EVERY BREATH YOU TAKE

Review of Compulsory Breath Testing in New Zealand

THE COALITION TO REDUCE DRINKING AND DRIVING

JUNE 2002

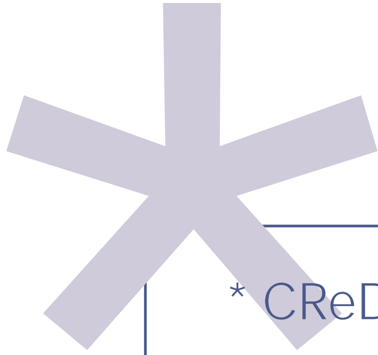
DISCLAIMER: Every effort has been made to ensure the accuracy of the material included. However readers are recommended to refer to source documents or professional advice on matters pertaining to the drink driving law. The views expressed in this document do not necessarily reflect those of the employing agencies represented.

INTRODUCTION

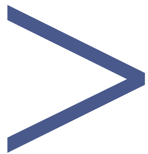
In July 1996 The Coalition To Reduce Drinking and Driving* (CReDD), produced a document titled 'Improving Compulsory Breath Testing in New Zealand'. The aim of that document was to provide a comparative study of Compulsory Breath Testing (CBT) in New Zealand and Random Breath Testing in Victoria, Australia. At that time Victoria had been leading the world in reducing the horrifying results of drink driving crashes where injury or death occurred and had halved their road toll within a five year period as a result of highly visible enforcement.

As a result of the 1996 study a series of recommendations were made on how CBT in New Zealand could be improved and how successful procedures in the Victorian model could be incorporated into the system in New Zealand. Many of these recommendations mirrored an external police review of CBT by a team of Australian police managers carried out at the same time. Many of the factors raised in the recommendations have been included in the CBT programme in New Zealand since that report was circulated. However CReDD believes that six years later it is timely for these recommendations to be re-examined and evaluated. How successfully have issues raised in the recommendations been incorporated into the programme and what recommendations still need to be acted upon to develop a model of best practice?

The aim of this report is to review the 1996 recommendations for Improving Compulsory Breath Testing in New Zealand and assess how far we have progressed with the CBT programme in New Zealand. The report also makes a further updated set of 2002 recommendations on achieving a model of best practice for CBT in New Zealand.



* CReDD is an inter-agency advocacy group made up of representatives from Alcohol Healthwatch, Public Health Promotion, Road Safety Co-ordinators from local and regional Council, and ACC.



CONTENTS

1996 RECOMMENDATIONS REVIEWED 4

1.0 CONTINUOUS IMPROVEMENT OF THE CBT PROGRAMME

2.0 PROBABILITY OF DETECTION AND PERCEPTION OF RISK

3.0 PUBLICITY

4.0 SWIFTNESS, CERTAINTY, AND SEVERITY OF PENALTIES

5.0 LEGAL BREATH/BLOOD ALCOHOL LIMIT FOR DRIVING

6.0 RURAL AREAS

2002 RECOMMENDATIONS 10

CONCLUSION 11

ACKNOWLEDGEMENTS 12

1996 RECOMMENDATIONS REVIEWED

The 1996 CReDD report outlined six major recommendations that covered areas such as building in ways of continually improving CBT operations, increasing resources to ensure an increased probability of apprehension, increasing publicity on CBT, advocating for legislative and policy enhancements that would signal lower tolerance for drinking and driving, and allocating resources for rural areas.

These six recommendations are itemised below with an accompanying update describing progess and key issues arising since the 1996 recommendations were originally released.

1.0 CONTINUOUS IMPROVEMENT OF THE CBT PROGRAMME

1.1 CBT to continue as a leading strategy to reduce the road toll

Historically alcohol has been the most frequently cited contributing factor to fatal road crashes in New Zealand. Since the introduction of CBT some promising trends have emerged, particularly in the Auckland and Christchurch regions where increased CBT resources have been implemented for the last 4-5 years. For example, in Auckland alcohol related crashes reduced significantly in 1999 with only 17 [23% of total] fatal crashes in the region having alcohol as a factor, 26 less than in 1994 when there were 43 alcohol related fatal crashes [38% of total]. The number of injury crashes fell to 361, down from a peak of 765 in 1994. Nationally this downward trend has been substantial, seen in the reduction from 40% in 1994 where alcohol was a contributing factor in all crashes to 27% in 2001. This trend has developed to a point where speed has taken over as the number one contributing factor to road crashes in New Zealand in 2000. Road crashes in 2001 seem to raise questions on this trend, however figures still look promising.

