authority to test everyone involved in traffic accidents is in place, but there may be cases where this is not done. A killed road user will be tested upon request of the police. The police have become better at requesting blood samples.	Yes. The legal authority to test everyone involved in traffic accidents is in place, but there may be cases where this is not done. A killed road user will be tested upon request of the police. The police have become better at requesting blood samples.
RS	Yes.	Yes.

2.2.1 Common patterns in alcohol-related road crashes: severity, timing and drivers' profile

Despite differences in data collection and analysis, findings from Ireland, Portugal and Finland below show several common patterns in alcohol-related road crashes. Alcohol is associated with the most severe outcomes, including fatal and serious injury collisions, and these crashes occur more frequently at night and during weekends. The studies also identify offender profiles, with males and younger or middle-aged drivers clearly overrepresented among those driving under the influence.

Targeted drink-driving prevention measures for young drivers must be considered, combining awareness-raising and education with effective enforcement, particularly during high-risk periods such as nights and weekends.

IRELAND

Road traffic collision data contain information on whether an alcohol test was conducted and the result of this test (positive/negative). Based on this data, the RSA recently compiled and published a report titled "The role of alcohol in casualty collisions 2021-2025".[23]

This analysis of surviving drivers involved in fatal and serious injury collisions between 2021 and 2025 shows that 63% were tested for alcohol, and of those tested, 7% (or 384 drivers) had a positive alcohol test result. Almost half of these drivers (44%, or 169 drivers), were seriously injured in these collisions. In addition, 38 people died and a further 264 other road users were seriously injured.

The RSA research also shows that drivers who tested positive for alcohol were more likely to be male, younger, and involved in collisions late at night, in the early hours of the morning, and at weekends. Of surviving drivers who tested positive for alcohol following a fatal or serious injury collision:

- 84% were male
- 57% were aged between 16 and 35 years
- 54% were involved in collisions between 8pm and 4am
- 51% were involved in collisions on Saturdays and Sundays

PORTUGAL

A report due to be published in December 2026 by Prevenção Rodoviária Portuguesa on driving under the influence of alcohol and drugs shows that alcohol and drug use continue to play a significant role in road crashes in Portugal, particularly in the most severe crashes.[24]

More specifically, the following key findings are:

- Between 2019 and 2024, 8% of injury crashes involved at least one driver with a blood alcohol concentration (BAC) ≥ 0.5 g/l. However, these crashes accounted for 22% of road deaths and 20% of serious injuries, demonstrating a clear overrepresentation among the most severe crashes, particularly during weekends and night-time/early morning periods.
- Among drivers involved in crashes, 6% of slightly injured, 22% of seriously injured and 25% of killed drivers had BAC ≥ 0.5 g/l, with higher proportions among males, middle-aged adults (25–64 years) and car drivers and motorcycle/moped riders.
- Road deaths – alcohol (toxicological results): in 2024, around one in three drivers killed in road crashes had BAC ≥ 0.5 g/l and around one in four had BAC ≥ 1.2 g/l, a pattern that has remained broadly unchanged since 2010. The proportions are higher among males and drivers aged 25–44 years.

FINLAND

A recent study conducted by OTI (Finnish Crash Data Institute) examined the role of alcohol and other substances in fatal road crashes in Finland between 2019 and 2022.[25] Among the main findings, alcohol remains the main substance associated with fatal crashes. Out of the 680 at-fault drivers included in the final analysis, 234 had evidence of alcohol or other potentially impairing substances. Alcohol was detected in 75% of these drivers. Among drivers with alcohol detected, 69% had a blood alcohol concentration of at least 1.2 g/l, and the mean concentration in alcohol-only cases was 1.64 g/l.

Drivers under the influence were much more likely to have a previous drink-driving penalty compared with non-impaired at-fault drivers. They were also substantially more likely to drive without a valid licence. Drivers with alcohol detected were also more likely to be under 25 than non-impaired drivers. Across all drivers driving under impairment, fatal crashes were also more likely to occur at night, during weekends and on regional or connecting roads.

[23] Road Safety Authority (2026), The role of alcohol in casualty collisions 2021-2025: https://tinyurl.com/3p88f8nb

[24] Prevenção Rodoviária Portuguesa. (2026). Condução sob a influência de álcool e drogas em Portugal: Prevalência, sinistralidade, fiscalização e cultura de segurança rodoviária. ISBN 978-989-49011-0-5. https://prp.pt/investigacao/publicacoes/ (Available from December 14th)

[25] Räty, Koisaari and Häkkinen (2026), At-fault drivers in fatal crashes: A comparative study of alcohol and polysubstance use: https://pubmed.ncbi.nlm.nih.gov/42525969/

2.3 LOWER BAC LIMITS AND STRICTER SANCTIONS

Evidence from international studies indicates that lowering legal blood alcohol concentration (BAC) limits can potentially reduce alcohol-related crashes and fatalities. A 2017 meta-analysis from the United States estimated that lowering the BAC limit to 0.5 g/l or below was associated with an 11.1% reduction in fatal alcohol-related crashes.[26] A national study from VIAS Institute in 2022 estimated 10–17 fewer fatalities and 8–20 fewer serious injuries per year as the potential effect of lowering Belgium's general BAC limit from 0.5 g/l to zero.[27] The effectiveness of lower limits, however, should be supported by visible and sustained enforcement.

Table 9 below provides an overview of Blood Alcohol Concentration (BAC) limits for drivers across Europe, together with key enforcement measures such as fines, licence suspension, penalty points and random breath testing.

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

Among the countries with a standard BAC limit of 0.5 g/l, eighteen have introduced lower limits for novice and/or professional drivers. In Bulgaria, Finland and Scotland, the BAC limit is 0.5 g/l for all drivers.

Since July 2025, Denmark adopted a stricter 0.2 g/l BAC for novice drivers. It applies to drivers who hold a driving licence for less than three years, regardless of the age and of whether the driver's license was acquired before or after July 2025.

England and Wales remain the two regions with the highest BAC (0.8 g/l for all drivers). However, a new road safety strategy published in January 2026 proposed lowering the legal BAC limit, targeting a reduction for general drivers to 0.5 g/l and introducing a stricter 0.2 g/l limit for learner and novice drivers.[28]

In Spain, a government initiative to reduce the blood alcohol limit for all drivers to 0.2 g/l proposed in 2024 was rejected by the Parliament in March 2026. The general limit remains therefore at 0.5 g/l.

Belgium has recently proposed the introduction of a lower BAC limit of 0.2 g/l for all novice drivers who have held a driving licence for less than three years. The proposed measure, if approved, will come to force in 2027.

[26] James C Fell, Michael Scherer (2017) Estimation of the Potential Effectiveness of Lowering the Blood Alcohol Concentration (BAC) Limit for Driving from 0.8 to 0.5 g/l in the United States https://pmc.ncbi.nlm.nih.gov/articles/PMC5790204/

[27] Nathalie Moreau, Heike Martensen, Stijn Daniels (2022) Lowering the legal alcohol limit in Belgium: Potential effects on the number of traffic victims https://pubmed.ncbi.nlm.nih.gov/34953430/

[28] https://www.gov.uk/government/news/thousands-of-lives-to-be-saved-under-bold-new-road-safety-strategy

Table 9. Blood Alcohol Content (BAC) limits, ranked by standard BAC limit.

