Regulations to introduce measures to tackle drink driving in
Northern Ireland

ANNEX A: Response Form

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This response has been submitted on behalf of the Institute of Public Health in Ireland. The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

IPH currently employs 22 members of staff.

Please note:

The Department will prepare a summary of all the responses to this consultation letter. Copies of individual responses may also be made available to anyone that requests them.

I am content for a copy of my response to be made available if requested.

Please note that if you ask for your response to be kept confidential this will only be possible if it is consistent with our obligations under the Freedom of Information Act 2000.

† please delete as appropriate
FIXED PENALTIES

Q 1 - Do you have any comments on the Department’s approach to introducing fixed penalties for lower level drink driving offences?

The Institute of Public Health in Ireland (IPH) would like to reiterate its support for the Road Traffic (Drink Driving) Bill 2016 and the introduction of new lower drink driving limits. In 2012 IPH submitted a response to the Draft Road Traffic (Drink Driving) Amendment Bill and Additional Measures to Tackle Drink and Drug Driving in Northern Ireland supporting the introduction of new lower drink driving limits (IPH, 2012). IPH believes it is important that this secondary legislation is expedited in a timely manner to ensure the new evidence based drink driving limits are made into law and appropriately enforced.

IPH welcomes the introduction of the new lower limits in line with Republic of Ireland, Scotland and other EU countries. Consistency and uniformity within drink driving limits across the island of Ireland will help facilitate and support the PSNI and An Garda Síochána in enforcing drinking driving laws and remove ambiguity for drivers in border areas.

In the Republic of Ireland, the Garda Síochána Analysis Service carried out a review of the new lower drink driving limits between 28 October 2011 and 27 October 2012 following the first year of their introduction. In total, 9,771 drink driving incidents were detected, of which 1,260 fixed charge notices were issued. Of these fixed charge notices, (24%) were for specified drivers\(^1\) in the BAC range 21 to 80 mg/ml; (49%) were for non-specified drivers in the BAC range 51 to 80 mg/ml; and 341 (27%) were for non-specified drivers in the BAC range 81 to 100 mg/ml. The Review found that a significant number of drink drive cases involved male drivers, aged 23-32, driving late at night/early morning, particularly at weekend with a blood alcohol level higher than 100mg/100ml. Almost half of all offenders detected in the 38-47 age category had BAC >150mg/100ml. A new feature of the lower drink drive limits is the number of people detected driving the ‘morning after’ with BAC levels in the lower ranges (Garda Síochána, 2012).

Drink driving poses a significant risk to those individuals who engage in this type of risk taking behaviour, their passengers, other road users and pedestrians. In 2015, there were 271 injury collisions where the driver or rider had consumed alcohol and/or drugs, resulting

\(^1\) A holder of a learner permit
Holder of a first driver licence (for category of vehicle being driven) within 2 years of issue
Holder of a C, C1, D, D1, EB, EC, EC1, ED, ED1 or W category
Holder of a SPBV licence whilst driving in the course of business
Person not holding a driving licence for the category of vehicle being driven
Furthermore if no licence is produced at scene, the person is tested at the lower limit.
in 441 casualties (of which 72 people were killed or seriously injured) in Northern Ireland. ‘Impaired by alcohol/drugs’ was the third most common cause of ‘killed or seriously’ injured’ casualties in this period after ‘inattention to / attention diverted’ or ‘excessive speed’ (PSNI, 2016).

The population burden of injury, disability and mortality associated with drink driving related road traffic collisions remains significant. Lowering drink driving limits is an important progressive step in seeking to address this road safety and public health issue.

IPH supports the Department’s approach to introducing of fixed penalties for lower level drink driving offences notices as outlined in the consultation document. A graduated penalty scheme for first time offenders is in keeping with the fixed penalty notices for other driving offences and therefore may be more effective from a public awareness perspective. IPH welcomes the opportunity for convicted drivers to complete the Course for Drink Driving Offenders (CDDO). Completion of the CDDO is an important measure in highlighting the severity of the offence and using the opportunity to educate drinkers about the risks of drink driving and the consequences of recidivist drink driving behaviour as well as harms to themselves and others associated with risky alcohol consumption patterns.

An analysis of drink driving reconvictions of those referred onto a course for drink driving offenders for the period 2001-2009 showed the likelihood of reconviction was 1.6 times higher if the offender didn’t complete a course. Up to three years after their original conviction, the reconviction rate that was 2.3 times higher for offenders who did not complete a course compared with those who did (DoE, 2010).