Despite the downward trend of alcohol related crashes the figures still remain unacceptably high and there is a risk that New Zealand's road toll could plateaux as has Victoria's in the last year. Based on fatal and reported injury crashes where driver alcohol was a contributing factor, for 1997-1999 the social cost of alcohol related crashes is estimated at $670 million per year [Crash Facts, Alcohol, LTSA, 1999]. Without the intervention of booze buses in 1996 N.Z. drink-driving crashes would have cost an estimated $1.2 billion [Ted Miller, Michael Blewden, Jia-fang Zhang, 1998 Cost Savings From A Sustained Compulsory Breath Testing And Media Campaign In New Zealand, unpublished report].

There is no doubt that CBT has continued to be a leading strategy to reduce the road toll. In fact CBT has been a major public health success and has undoubtedly contributed to the declining road toll over the last five years. The social cost of road crashes fell from $4.1 billion in 1995 to $3.2 billion in 1999. The number of fatal or serious injury crashes involving a driver affected by alcohol fell 40% from 780 a year to 470 [1995 to 1999].

Details of how the programme has developed are addressed below in relation to the recommendations made by the Coalition to Reduce Drinking and Driving in 1996. CBT must continue to be resourced to maintain and improve the results achieved to date. It is also essential that such resourcing encourage a more innovative and strategic use of CBT both nationally and regionally in New Zealand to avoid a similar levelling out of the positive downward trend in alcohol related crashes that is occurring in other countries.

1.2 Establish an inter-agency body and/or cross party group in parliament to address the reduction of alcohol-related road crashes [similar to the All Parliamentary Road Safety Committee in Victoria].

There are three road safety groups operating at national levels in New Zealand. The National Road Safety Committee (NRSC) is made up of chief executives of the LTSA, Ministry of Transport, NZ Police, Transit NZ, Accident Compensation Corporation (ACC), Transfund NZ, and the Local Government Association. The NRSC is a forum for communicating, agreeing, and co-ordinating high-level road safety strategy. The National Road Safety Working Group (NRSWG) consists of senior managers and staff from the NRSC member agencies. It prepares all papers for the NRSC and implements related decisions. The National Road Safety Advisory Group (NRSAG) serves as a forum for a wider group of

organisations with road safety interests to provide advice and bring outstanding road safety issues to the attention of the NRSC and other agencies. It's membership currently consists of all the NRSC member agencies as well as the NZ School Trustees Assoc., NZ Automobile Assoc., Alcohol Advisory Council, Te Puni Kokiri, Ministry of Pacific Island Affairs, the Crime Prevention Unit, Ministry of Health, Ministry of Justice, Ministry of Youth Affairs, and a Road Safety Co-ordinators' representative.

The NZ Government completed a review of the Transport Act [1962] during 1997, resulting in the introduction of the Land Transport Act [1998]. Legislation was introduced through this Act with resulting changes to the driver licensing system and penalties for drink driving offences. The Minister of Transport has also initiated a long-term programme known as Road Safety Strategy 2010. This programme highlights many strategies to reduce drink driving, with particular emphasis on intensifying Police resources devoted to CBT.

Both the introduction of the amendments to the Land Transport Act and the Road Safety Strategy 2010 programme have shown a commitment from Government to seriously address the reduction of alcohol-related road crashes. However there is still scope to establish a political level group to oversee road safety and issues such as drink driving to ensure inter-party commitment to CBT.

1.3 Allocate regular funding for independent reviews of the implementation of CBT in the New Zealand context.

At the time of printing the 1996 'Improving Compulsory Breath Testing in New Zealand' document, the Victorian Police peer review of the New Zealand Police Traffic Enforcement Programme was being conducted. Many of the findings of the peer review team were similar to CReDD's 1996 findings and recommendations. Those that have been actioned will be discussed in more detail throughout this review. The Peer Review Team has since conducted at least four visits to New Zealand, funded by the LTSA, to progress the original peer review. Monash University has conducted reviews on CBT in New Zealand, primarily for the purposes of LTSA and Police planning and strategy. CReDD supports this as an ongoing strategy.