	Standard BAC	BAC Commercial drivers	BAC Novice drivers	Penalties:			Random Breath Testing
				Fine	License suspended	Penalty points	
Czechia	0	0	0	Yes	Yes	Yes	Yes
Hungary	0	0	0	Yes	Yes	Yes	Yes
Romania	0	0	0	Yes	Yes	Yes	Yes
Slovakia	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	Yes	Yes	Yes	Yes
Lithuania	0.4	0	0	Yes	Yes	Yes	Yes
Austria	0.5	0.1	0.1	Yes	Yes	Yes	Yes
Belgium	0.5	0.2	0.2*	Yes	Yes	No	Yes
Bulgaria	0.5	0.5	0.5	Yes	Yes	Yes	Yes
Cyprus	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Germany	0.5	0 / 0.5 *	0	Yes	Yes	Yes	No
Denmark	0.5	0.5	0.2	Yes	Yes	No	Yes
Spain	0.5	0.3	0.3	Yes	Yes	Yes	Yes
Finland	0.5	0.5	0.5	Yes	Yes	No	Yes
France	0.5	0.5 (0.2 bus drivers)	0.2	Yes	Yes	Yes	Yes
Greece	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Croatia	0.5	0	0	Yes	Yes	Yes	Yes
Ireland	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Italy	0.5	0	0	Yes	Yes	Yes	Yes
Luxembourg	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Latvia	0.5	0.5 (0.2 public transport drivers, driving trainees)	0.2	Yes	Yes	Yes	Yes
Malta	0.5	0.2 (0.0 for bus and coach drivers)	0.2	Yes	Yes	No	No
Netherlands	0.5	0.5	0.2	Yes	Yes	Yes	Yes
Portugal	0.5	0.2	0.2	Yes	Yes	Yes	Yes
Slovenia	0.5	0	0	Yes	Yes	Yes	Yes
Scotland	0.5	0.5	0.5	Yes	Yes	Yes	No
Switzerland	0.5	0.1	0.1	Yes	Yes	No	Yes
England and Wales	0.8	0.8	0.8	Yes	Yes	Yes	No

* BE: the new legislation may apply as from January 2027
* DE: Germany does not have a single BAC limit applying to all commercial drivers. The general limit of 0.5 g/l applies, for example, to truck drivers in ordinary freight transport, while an alcohol ban (effectively 0.0 g/l) applies to certain categories of professional drivers, including drivers in commercial passenger transport (e.g. bus and taxi drivers) and drivers transporting dangerous goods.

A wide range of sanctions are used across Europe to penalise drink-driving offences. In most EU Member States, driving under the influence is subject to fixed fines, whereas countries such as Denmark, Finland and Sweden apply income-based fines, where the amount is linked to the offender's earnings. Financial penalties are generally considered a cost-effective sanction, as they provide a higher benefit-to-cost ratio than imprisonment while also generating revenue that can be reinvested in measures aimed at preventing drink-driving.

BELGIUM

Belgium strengthened its drink-driving legislation in 2026 by introducing an automatic 15-day driving licence withdrawal for drivers found with a blood alcohol concentration (BAC) of 0.8 g/l or higher. The reform aims to improve deterrence, ensure consistent enforcement across the country, and immediately remove high-risk offenders from the road. It complements existing sanctions, including fines, criminal prosecution and licence suspension, and forms part of a broader strategy to reduce alcohol-related road casualties. In July 2026, Belgium also standardised temporary administrative driving bans by introducing a 12-hour driving prohibition for all drivers exceeding the legal alcohol limit, replacing the previous system of variable bans ranging from two to twelve hours.

POLAND

In 2024 Poland introduced mandatory vehicle confiscation in certain drink-driving cases. Confiscation takes place for drivers with a BAC of at least 1.5 g/l, for certain repeat offenders, those responsible for crashes while under the influence of alcohol and drivers violating a driving ban. Since 2026 a new regulation states that if the vehicle was not the sole property of the offender, the court does not order the confiscation of the vehicle nor the confiscation of its equivalent value; instead, it may impose a financial payment in favour of the State Treasury. The reform complements Poland's existing measures, including a 0.2 g/l BAC limit, fines, licence suspension, penalty points and criminal sanctions, and aims to enhance deterrence, remove high-risk drivers from the road and reduce alcohol-related road casualties.

FRANCE

In July 2025, France introduced the offence of road homicide (homicide routier) for fatal crashes involving aggravating circumstances such as drink-driving, drug-driving or excessive speeding. The reform aims to better recognise victims' suffering and strengthens additional penalties. The penalties are the same as for unintentional homicide, but the law provides for additional penalties in cases of road homicide. For example, these may include the suspension or revocation of the driver's license with a ban on applying for a new one (for up to ten years), a ban on driving certain vehicles, or even the confiscation of one or more vehicles belonging to the convicted person.

In 2026 penalties have been increased for driving with a BAC of at least 0.8 g/l, or refusing alcohol checks, from two years' imprisonment and a €4,500 fine to three years' imprisonment and a €9,000 fine.

2.3.1 EU Legislation on drink-driving limits and restrictions for novice and professional drivers

Under the recent update to the EU Driving Licence Directive, a probationary period for novice drivers has been introduced for the first time. Member States will have to introduce stricter rules and/or penalties for novice drivers caught drink- and drug-driving. However, a total EU-wide alcohol ban for novice drivers was dropped from the original proposal during the legislative procedure.

In its 2019 Policy Framework the European Commission had promised to look into strengthening the existing EU Recommendation on permitted BAC (2001/115), to extend it to professional drivers and novice drivers. This was superseded by an attempt to legislate a lower BAC for novice drivers within the Driving Licence review. Although this was not adopted, a way to refocus may be to look again at the EU Recommendation.

2.4 REHABILITATION PROGRAMMES AND ALCOHOL INTERLOCKS

When integrated with effective enforcement and appropriate sanctions, rehabilitation programmes can play an important role in preventing repeat offending and achieving longer-term reductions in alcohol-related road deaths and serious injuries.

Such programmes can include education on the effects and risks of alcohol, behavioural interventions, counselling and treatment for alcohol-use problems, as well as measures such as alcohol interlocks combined with monitoring.

Almost all countries have rehabilitation programmes in place for drink-driving offenders (specifically on drink-driving or more generally on road safety), with the exception of Bulgaria, Greece and Ireland.

Moreover, eight countries provide driver rehabilitation programmes including alcohol interlocks for drink-driving offenders. These are Belgium, Denmark, Finland, France, Italy, Lithuania, Poland and Sweden. Alcohol Interlock programmes are combined with counselling and monitoring in Belgium and Finland (see table in the annex). More recently, in the Norwegian Action Plan for Road Safety a pilot study has been proposed to assess the feasibility of using alcohol interlocks as an alternative to driving bans for drivers with alcohol dependence.[29]

Alcohol interlock programmes can provide offenders who would otherwise lose their driving licence with the possibility of continuing to drive, provided they do so without alcohol in their system. An ignition interlock device requires the driver to provide a breath sample before starting the vehicle and prevents the engine from being started if the test detects alcohol above a predefined threshold. The device can also record information on attempted violations and other relevant data, allowing authorities to monitor compliance and drinking-and-driving behaviour.