The most recent (2016) analysis of reoffending rates among convicted drink drivers who completed the CDDO during 2010/11 revealed that completion of the course significantly reduced the number of one and two year reoffending rates compared to a matched sample of non-attending offenders. However, the report noted that there was insufficient evidence to draw conclusions about the longer term impact of the programme as no significant difference was found in the three year reoffending rates between those who completed the course and those who didn’t (DoJ, 2016).

While selection bias may be an issue in interpretation, evaluations of the CCDDO suggest it may be effective in reducing reoffending up to three years after an original conviction. IPH supports the continuation of the CDDO in conjunction with the fixed penalty notices. Whilst acknowledging that completion of the course remains voluntary, IPH would support the view that an assessment of alcohol consumption among convicted drink drivers using a tool such as the CAGE alcohol screening questionnaire² should be considered. In addition, IPH

² The questionnaire asks the following questions:
would suggest that referral pathways be defined appropriate to the level or pattern of alcohol consumption is recorded for drink drivers. This approach would seek to enhance the early detection of alcohol dependence and other aspects of that person’s life, including harms affecting the family. IPH believes the relevant departments, in discussion with health and social care services, should agree appropriate signposting to referral pathways for drivers presenting with alcohol dependence.

DISQUALIFIED UNTIL TESTED

Q 2 – Do you have any comments on the Department’s approach to the restriction of the requirement to re-sit the driving test to those disqualified for 12 months or more for offences involving higher levels of alcohol?

In response to the issue outlined above, IPH believes it is important that the Department considers the clustering of risky driving behaviours such as speeding or careless driving among convicted drink drivers (Klauer, 2006). IPH believes consideration should be given to whether drink drivers have engaged in other risky driving behaviours or have acquired penalty points on their licence prior to their conviction. Where there is evidence to demonstrate a pattern of risky driving behaviour, IPH believes there should be a requirement for a convicted driver to re-sit their driving test, providing an opportunity to help modify other dangerous driving behaviours.

IPH believes the relevant departments, in discussion with health and social care services, should agree appropriate signposting to referral pathways for drivers presenting with alcohol dependence. It is also important to consider the issue of polydrug use in the context and development of punitive measures for drink drivers. Accepting that that content of the Bill has now been agreed, IPH would recommend that the Bill is kept under review, particularly in relation to the current position of no disqualification for first time offenders.

1. Have you ever felt you needed to Cut down on your drinking?
2. Have people Annoyed you by criticizing your drinking?
3. Have you ever felt Guilty about drinking?
4. Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?
HIGH RISK OFFENDERS

Q 3 - Do you agree with the Department’s approach to reducing the threshold for High Risk Offenders to 125mg/100mls?

Please indicate your preference by ticking the appropriate box (√)

Yes ☑
No ☐
Neither ☐

In line with the overall lowering of drink driving limits, IPH supports the Department’s approach to reducing the threshold for High Risk Offenders to 125mg/100mls. Recidivist drink driving behaviour and driving whilst more than twice the limit, poses a significant road safety and public health risk.

IPH supports the introduction of the new High Risk Offenders threshold based on the previous ratio of 2.5 times the new lower limit drink driving limits. IPH believes the implementation of this new is proportionate and can act as an additional deterrent for High Risk Offenders (HRO).

If the current level of drink driving remains unchanged, even in the short term, the introduction of the new threshold is likely to mean that there may be more drink drivers who would be considered High Risk Offenders. IPH would suggest that the Department of Environment and all relevant agencies need to ensure there is capacity to deal with any increase in the number of HRO.

As outlined in the response to Q1 and Q2, IPH recommends that screening or assessment of alcohol consumption patterns and alcohol dependency issues is conducted. Furthermore, a clear and structured referral pathway to services for high risk offenders is an essential part of the rehabilitation process. In the case of high risk offenders in particular, it is essential to consider the impact of other alcohol-related harms, and not just immediate effects of drink driving. There are many hidden harms associated the alcohol consumption which have a significant effect on children and family members; IPH would suggest that these potential harms should form part of the assessment.
CONSULTATION PROCESS

Q 4 - Do you have any comments to make on the consultation process?

Comment on Q 4.

No comment.

References


Thank you for taking the time to complete the questionnaire.

Please return this form by 27 May 2016 to:

John Brogan
Road Safety and Vehicle Regulation Division
Department of the Environment
Clarence Court
10-18 Adelaide Street
Town Parks
Belfast
BT2 8GB

Or e-mail: drinkdrive@doeni.gov.uk