2.0 PROBABILITY OF DETECTION AND PERCEPTION OF RISK

2.1 Allocate funding for independent research to assess current CBT reporting practices.

Reporting practices were suspected to be poor at the time of CReDD's original report [see pages 21 and 22 of original report]. Anecdotal evidence suggests that reporting practices have improved with a dedicated CBT squad that has developed expertise in the processing of drink drivers. There is now a core group of dedicated staff operating the CBT and where possible new graduates of Police College are stationed on the CBT squad for a set period taking practical experience and specialist knowledge with them once transferred.

2.2 Increase funding of CBT enforcement to ensure that CBT is highly visible and sustained at the level needed to achieve the general deterrent effect.

In 1999 NZ police received four compulsory breath-testing buses known as 'ACC Stop Buses' under a performance contract with ACC. Three of the buses are being operated as part of the Northern, North Shore/Waitakere, Auckland and Counties Manukau Police Districts' Enhanced Alcohol and CBT project and one as part of the Christchurch Police District's Project. ACC's initial financial commitment to the Stop Bus programme was $1.145 million dollars. Through the contract between the Police and ACC specific performance standards are negotiated whereby the Police are required to deliver certain hours per week on CBT. This contract and the financial input from ACC has allowed Police to carry out CBT more effectively and efficiently by providing facilities for on-site testing and has allowed Police to conduct CBT's on a more regular basis.

ACC has increased the funding dedicated to the Stop Bus programme by $1.3 million in the current financial year, primarily to address drink driving in rural areas. Additional funding for squad cars was provided in Auckland and these help serve the Northland areas. Three further Stop Bus programmes have been introduced in the Waikato Region, in the Central Districts area, and in the Otago/ Southland Region. These new programmes utilise squad cars more than Stop Buses so as to target drink driving in rural areas more effectively.

Within the NZ Road Safety Programme or Safety Administration Programme [S[A]P] $32.569 million was budgeted for Strategic Traffic Safety delivery nationally for drinking or drugged driver control [NZRSP, 1999-2000]. This is an increase of $40,000 from 1998-1999 and was again increased by a further $3,345,600 in 2000-2001. The total

S[A]P budget comprises about 23% of the total Police road safety budget. It is the Police view that 50% of Strategic Traffic hours, as set out in the New Zealand Road Safety Programme, are delivered by dedicated Strategic Traffic Units in each Police District. This does not absolve other Police staff from contributing to road safety and they provide the remainder of traffic services not provided by the specialist group.

Research in Australia indicates that random breath testing is cost-effective in reducing drink driving by increasing the number of tests up to an average of one test per licensed driver annually and has recommended that this be done. This corresponds to approximately 2.4 million tests for New Zealand, compared with the 1.9 million CBT delivered in 2000. Clearly increasing the annual number of tests to the upper end of the range of 2 to 2.4 million as a performance criteria in the S[A]P is highly desirable.

Auckland Police data suggest that the number of repeat drink/drive offenders in the Auckland region is close to 40% and the number of first time offenders is reducing. Of these repeat drink drive offenders, those over the age of 20 made up 90% of the total. The vast majority [85%] are males. In New Zealand evidence suggests that the majority of repeat drink/drive offenders who are assessed have or have had an alcohol or drug problem of some sort and that the current legislation and provision of treatment/rehabilitation programmes is inadequate. These repeat drink-drivers are also more likely to be indefinitely disqualified drivers. This information enables the Police to more effectively target CBT resources and also indicates that the general deterrent effect is being achieved with the majority of the population. Recidivist drink drivers do require further attention. However, CReDD recommends that any resources targeting recidivist drink drivers should not compromise the CBT programme having a continuing general deterrent effect on the public as a whole. It is essential that resources continue to be applied to achieving this general deterrent effect. Overseas experience has shown that to sustain this effect resources must be allocated to well-organized community-wide programmes.