Evidence from multiple studies indicates that alcohol interlock programmes, particularly when combined with rehabilitation and treatment measures, can substantially reduce repeat drink-driving offences both while the device is installed and after its removal. This makes alcohol interlocks a valuable tool for managing high-risk and repeat offenders while supporting longer-term behavioural change.

CZECHIA

The Czech Therapeutic Programme for Drivers was introduced into legislation on 1 July 2023 and began accepting participants in April 2024. It aims to prevent reoffending by helping drivers who have committed serious traffic offences or displayed high-risk behaviour recognise the consequences of their actions and adopt safer attitudes. The programme consists of five four-hour group sessions delivered over five weeks, with 3–12 participants led by a specially trained and accredited moderator, usually a psychologist. Participation is mandatory for drivers banned from driving for at least 18 months, those refusing alcohol or drug testing, and those ordered to attend by a court or public prosecutor.

In Czechia, where drink-driving is subject to zero tolerance, participation depends on the legal decision and circumstances of the offence rather than a specific blood alcohol concentration (BAC). An evaluation of 982 drivers who completed the programme in 2024 found a 5.5% recidivism rate, defined as a subsequent driving-licence withdrawal, over a follow-up period of 12–20 months ending in January 2026. This was 76% lower than the EU average of 23.1% and 49% lower than the lowest reported EU rate of 10.7%. The most common reasons for withdrawal were driving under the influence of addictive substances and reaching the penalty-point limit.

[29] Norwegian Action Plan for Road Safety 2026-2029 (page 258) https://tinyurl.com/5xjw745b

ITALY

In 2025 Italy made it compulsory for all drivers convicted with a BAC over 0.8 g/l to install an alcohol interlock. The requirement applies to holders of driving licences bearing the following EU codes:

68 – "No alcohol": the driver must not consume alcohol before driving;
69 – "Driving only with an alcohol interlock": the driver may only drive vehicles equipped with the device.

The codes remain on the driving licence for:

- 2 years, in the event of a blood alcohol level above 0.8 g/l and up to 1.5 g/l;
- 3 years, in the event of a blood alcohol level exceeding 1.5 g/l;
- a longer period, if decided by the medical board responsible for licence renewals. There will be penalties for failing to install the device, tampering, alteration or bypassing.

In 2026, the Italian Ministry of Transport published a list of authorised alcohol interlock devices and installation workshops on the government's online motorist portal. Installation costs are estimated at approximately 2,000 Euro, which must be covered entirely by the offender. Beyond the initial fitment, users are responsible for the cost of mandatory annual calibration and disposable mouthpieces for every use.

FRANCE

In France, an evaluation of the interlock device scheme was carried out in 2025.[30] This evaluation confirmed the effectiveness of the device. The evaluation shows that the rate of reoffending during the penalty period is lower among drivers who have been prescribed an interlock device than among drivers who have had their licences suspended. The effects of the interlock device are also confirmed to be long-lasting, even after the end of the penalty: the average number of repeat offences of driving under the influence of alcohol in the 12 months following the end of the measure is 1.6% for administrative regulation of interlock devices and 2.1% for criminal conviction, compared to 6% after an administrative suspension.

The evaluation concluded that the programme helps reduce traffic offences and contributes to improving road safety by reducing crashes. Its benefits also extend beyond road safety, by addressing harmful alcohol consumption and addiction while helping participants maintain their professional and social ties.

2.4.1 EU Legislation on the use of alcohol interlocks

The EU Driving Licence Directive from 2006[31] stated 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'. This legislation was revised in 2025[32] so that drivers who are 'dependent or unable to refrain from drinking and driving' may be issued special driving licences which are only valid if used together with an alcohol interlock.

2.4.2 Alcohol Interlocks in commercial transport

Driving under the influence is less prevalent among commercial drivers than among private drivers. However, alcohol-related crashes involving commercial vehicles can have more severe consequences due to their greater size and mass, potentially resulting in more casualties, particularly in public transport. Such crashes can also cause significant disruption, including damage to infrastructure, congestion and pollution. In addition, serious crashes can have reputational and financial consequences for transport companies.

In Sweden, alcohol interlocks are employed within commercial transport on a voluntary basis. Many municipalities have alcohol interlocks fitted in their own fleets and require alcohol interlocks when contracting for example school transport. Both public and private sector organisations, to a certain extent, require alcohol interlocks as part of their procurement requirements. For example, the Transport Administration has required alcohol

[30] ONISR, Bilan de la sécurité routière en France: Évaluation de l'éthylotest anti-démarrage (2025) https://tinyurl.com/yun78d85
[31] Directive 2006/126/Ec Of The European Parliament And Of The Council: https://tinyurl.com/yc8dbzd2
[32] Directive (EU) 2025/2205 of the European Parliament and of the Council of 22 October 2025 on driving licences: https://tinyurl.com/2zk8bsn8

interlocks in road contractor vehicles since 2004. All government agencies must install alcohol interlocks in the vehicles they own or lease, with some exceptions such as emergency vehicles. To date, alcohol interlocks can be found in a significant proportion of buses, taxis, trucks, and school buses.

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 in an approved centre.

In Finland, since 2011, alcohol interlocks are mandatory in school and day care transportation (if transport is organised by a municipality, school, state etc).

Norway has made alcohol interlocks mandatory in new buses and minibuses (categories M2 and M3) used in domestic public transport since 2019. The requirement applies to domestic traffic and excludes foreign buses, taxis and freight transport.

In 2024, Spain approved new legislation in which new large minibuses (that carry more than eight people) as well as buses and coaches, must be fitted with an alcohol interlock.

2.4.3 Alcohol Interlocks in procurement

Within the EC's 2019 Policy Framework on road safety under the 'voluntary commitment' section, the Commission called on public authorities to use procurement requirements to deploy alcohol interlocks in public-sector fleets and vehicles providing public services.

For example, in Sweden and Estonia, alcohol interlocks are required through state public procurement for state-owned public transport vehicles.

Using the EU public procurement framework to promote the mandatory fitting of alcohol interlocks in publicly procured vehicles is recommended.

2.5 DRINK-DRIVING AWARENESS CAMPAIGNS

Public education and awareness campaigns play a role in preventing drink-driving by influencing attitudes, perceptions and behaviours before individuals get behind the wheel. Combined with effective legislation and roadside alcohol checks, awareness campaigns help increase the perceived risk of detection, strengthen compliance with drink-driving laws and contribute to long-term improvements in road safety. Evaluations are needed, to assess their impact on attitudes, actual driving behaviour and road casualties.

DENMARK

Following the introduction of a lower BAC limit for novice drivers in 2025, the Danish Road Safety Council launched a communication campaign to communicate the new legal change for young and novice drivers during their first three years of holding a licence.