2.3 Develop appropriate new strategies to detect and deter drinking drivers during high-risk periods on the road ie. 10pm-6am.

Targeting of resources to high-risk periods has become more tactical since the CBT programme began. The Police provide the LTSA with crash reports. The LTSA examines crash data and reports back to Police to ensure that resources are targeted to areas of greatest risk. The Last Drink Survey has also proved to be a useful tool for the placement of CBT operations. The Last Drink Survey provides information to the various Police Intel Units across the country about where the last drink was taken, the place of the offence, the time of the week, time of day, age, etc and is used for the placement of CBT's. This information has been utilised more strategically by the Police when deploying CBT resources. There are however limits to where the Police can set up checkpoints, ie. the site must provide a safe environment for controlling the traffic flow through a checkpoint. This continues to provide challenges to the Police, particularly in Auckland.

2.4 Establish further dedicated Traffic Safety Enforcement Units, identifiable through specially marked traffic vehicles, with a key focus on CBT and increasing visibility of enforcement.

Prior to 1996 the 'Traffic Alcohol Group' responsible for operating the 'one stop' booze bus did not exist. Since 1996 ACC has funded the production of seven ACC Stop Buses. The majority of funding for operating these Stop Buses comes from the NZ Road Safety Programme. This includes dedicated operational Police traffic teams responsible for full time implementation of CBT operations. As mentioned above in 2.2 ACC is committed to expanding the ACC Stop Bus programme.

Since 2000 Strategic Traffic Units have been established in all Police districts across the country. These units are dedicated traffic enforcement teams. They conduct CBT operations in local districts separate to the dedicated CBT squad operations.

2.5 Increase use of 'one stop' booze buses with necessary improvements made to their testing equipment.

As mentioned above in 2.4, more booze buses have come into operation since 1996. However, no significant improvements have been made to the testing equipment used in these facilities. NZ Police endeavour to keep up with technological advances in testing equipment given the resources available to supply the workforce across the country. There is still scope for improvement in this area.

3.0 PUBLICITY

3.1 Allocate funding for CBT risk perception publicity as an integral part of the CBT programme. Publicity should be sustained over the long term.

CBT publicity has increased overall since 1996. Publicity information however does not specifically separate the risk perception publicity from funding allocated to CBT publicity generally.

3.2 Ring-fence and clearly delineate funding for CBT risk perception from funding for publicity that seeks to prevent drink driving through other strategies ie. showing the consequences of crashes.

As mentioned above in 3.1 funding information on CBT publicity does not clearly identify whether there is specific allocation for risk perception publicity.

3.3 Ensure funding for actual CBT enforcement is kept consistent with levels of funding allocated to CBT publicity.

Funding for actual CBT enforcement and publicity on drink driving issues have both increased since 1996. It is too difficult to assess a relationship of 'consistency' between these two factors. As mentioned in 1.1 there is no doubt that CBT has continued to be a leading strategy to reduce the road toll. Both more effective enforcement strategies and greater publicity have contributed to a comprehensive CBT programme.

4.0 SWIFTNESS, CERTAINTY, AND SEVERITY OF PENALTIES

4.1 Review the breath/blood alcohol provisions of the Transport Act [1962] to remove and/or reduce legal barriers to consistent and certain enforcement.

On the surface it would appear that there has been an increase in the number of people charged with drink drive offences and seeking legal assistance to challenge the charge, particularly as there has been an increase in the number of lawyers advertising that they specialise in drink drive cases. However, as with the introduction of any new legislation there is always a teething stage where loopholes are identified and subsequently plugged. The latest trend in the search for loopholes in the drink drive legislation has been focused on the validity of the testing equipment – it would seem that lawyers are becoming more sophisticated in their search for loopholes.

In the past there have been examples of defence strategies challenging the procedure of the processing police officer if they did not state "I now need to ask you to accompany me forthwith to the police station". However, these defence strategies have been rebutted on the basis of reasonable compliance with processing procedures. It is widely understood that the EBA legislation remains one of the most complicated pieces of legislation in this country which leaves it open to scrutiny and the never ending search for loopholes.

4.2 Simplify the breath testing procedure to remove barriers to swift and certain penalties.

The same procedure is used today as was used in 1996.