The campaign promotes the message that if you are driving, the safest option is not to drink alcohol at all, encouraging novice drivers to avoid alcohol entirely before getting behind the wheel.[33]



IRELAND

In 2025, Ireland's Road Safety Authority (RSA) launched a new drink-driving campaign to raise awareness of the consequences of driving under the influence of alcohol.[34] At its core, the campaign calls attention to the ripple effect of one individual's decision to drive after drinking, and the silent complicity of those around them who do nothing to prevent it. The campaign challenges friends, family, and peers to speak up to break the silence that too often surrounds drink driving.

The campaign main objectives are reducing social tolerance for drink driving in group and social settings and encourage active intervention and support for safer choices.



[33] Danish Road Safety campaign website: https://tinyurl.com/mwxxbe7e
[34] Road Safety Authority campaign website: https://tinyurl.com/397fr2ts

BELGIUM

The Belgian BOB campaign, launched in 1995, is a long-running drink-driving prevention initiative led by the VIAS Institute, the Regions, Brussels Mobility, VSV, Assuralia (the Professional Association of Insurance Companies), Belgian Brewers, and the police. Its central message encourages drivers to remain sober when driving and to plan a safe journey home after social events. The campaign combines awareness-raising activities, including billboards, radio and television advertising, social media and public events, with increased police alcohol checks, particularly during the summer holiday and winter festive periods. According to the campaign's reported figures, the proportion of positive alcohol tests during BOB campaign periods fell from 6.4% in 1995 to 1.2% in winter 2024–2025, despite six times more drivers being checked. In summer 2026, the positive-test rate reached a record low of 1.4%. The designated-driver concept pioneered by BOB has also been adopted in several other countries.

SPAIN

In Spain, the Directorate-General for Traffic (DGT) in collaboration with the Brewers of Spain (Cerveceros de España), and a broad network of 24 partner organisations, launched the 2026 campaign "Elegir SIN al volante es la caña" (Choosing NOT to Drink and Drive Rocks!), promoting the message that alcohol and driving are incompatible and presenting alcohol-free beer as an alternative. The initiative focuses particularly on rural areas, where access to alternative transport options may be more limited, and aims to encourage responsible choices among drivers and other road users. The campaign's reported communication results include an estimated media value of €2.4 million and an audience reach of 34 million. These figures demonstrate the campaign's media visibility, although no evidence of its impact on drink-driving behaviour or road casualties has yet been reported.

CZECH REPUBLIC



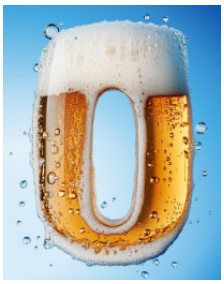
The Czech campaign "Řídím, piju nealko pivo" ("I Drive, I Drink Non-Alcoholic Beer"), established in 2011, promotes responsible behaviour among road users through cooperation between national Police, the Ministry of Transport, the Fire Rescue Service and the Czech Brewers Association. During roadside checks, drivers and cyclists who pass an alcohol test and breathalyser test are rewarded with non-alcoholic beer, while the campaign also reaches boat operators and visitors to campsites and festivals. The initiative is held annually and has reportedly reached more than 557,000 road users, boat operators and campsite and festival visitors. In 2025, 15 breweries participated.[35]

BULGARIA

"Alcohol is a Bad Driver: Excuses Don't Get Far" is the 17th annual edition of a drink-driving prevention platform run since 2008 by, together with the National Police/Traffic Police, the State Road Safety Agency, the Bulgarian Red Cross, the Union of Bulgarian Motorists and the Kamenitza AD. Launched in November 2025, the edition aimed to move from raising awareness to influencing behaviour by challenging the everyday excuses drivers use to underestimate the risk. Its centrepiece was Bulgaria's first autonomous drive-through installation, where drivers chose between "Driven after drinking" and "Never driven after drinking". Those choosing the second option received a free non-alcoholic beer, while the first produced a hand-crushed can printed with a common drink-driving excuse. The campaign's reported results include more than 132,000 live contacts, 902,000 digital reach and 1.5 million video views.[36]

[35] Website of "Řídím, piju nealko pivo" campaign: https://www.rpnp.cz/projekt
[36] Link to video campaign, https://tinyurl.com/4nbxmumn

2.6 NON-ALCOHOLIC DRINKS: POTENTIAL IMPLICATIONS FOR DRINK-DRIVING



Non-alcoholic and low-alcohol drinks may offer an alternative to conventional alcoholic beverages for people who intend to drive. Non-alcoholic beer accounted for 8% of the EU beer market in 2025, indicating that these alternatives are increasingly available to consumers (see annex page 55).[37] However, the potential impact of these products on drink-driving remains insufficiently researched. A 2023 evidence review by the UK Office for Health Improvement and Disparities found no studies directly examining the effects of consuming alcohol-free products on driving, and highlighted the need for further research into their influence on perceptions and social norms around drinking and driving.[38]

In 2024, the UK THINK! 0% campaign[39] promoted alcohol-free alternatives as part of its drink-driving prevention activities, with some results from their summer campaign indicating an increase in young men's stated likelihood of choosing a 0% alternative when driving. While these results suggest potential for awareness-raising initiatives, they do not establish that non-alcoholic beer reduces drink-driving or road traffic casualties. Further research is needed to assess whether these products lead to meaningful changes in drinking behaviour and road safety outcomes.

[37] Data provided by The Brewers of Europe (sponsors of the SMART project) extrapolated from Euromonitor International Limited, Alcoholic Drinks 2026 © All rights reserved.
[38] UK Office for Health Improvement and Disparities (2023), Potential health impacts of changing the alcohol free descriptor: evidence review https://tinyurl.com/5n8xrvay
[39] THINK 0% campaign website: https://tinyurl.com/2yz848n8

ANNEXES

ISO CODES

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
Great Britain	GB
Greece	EL
Hungary	HU
Ireland	IE
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

National definition of deaths attributed to drink driving if different to the SafetyNet recommended definition.
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.

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 0.5 g/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 motorvehicle 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, 0.5 g/l for all other drivers).
LT	Deaths occurring as a result of a road traffic accident in which the blamed driver (car, moped or motorcycle) for the traffic accident was found with alcohol level above the legal limit.
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 obductions 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 a couser of the traffic accident was found with blood alcohol level above 0.5 g/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.
NO	Any death occuring 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.

Table 1 (Fig. 1 and 2) Total number of road deaths over the period 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
AT	430	479	432	414	409	416	344	362	370	402	351
BE	745	762	670	609	604	644	499	516	540	501	470
BG	655	708	708	682	611	628	463	561	531	525	478
CY	45	57	46	53	49	52	48	45	37	34	41
CZ	688	734	611	577	658	617	517	531	527	502	494
DE	3,377	3,459	3,206	3,180	3,275	3,046	2,719	2,562	2,788	2,839	2,770
DK	182	178	211	175	171	199	163	130	154	162	145
EE	78	67	71	48	67	52	59	55	50	59	69
ES	1,688	1,689	1,810	1,830	1,806	1,755	1,370	1,533	1,746	1,806	1,751
FI	229	270	258	238	239	211	223	225	196	185	176
FR	3,384	3,461	3,477	3,448	3,248	3,244	2,541	2,944	3,267	3,167	3,193
EL	795	793	824	731	700	688	584	624	654	646	664
HR	308	348	307	331	317	297	237	292	275	274	239
HU	626	644	607	625	633	602	460	544	537	472	497
IE	192	162	182	154	134	140	141	132	152	180	172
IT	3,381	3,428	3,283	3,378	3,334	3,173	2,395	2,875	3,159	3,039	3,030
LU	35	36	32	25	36	22	26	24	36	26	18
LV	212	188	158	136	148	132	139	151	115	138	112
LT	267	242	192	192	173	186	175	147	120	159	121
MT	10	11	22	19	18	16	12	9	28	16	12
NL	570	620	629	613	678	661	610	582	745	684	675
PL	3,202	2,938	3,026	2,831	2,862	2,909	2,491	2,245	1,896	1,893	1,896
PT	638	593	563	602	700	688	536	561	618	642	618
RO	1,818	1,893	1,913	1,951	1,867	1,864	1,646	1,779	1,634	1,545	1,477
SE	270	259	270	253	324	221	204	210	227	229	213
SI	108	120	130	102	91	102	80	114	85	84	68
SK	259	274	242	250	229	245	224	226	244	267	262
GB	1,775	1,730	1,792	1,793	1,784	1,752	1,460	1,558	1,711	1,624	1,602
UK	1,854	1,804	1,860	1,856	1,839	1,808	1,516	1,608	1,766	1,695	1,671
RS	536	599	607	579	548	534	492	521	553	503	514
NO	147	117	135	106	108	108	93	80	116	110	89
CH	243	253	216	230	233	187	227	200	241	236	250
EU21	**17,566**	**17,591**	**17,143**	**16,650**	**16,739**	**16,328**	**13,639**	**14,041**	**14,482**	**14,487**	**14,168**

Source: national statistics provided by the PIN Panellists for each country
EU21: EU 27 minus BG, IE, IT and RO for inconsistency in the data trend and MT and NL for lack of updated data.

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
AT	32	28	22	33	33	32	27	29	26	26	33
BE	34	41	40	37	29	38	20	18	31	21	19
BG	13	10	6	46	33	35	21	15	7	4	2
CY	13	12	8	11	15	6	8	10	9	4	6
CZ	68	72	58	53	71	60	57	50	50	38	34
DE	314	260	256	225	231	244	228	156	165	242	198
DK	37	27	30	36	32	38	29	26	29	35	25
EE	17	28	23	13	24	19	22	22	13	16	24
ES[(1)]	161	184	228	254	195	235	191	273	283	268	292
FI	56	69	71	57	46	50	69	58	54	40	44
FR	958	1,057	1,009	1,035	985	1,052	804	840	996	944	922
EL	76	71	98	50	41	37	41	45	49	43	37
HR	85	115	99	92	72	68	66	51	69	69	52
HU	47	80	77	69	65	63	65	51	37	31	29
IE[(2)]	53	52	54	31	37	31	21	n/a	n/a	n/a	n/a
IT[(3)]	n/a	n/a	n/a	n/a	99	113	66	77	100	75	84
LU	6	10	5	5	4	10	3	7	15	4	3
LV	51	26	23	24	20	25	16	31	24	68	33
LT	49	17	16	16	22	22	20	25	15	14	10
MT	0	0	0	0	0	0	0	0	0	0	0
NL	12	9	9	5	18	15	8	4	n/a	n/a	n/a
PL	470	407	383	341	370	326	327	331	268	290	258
PT[(4)]	140	142	163	170	173	183	124	149	178	119	131
RO	181	174	160	148	118	114	66	47	0	0	0
SE	55	61	65	58	57	37	42	36	40	40	39
SI	25	37	38	32	23	33	27	37	17	21	15
SK	36	31	37	27	31	35	29	35	29	30	20
GB[(5)]	240	200	230	250	240	230	220	260	300	260	220
UK	0	0	0	0	0	0	0	0	0	0	0
RS[(6)]	64	51	173	146	150	134	130	117	137	103	102
NO	29	22	29	20	34	20	23	14	21	19	24
CH	29	38	37	38	30	25	28	21	37	31	36
EU21	**2,730**	**2,775**	**2,749**	**2,638**	**2,539**	**2,613**	**2,215**	**2,280**	**2,397**	**2,363**	**2,224**

Source: national statistics provided by the PIN Panellists for each country
EU21: EU 27 minus BG, IE, IT and RO for inconsistency in the data trend and Mt and NL for lack of updated data.
(1)ES - From 2010 to 2015 figures refer to killed car drivers who tested more than 0.3 g/l in post-mortem blood alcohol tests. From 2016 to 2020, the methodology used is the following: figures refer to alcohol-related road deaths and cover 65% of fatal accidents in 2016, 68% in 2017, 65% in 2018, 67% in 2019 and 61% in 2020. From 2010 to 2020, data from Catalonia and Basque Country are not included.
(2)IE - figures are the number of road user fatalities with a positive toxicology for alcohol, defined as a blood alcohol concentration >20mg alcohol per 100ml blood, or equivalent in urine/vitreous humour. Figures may increase as more cases become available for analysis.
(3)IT - Alcohol-related fatal accidents detected by Carabinieri and National Police, which detect about one third of all road collisions with injuries. Data Source: ISTAT
(4)PT - data from forensic postmorten test of drivers, passengers and pedestrians.
(5)GB - data rounded to nearest 10. Data is collected from coroners and procurators fiscal data and STATS19 breath test data. Adjustments to the reported data are required to estimate the actual number of drink-drive collisions and their related casualties. 2 adjustments have been applied, one to account for the incompleteness of coroners and procurators fiscal data, and one to account for hit and run collisions (where a breath test cannot be administered).
(6)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).

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

Fig. 2 Difference between the average annual (%) changes in the number of road deaths attributed to alcohol and the corresponding reduction for other road deaths over the period 2014-2024		
BG	-9.3%	
CY	-5.6%	
HU	-5.3%	
RS	-5.1%	2016-2024
EL	-4.7%	
HR	-4.4%	
SE	-3.4%	
SK	-3.1%	
IT	-2.9%	2018-2024
BE	-2.7%	
CZ	-2.6%	
SI	-2.1%	
PT	-1.6%	
DE	-1.7%	
CH	-0.9%	
LT	-0.6%	
FI	0.1%	
FR	0.1%	
NO	0.4%	
PL	0.8%	
EE	0.8%	
DK	1.4%	
LU	1.7%	
AT	2.4%	
GB	3.0%	
ES	4.8%	2016-2024
LV	8.9%	
EU21	**0.4%**	

Table 3 (Fig. 3) Total number of pedestrians killed in alcohol related road crashes over the period 2022-2024 (or last three years available)