The 1998 Land Transport Act introduced immediate suspension of a licence for 28 days if a breath test is over 800 micrograms alcohol per litre of breath. This amendment to the regulations does attempt to address the swiftness and certainty of receiving a penalty for a drink driving offence.

It should be noted that the legislation must recognise the rights of offenders to a fair process in accordance with the Bill of Rights Act 1990. The legislation has evolved over the last 20 years or so to recognise the balance between offenders' rights to due process, and the need to achieve successful prosecution outcomes for those people who are genuinely guilty of the offence. There may not in fact be much more scope for simplifying the process at the same time as preserving the rights of offenders and making the procedure more robust to legal challenges from the defence. Any attempts to simplify the process could well have the opposite effect.

4.3 Resource CBT operations sufficiently to ensure that all motorists stopped are screened and processed according to the Land Transport Act [1962].

Where Police conduct checkpoints most motorists passing through the checkpoint are screened but Police must also take into consideration traffic flows at the site of a checkpoint. At individual stops by a lone patrol car it is still up to the discretion of the officer whether or not to screen for the presence of alcohol in the driver. With the additional funding for specialist CBT resources introduced since 1996 the probability of a motorist coming to a checkpoint and **not** being screened is highly unlikely.

4.4 Introduce automatic administrative license suspension at the time of a positive evidential breath test at levels above 150 milligrams/blood or 750 micrograms/breath.

The 1998 Land Transport Act introduced immediate suspension of a licence for 28 days if a breath test showed over 800 micrograms of alcohol per litre of breath. This amendment was not to the level recommended, but only slightly below it.

4.5 Introduce on-the-spot infringement notices at the time of a positive evidential breath test.

This was recommended but not supported in the changes resulting from the Land Transport Act 1998 amendments. It is unlikely to be introduced in the near future. There is much debate about the principals underlying on-the-spot infringements for drink driving offences. One argument is that the instant punishment of a ticket supports the premise that a swift, certain, and severe fine will deter most motorists from drinking and driving. However, there is also the argument that a monetary fine on the spot treats drink driving as a minor offence, whereas a court appearance denotes the seriousness of the act.

4.6 Introduce the immediate impounding of vehicles used in repeat drink drive offences.

No mandatory impounding of vehicles was introduced in the amendments to the Land Transport Act 1998. The only criteria for vehicle impounding is if someone is caught driving after they have been disqualified from driving, regardless of the reason for disqualifications whether it be speed, demerit points, or recidivist drink driving.

4.7 Investigate further the confiscation of cars of repeat drink drivers.

Not introduced in the 1998 Land Transport Act. The issue of confiscating a repeat drink driver's vehicle is fraught with legal complications. It is too difficult to prove beyond reasonable doubt at the roadside if someone is physically above the blood alcohol level. This is not the case for the impounding of vehicles of those driving while disqualified because Police can easily determine if someone has been legally forbidden to drive by using the radio at the roadside. This system is based on the Manitoba model and is widely accepted internationally as many repeat drink drivers have more often than not been previously disqualified from driving as a result of a prior double-the-limit drink drive offence.

4.8 Introduce mandatory overnight jailing of drink drivers in certain circumstances eg. those over twice the legal breath alcohol limit / repeat offenders.

A drink driver will only be jailed overnight if police have reason to believe that they won't comply with a prohibition to drive, or there are issues over identity, or if it is believed that they are incapable of looking after themselves, or if they have committed other serious offences. A drink driver can be arrested if they refuse to accompany an officer, refuse to comply with the testing procedure, or have assaulted an officer. However, they would still be entitled to bail.

5.0 LEGAL BREATH/BLOOD ALCOHOL LIMIT FOR DRIVING

5.1 Reduce the adult legal blood alcohol level to 0.05% Blood Alcohol Concentration [50 milligrams of alcohol per 100 millilitres of blood].

There is a growing sense among road safety professionals that a climate for change has developed since 1996 regarding the acceptable blood alcohol level for driving and society is likely to be more accepting of this recommendation. The political environment has also changed since 1996 and many MP's support a reduction to a 0.05% BAC level. International trends indicate that a 0.05% BAC does save lives and reduces injuries from alcohol related road crashes. Current research in New Zealand reports that reducing the present BAC level to 0.05 % would prevent 16 deaths a year.

There are many reasons for reducing New Zealand's current BAC level. [See '0.05 Legal Blood Alcohol Level: The Next Step Forward', Fact Sheet, Alcohol Healthwatch, August 2000]. Primarily the relationship between the number of drinks consumed and the chances of a fatal crash was established in a year-long study in Michigan in the early 1960s. This internationally recognised study indicated that a driver at 80mg alcohol/100ml blood was twice as likely to cause a crash as at 50mg alcohol/100ml blood. The study also showed that the risk of causing a crash was three times greater for a driver with 80mg alcohol/100ml blood and that even at 50mg alcohol/100ml blood the chance of causing a crash was one and a half times greater than for a totally sober driver. A 50mg/100ml level still allows the sensible drinker to enjoy a small amount of alcohol with food before driving. The lower blood alcohol level also allows drivers the opportunity to make more rational decisions about whether to stop drinking and whether or not to drive.

5.2 Apply a zero blood alcohol limit to drivers of all heavy vehicles [enforced as close to zero as measuring technology allows, vehicle tonnage to be determined after further investigation].

Put forward as a recommended change to the 1962 Transport Act but not accepted. Professional drivers do not show up as statistically significant in the data of apprehended drink drive offenders. The industry of professional drivers, particularly of heavy vehicles, appears to be successfully self-regulating.

5.3 Apply a zero legal blood alcohol level to all restricted drivers and those under 20 [enforced as close to zero as measuring technology allows].

Put forward as a recommended change to the 1962 Transport Act but not accepted. Further advocacy is needed on this issue, particularly since the amendments to the Sale of Liquor Act effected a reduction in the legal drinking age. International experience warns of the significant increase in the effect of alcohol on driving among under 20 year olds at 0.05mg% BAC. CReDD is concerned that a situation could arise where there are novice drivers and novice drinkers learning to drive on New Zealand roads. There is substantial evidence from overseas that links a lower drinking age with an increase in the number of alcohol related road crashes and fatalities for young people. Teenagers are already subject to a lower legal alcohol limit of 30 mg/100 ml, however CReDD continues to advocate for a zero legal blood alcohol level.

5.4 Apply a zero blood alcohol limit for three years for those drivers convicted of drinking and driving [enforced as close to zero as measuring technology allows].

Put forward as a recommended change to the 1962 Transport Act but not accepted. Further advocacy needed on this issue especially given that repeat offenders appear to be increasing and innovative solutions are required to address this group of drink drivers.

5.5 Pilot test mandatory blood testing of all drivers admitted to selected hospitals following a car crash and all drivers killed in car crashes with the long term aim of introducing mandatory testing in all hospitals.

Research on the viability of mandatory blood testing of drivers admitted to hospital has not been done since this recommendation was made. Further advocacy is needed on this issue.

6.0 RURAL AREAS

6.1 Take immediate action to develop and implement drink drive prevention strategies that are appropriate and effective in rural communities.

Since 1996 much work has been done in this area. Many of the mass media publicity campaigns delivered by the LTSA have focused on rural drink drive issues. The extra resources being provided by ACC for CBT as detailed earlier are primarily dedicated to targeting rural drink drivers. Alternative deployment strategies are also being utilised by Police in rural areas. For example there is a greater focus on a team of single patrol vehicles as opposed to a highly visible stationary 'STOP Bus'. Many areas have also implemented a variety of community programmes that compliment national strategies.

As a result of research conducted by Peter Vulcan there has been an increased emphasis on drink drive strategies in rural areas. The NZ Road Safety Programme had an injection of $3million in 2001, which was used to kick-start the Waikato, Central district, and Northland drink drive programmes which are primarily rural drink driving enforcement initiatives.

2002 RECOMMENDATIONS

As a result of reviewing the 1996 CBT recommodations CReDD puts forward the following updated 2002 key CBT recommodations for the implementation of drink driving prevention in New Zealand.

1.0 CONTINUOUS IMPROVEMENT OF THE CBT PROGRAMME

1.1 Advocate for CBT to continue as a leading strategy to reduce the road toll.

1.3 Continue to advocate for a cross party parliamentary group to address the reduction of alcohol – related road crashes.