	2021	2022	2023	2024
AT	5	6	6	7
BE	2	8	5	2
BG	1	4	4	0
CY	0	1	2	1
CZ	5	4	3	5
DE	n/a	n/a	n/a	n/a
DK[1]	3	5	3	5
EE	1	0	1	1
ES[2]	33	27	44	32
FI[3]	2	0	1	1
FR	72	101	77	68
EL	2	4	4	3
HR	5	9	2	4
HU	7	6	9	3
IE	n/a	n/a	n/a	n/a
IT	n/a	n/a	n/a	n/a
LU	1	1	1	1
LV	2	5	2	0
LT	2	1	0	0
MT	n/a	n/a	n/a	n/a
NL	n/a	n/a	n/a	n/a
PL	84	83	76	67
PT	15	18	5	15
RO	n/a	n/a	n/a	n/a
SE	3	1	2	5
SI	2	0	2	3
SK	18	18	15	10
UK	n/a	n/a	n/a	n/a
GB	10	30	20	10
CH	2	4	1	9
NO	0	1	0	0
RS	11	9	10	9
EU20	**265**	**302**	**264**	**233**

Fig. 3 Proportion (%) of pedestrians killed in alcohol-related road crashes out of the all alcohol-related deaths (average years 2022-2024)	
FI	1%
NO	2%
LT	3%
EE	4%
LV	6%
SE	7%
GB	8%
HR	8%
RS	8%
EL	9%
FR	9%
PT	9%
SI	9%
CZ	10%
ES	12%
CH	13%
LU	14%
DK	15%
HU	19%
CY	21%
BE	21%
AT	22%
PL	28%
SK	54%
BG	62%
EU20	**12%**

Source: national statistics provided by the PIN Panellists for each country
EU20: EU 27 minus BG for inconsistency in the data trend and DE, IE, IT, MT, NL and RO for lack of data
[1]DK - Killed pedestrians in accidents where one of the involved had a BAC level above 0.51 - "estimated under the influence of alcohol" is not included
[2]ES - Except Catalonia and the Basque Country
[3]FI - All substance-related cases, not only alcohol

Table 4 (Fig. 4 and 5) Total number of officially-reported alcohol related serious injuries over the period 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
AT	568	542	555	549	562	627	484	566	658	629	661
BE	438	424	334	405	322	340	224	266	327	297	279
BG	51	75	80	147	97	116	118	72	98	5	77
CY	45	36	23	37	36	13	18	13	16	18	17
CZ	276	244	234	200	202	218	167	151	173	109	94
DE	4,843	4,688	4,590	4,506	4,531	4,634	4,592	4,106	4,272	5,016	4,262
DK	219	199	176	175	183	160	191	172	160	166	150
EE	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ES[(1)]	n/a	n/a	4,738	4,559	4,280	4,250	3,527	3,966	4,274	4,722	4,765
FI[(2)]	85	75	61	78	87	74	83	67	64	54	50
FR	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EL	n/a	n/a	n/a	65	63	50	44	46	62	59	30
HR	529	550	505	568	568	455	673	659	812	784	790
HU	582	583	546	488	441	485	477	428	403	357	298
IE[(3)]	n/a	n/a	61	61	77	80	65	94	110	102	71
IT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LU	53	60	44	49	38	46	37	55	48	51	39
LV	51	53	46	48	61	49	57	45	56	52	31
LT	n/a	n/a	n/a	32	11	32	38	39	44	37	43
MT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PL	1,425	1,277	1,257	1,149	1,154	1,158	1,069	1,063	909	815	869
PT[(4)]	n/a	n/a	n/a	n/a	n/a	300	422	491	554	545	501
RO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SE	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SI	138	138	176	146	153	144	123	114	131	127	142
SK[(5)]	116	126	116	87	114	101	85	87	87	77	65
GB	1,510	1,560	1,530	1,570	1,580	1,700	1,300	1,590	1,600	1,590	1,520
UK	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RS	n/a	138	526	503	456	506	579	560	561	499	580
NO	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CH	486	439	456	366	401	444	454	441	510	506	469

Source: national statistics provided by the PIN Panellists for each country
[(1)]ES - Drivers only. Excluding Catalonia and the Basque Country.
[(2)]FI - For serious injuries, information on drink-driving is only available for cases that have come to the attention of the police. This excludes, for example, most intoxicated cyclists and e-scooter riders.
[(3)]IE - Number of serious injuries in a collision where at least one road user involved in the collision had a positive alcohol test result. Data for 2022 onwards is provisional and subject to change.
[(4)]PT - Serious injuries resulting from traffic accidents for which, at least one of drivers of vehicles involved, was under the influence of alcohol (BAC >= 0,5 g/l) - Portugal, including Azores and Madeira).
[(5)]SK - This is the number of accidents with alcohol detected in the driver of the traffic accident.

Table 4 (Fig. 4 and 5) Total number of officially-reported alcohol related serious injuries over the period 2014-2024

Fig. 4 Average annual change in the number of serious injuries in alcohol related crashes over the period 2014-2024		
CY	-9.9%	
CZ	-8.9%	
BG	-8.2%	
EL	-5.8%	2017-2024
HU	-5.7%	
SK	-5.3%	
PL	-4.9%	
BE	-4.4%	
FI	-3.7%	
DK	-2.6%	
LV	-2.0%	
SI	-1.6%	
LU	-1.5%	
DE	-0.7%	
GB	0.1%	
ES	0.1%	2016-2024
CH	1.1%	
AT	1.6%	
HR	5.0%	
IE	5.2%	2016-2024
RS	8.8%	2015-2024
PT	10.4%	2019-2024
LT	11.5%	2017-2024

Table 5 (Fig. 5) Total number of serious injuries according to national definitions over the period 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
AT	7,434	7,486	7,566	7,664	7,631	7,384	6,650	6,945	7,258	7,191	7,774
BE	4,484	4,181	4,095	3,762	3,637	3,605	2,978	3,119	3,413	3,270	2,996
BG	2,174	2,295	2,503	1,943	1,988	1,937	1,556	1,458	1,766	1,794	1,888
CY	467	377	406	388	348	340	211	252	253	232	226
CZ	2,714	2,487	2,530	2,286	2,395	2,061	1,761	1,580	1,682	1,711	1,561
DE	67,732	67,706	67,426	66,513	67,967	65,244	58,005	55,137	57,727	52,902	50,601
DK	1,798	1,780	1,797	1,756	1,862	1,822	1,716	1,639	1,718	1,680	1,526
EE	455	407	424	429	420	356	346	352	404	430	421
ES	9,574	9,495	9,755	9,546	8,935	8,613	6,681	7,784	8,502	9,265	9,561
FI	519	477	460	409	485	390	408	368	334	332	288
FR	16,496	16,355	16,773	16,887	16,104	16,248	13,337	15,944	15,956	15,936	15,924
EL	1,016	999	879	706	727	652	518	610	664	659	568
HR	2,675	2,822	2,746	2,776	2,731	2,492	2,295	2,610	2,910	3,102	3,238
HU	5,331	5,575	5,541	5,630	5,559	5,482	4,655	4,595	5,041	4,772	4,739
IE	759	827	965	1,053	1,359	1,507	1,216	1,471	1,700	1,654	1,554
IT	14,943	15,901	17,324	17,309	18,614	17,600	14,102	15,990	16,875	16,989	16,740
LU	245	319	249	256	273	248	217	267	267	347	308
LV	434	479	525	496	542	461	491	449	425	385	307
LT	1,437	724	655	368	165	308	376	392	476	479	414
MT	292	306	294	304	317	305	242	339	379	320	346
NL	5,800	6,000	6,400	6,500	6,800	6,900	6,500	6,800	8,300	7,400	7,800
PL	11,696	11,200	12,077	11,103	10,941	10,633	8,805	8,276	7,519	7,594	7,796
PT	2,010	2,148	1,999	2,117	2,195	2,383	1,877	2,161	2,302	2,500	2,626
RO	8,122	9,057	8,285	8,181	8,144	8,125	5,491	3,796	3,690	3,539	3,675
SE	4,810	3,818	4,074	3,988	3,606	3,503	3,098	3,784	4,718	4,610	5,050
SI	826	937	855	874	825	821	693	796	873	850	975
SK	1,098	1,121	1,057	1,127	1,272	1,050	894	854	866	894	814
GB	31,790	30,446	29,327	28,391	28,859	27,995	21,757	24,839	27,215	27,349	27,274
UK	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CH	4,043	3,830	3,785	3,654	3,873	3,639	3,793	3,933	4,002	4,096	3,792
NO	683	693	656	665	602	565	627	569	578	568	578
RS	3,275	3,448	3,362	3,514	3,338	3,322	2,953	3,347	3,302	3,398	3,715