1.3 Continue independent reviews of the implementation of CBT in the New Zealand context.

2.0 PROBABILITY OF DETECTION AND PERCEPTION OF RISK

2.1 Continue to fund CBT enforcement to ensure that CBT is highly visible and sustained at the level needed to achieve the general deterrent effect.

2.2 Enhance legislation relating to repeat offenders to ensure penalties and rehabilitation programmes are more effective in deterring further offending.

2.3 Establish further dedicated Traffic Safety Enforcement Units, identifiable through specially marked traffic vehicles, with a key focus on CBT and increasing visibility of enforcement.

2.4 Increase use of 'one stop' booze buses with necessary improvements made to their testing equipment.

3.0 PUBLICITY

3.1 Ensure funding for CBT publicity is an integral part of the CBT programme. Publicity should be sustained indefinitely.

4.0 SWIFTNESS, CERTAINTY, AND SEVERITY OF PENALTIES

4.1 Investigate further the viability and effectiveness of introducing on-the-spot infringement notices at the time of a positive evidential breath test.

5.0 LEGAL BREATH/BLOOD ALCOHOL LIMIT FOR DRIVING

5.1 Reduce the adult legal blood alcohol level to 0.05% Blood Alcohol Concentration (50 milligrams of alcohol per 100 millilitres of blood).

5.2 Apply a zero legal blood alcohol level to all restricted drivers and those under 20 (enforced as close to zero as measuring technology allows).

5.3 Apply a zero blood alcohol limit for three years for those drivers convicted of drinking and driving (enforced as close to zero as measuring technology allows).

5.4 Pilot test mandatory blood testing of all drivers admitted to selected hospitals following a car crash and all drivers killed in car crashes with the long term aim of introducing mandatory testing in all hospitals.

6.0 RURAL AREAS

6.1 Continue to develop and implement drink drive prevention strategies that are appropriate and effective in rural communities.

CONCLUSION

New Zealand has come a long way in addressing drink driving since 1996. Major changes have occurred in public attitudes as a result of increased resourcing of CBT and other enforcement strategies, harsher penalties, investment in mass advertising, and an increase in community road safety programmes focusing on alcohol.

There is no doubt that CBT has continued to be a leading strategy to reduce the road toll and has been a major public health success. CReDD continues to advocate for this style of enforcement to be rigorously applied and maintained at a high level in order to sustain an effective deterrent impact. A more strategic use of CBT is also essential to avoid the levelling out of this positive downward trend in alcohol related crashes as has occurred in other countries.

To truly achieve best practice in dealing with drink driving in New Zealand CReDD believes that further legislative change, particularly regarding the breath alcohol limit, is vital. The time for action is now. As a society we must capitalise on the gains made over the last six years and strive to eliminate the drink drive carnage on our roads.

We believe the updated 2002 recommendations outlined in this review, if implemented, will assist to bring about those further gains in the campaign against drink driving.

Coalition for Reducing Drink Driving
June 2002

ACKNOWLEDGEMENTS

This document has been prepared by the Coalition to Reduce Drinking and Driving, an inter-agency group of people seeking to reduce the impact of drink driving on the New Zealand community. Key contacts for the group are:

SPOKESPERSON Roger Eccles, Alcohol Healthwatch, ph: (09) 520 7038
Martin Dawe, Auckland Regional Council, ph: (09) 378 1843
Andrew Bell, Auckland Regional Council, ph: (09) 373 9967
Toni Dale, Public Health Promotion, ph: (09) 488 2310 ext. 8707
David Pierce, Accident Compensation, ph: (09) 915 8378
Kitch Cuthbert, Waitakere City Council, ph: (09) 836 8000 ext. 8873
Raewyn Fairley, Auckland City Council, ph: (09) 373 6267

If you would like to comment on this document, please contact the spokesperson Roger Eccles, at Alcohol Healthwatch, P O Box 99407, Newmarket, Auckland; or by Email: **eccles@ahw.co.nz**. Further copies of this document are available for download or mail order from **www.ahw.org.nz** and comments can be directed through this website to CReDD.