Source: national statistics provided by the PIN Panellists for each country

Table 5 (Fig. 5) Total number of seriuos injuries according to national definitions over the period 2014-2024

Fig. 5 Average annual change in serious injuries in alcohol related crashes compared to all other serious injuries over the period 2014-2024		
BG	-5.0%	
HU	-4.1%	
LU	-3.6%	
CZ	-3.4%	
CY	-2.9%	
SI	-2.1%	
SK	-2.0%	
DK	-1.5%	
IE	-1.2%	2016-2024
BE	-0.8%	
EL	-4.0%	2017-2024
PL	0.3%	
RS	1.0%	
LV	1.4%	
ES	1.4%	2016-2024
FI	1.6%	
GB	1.9%	
AT	2.2%	
LT	2.3%	2017-2024
DE	2.6%	
HR	4.9%	
PT	7.4%	2019-2024
CH	8.8%	2015-2024

Table 6 (Fig. 6 and table 6 in the report) Total number of alcohol roadside breath tests over the period 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
AT	1,817,375	1,624,279	1,674,157	1,720,903	1,741,992	1,807,053	1,222,681	1,387,955	1,768,730	1,895,748	1,876,191
BE	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
BG	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CY	118,506	113,937	88,827	102,191	88,371	80,644	43,376	27,953	52,088	63,833	56,396
CZ	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DE	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DK	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EE	752,519	889,701	862,915	674,276	770,692	921,527	751,738	765,689	902,027	968,245	1,156,490
ES[1]	6,336,997	5,741,134	5,071,265	5,185,517	5,509,022	6,598,675	3,121,815	4,552,163	5,836,074	6,700,937	7,378,103
FI	1,546,974	1,496,959	1,519,062	1,476,699	1,396,898	958,725	428,483	391,207	553,382	659,720	740,064
FR	10,838,743	10,245,130	9,862,941	10,141,631	9,393,927	9,033,797	7,005,056	7,131,535	7,907,507	8,127,665	8,439,219
EL	1,811,108	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
HR	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
HU	1,222,987	1,333,497	1,708,194	2,363,611	2,918,362	2,727,935	1,687,146	1,797,134	2,265,209	2,440,092	2,493,295
IE[2]	n/a	n/a	n/a	n/a	313,042	314,789	104,865	88,819	150,094	166,717	194,755
IT[3]	1,565,631	1,501,789	1,430,593	1,392,777	1,297,382	1,214,776	635,020	342,912	439,165	670,167	795,626
IT Local Police of Main Cities	n/a	n/a	114,104	127,095	98,644	62,249	40,301	51,402	43,618	72,086	69,673
LU	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LV	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LT	153,632	139,963	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	148,707
MT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
NL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PL	15,414,183	17,701,833	17,942,523	17,833,241	16,468,116	16,844,530	6,699,742	8,272,245	12,453,495	13,827,843	16,038,095
PT	1,548,621	1,577,907	1,638,020	1,658,825	1,681,992	1,818,700	1,237,153	1,570,129	1,963,792	2,297,095	2,259,659
RO	1,462,415	1,435,020	n/a	n/a	n/a	n/a	n/a	n/a			
SE[4]	2,011,397	1,426,382	1,200,816	1,167,601	1,186,064	1,306,623	434,611	388,345	928,864	1,274,178	1,426,329
SI	284,204	322,858	293,931	395,482	352,929	423,247	361,220	400,057	439,410	467,370	451,950
SK	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
UK[5]	606,241	520,219	463,148	326,221	336,373	302,191	252,069	223,031	273,889	276,914	
RS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NO[6]	1,581,503	1,452,174	1,346,037	1,111,011	936,233	959,288	183,230	92,942	432,737	515,303	544,467
CH	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Source: national statistics provided by the PIN Panellists for each country

[1]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.

[2]IE - An Garda Síochána is only in a position to provide information in respect of those breath tests performed at Mandatory intoxicant Testing Checkpoints from 2018-2020.

[3]IT - Alcohol Tests conducted by National Police and Carabinieri. National Police data includes also drug tests.

[4]SE - very few tests due to the pandemic in 2020.

[5]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. Due to changes in reporting system, data prior to 2011 are not directly comparable with comparable with subsequent years.

[6]NO - Since 2020, it has not been mandatory for police districts in Norway to report the number of roadside breath tests. We have also learned that the tests reported in the past also included "driver's license" checks. Therefore, we cannot say precisely how many of those were actual breath tests. From 2020 onwards, the responsibility for roadside tests lies with the National Road Police Service (in Norwegian: Utrykningspolitiet, UP). There have also been some changes: they now conduct drug controls, which include both alcohol and drugs (narcotics and pharmaceutical substances).

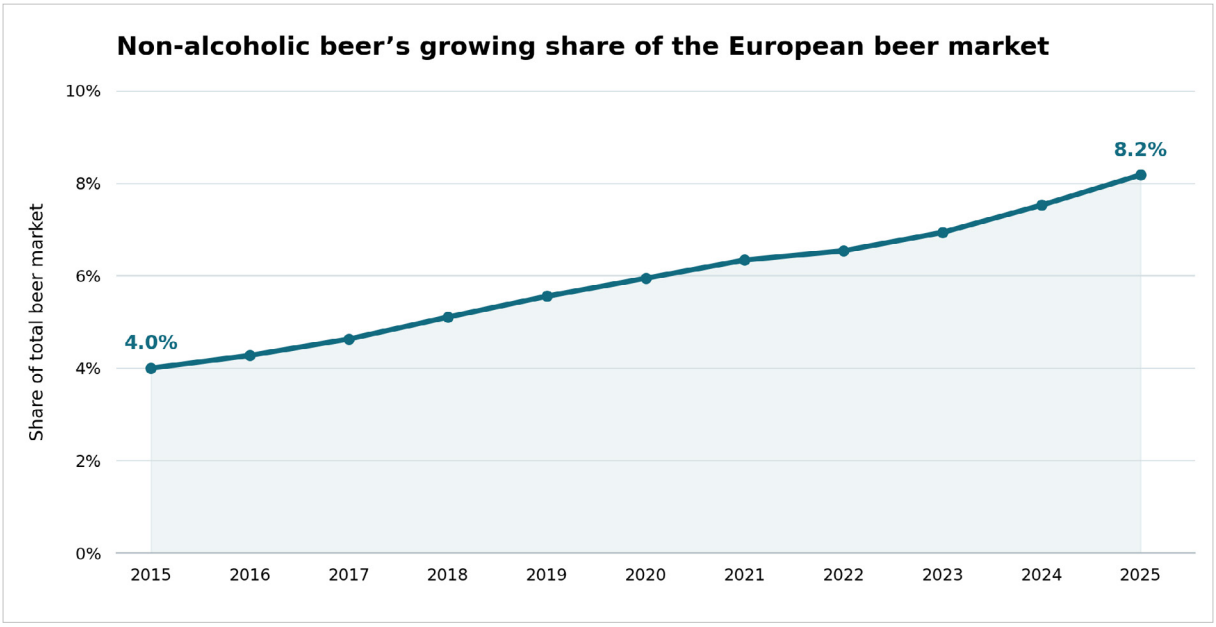
Table 6 (Fig. 6 and table 6 in the report) Total number of alcohol roadside breath tests over the period 2014-2024

Fig. 6 Average annual change in the number of alcohol roadside breath checks per 1000 population over the period 2014-2024		
NO	46.3%	2020-2024
HU	5.7%	
SI	4.3%	
PT	2.5%	
EE	2.2%	
ES	-0.2%	
AT	-0.5%	
PL	-3.5%	
FR	-4.1%	
SE	-6.3%	
IT Local Police of Main Cities	-8.4%	2016-2024
IE	-9.6%	2018-2024
CY	-10.6%	
UK	-11.1%	2014-2023
IT	-11.4%	
FI	-12.0%	

Table 7 (table 7 in the report) Does your country have evidential breath testing in use at roadside police checks (to be used as proof in court instead of a blood test?)

AT	Yes. https://www.oesterreich.gv.at/en/themen/persoenliche_dokumente_und_bestaetigungen/fuehrerschein/7/Seite.042000
BE	Yes.
BG	Yes, the alcohol test during traffic police checks is evidence in court in the event of a refusal to take a blood test.
CY	Yes.
CZ	A breath test with a BAC value of 0.25 and higher may be considered evidential unless the driver disputes it. A breath test with a lower value is not considered evidential.
DE	No – roadside breath tests are used only as preliminary screening tests, while evidential proof for court proceedings normally requires a blood sample.
DK	No.
EE	Yes.
ES	Yes. Alcohol detection tests shall consist of the analysis of exhaled air using authorised devices. Traffic Act, Art. 14.3 / (Tests to detect possible alcohol intoxication shall be carried out by traffic enforcement officers and shall normally consist of the verification of exhaled air using officially authorised breathalysers, which shall quantitatively determine the level of alcohol in the breath of the persons concerned.) Spanish General Traffic Rules. Art. 22.
FI	Yes. Precision alcometers.
FR	No, in France, alcohol tests conducted during traffic stops (with breathalyzer) are only used for screening purposes. They cannot be used as evidence in court. In the event of a positive screening result, a more rigorous test is required to establish proof of blood alcohol concentration. This can be done either through medical, clinical, or biological analyses or examinations, or using a device that determines blood alcohol concentration by analyzing exhaled breath. (Code de la route, Chap 4 conduite sous l'influence de l'alcool, Article L234-4 - French Highway Code, Chapter 4: Driving Under the Influence of Alcohol, Article L234-4). In cases of obvious drunk driving, the standard of proof is not strict, and evidence may be provided in any form (police reports, witness testimony, visual evidence, etc.).
EL	Roadside breath tests are used only for preliminary screening and are not considered evidential, as blood tests or formal measurements are required for court proof.
HR	Yes. However, a Blood and Urine test is also offered to the offender in addition to a Breath test. Breath test record (minutes), written by the Police officer, is a valid proof in Court.
HU	Yes, using certified breath alcohol tester.
IE	Ireland's police force conduct preliminary alcohol testing at roadside, alcohol positive drivers are arrested and are brought to a police station where they may be required to provide breath specimens to an evidential breath testing instrument. The result from the evidential breath testing instrument is used as a proof in Court. Ireland currently do not conduct roadside evidential alcohol breath tests. Evidential Breath Alcohol testing is only conducted in police stations.
IT	Yes, the alcohol concentration must be based on at least two concordant readings taken at a five-minute interval. The breathalyzer used to measure alcohol concentration in exhaled air must not only display the measurement results but also provide a corresponding printed record via a dedicated printer.
LU	n/a
LV	Yes (from 2025; before that driver had to sighn document, that agrees to breath testing results, otherwise blood testing made).
LT	Yes. The police use breath testers during roadside checks (no blood test is required).
MT	n/a
NL	Results from our DRÄGER breathalyzer are indicators where a blood-test-result is the only evidence allowed in court.
PL	Yes.
PT	Yes.
RO	n/a
SE	Evidential breath testing is sometimes used on the road sites but often in the Police station.
SI	Not yet. Slovenia has prepared the legal framework for the use of evidential breath analysers ("etilometers") in roadside police checks, but these devices are not yet in use because the police still need to procure them. Once introduced, evidential breath testing is expected to be implemented by the end of 2026. For now, screening breath tests remain in use.
SK	Yes, when using a breath test with a certified device used by the Slovak Police, the output from such a device is legally usable (as are the results of blood tests processed by expert opinions).
UK	No.
CH	Yes.
NO	Yes.
RS	Serbia uses evidential breath testing at roadside police checks. Breathalyzer results are generally accepted as evidence in court, but drivers have the right to request a confirmatory blood test.

Non-alcoholic beer's growing share of the European beer market



Source: The Brewers of Europe I NA beer: ≤ 0.5% ABV
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Complementary information to the graph provided by The Brewers of Europe, (sponsors of the SMART project and the SMART report):

The European Union non-alcohol (NA) beer market's share of the overall beer market has doubled in size over the last decade, with 1 in 12 beers consumed in the EU now non-alcohol. Accounting for over 8% of the overall EU beer market, growth has been recorded across nearly all markets, although there remain considerable differences amongst countries in terms of market size, share and growth.

Germany is Europe's largest NA beer market by volume, with the category growing by around 60% over the decade, whilst Spain ranks first by market share, with NA beer today representing around 15% of total beer consumption. Poland is meanwhile Europe fastest-growing NA beer market, with volumes increasing almost ninefold since 2015, making it now the EU's third largest NA beer market by volume. In the Czech Republic, non-alcohol beer's share of the beer market has meanwhile tripled over the last decade, with 12% of the Czech beer market now non-alcohol.

Belgium (NA beer volumes up three-and-a-half-fold), Hungary (10% NA beer market share), Netherlands (NA beer volumes tripling), Romania (NA beer volumes up five-fold) and Slovakia (10% NA beer market share) are other notable markets for the growth and share of the NA beer market.

Note: Whilst the legal definition of non-alcohol beer varies from country to country, Euromonitor defines this as beers below 0.5% ABV.





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