

Saving Lives: Reducing preventable harm caused by driving under the influence

Harm caused by alcohol and other drugs, including when driving under the influence, places an avoidable burden on individuals and our society, emergency services, the NHS, and the economy. Alcohol harm is not experienced equally, with those from lower socio-economic backgrounds experiencing greater levels of harm despite equal or lower levels of consumption. A similar disparity can be seen with illicit substance use.

Alcohol and drug related deaths were at a record high in 2021 and 2022. Fatalities and collisions caused by driving under the influence of alcohol have not decreased in the last decade, with almost one-fifth of all road deaths caused by drink-drivers. Moreover, drug-driving fatalities and collisions have escalated in the same time period.

The problem is complex and a holistic approach to tackle this issue is critical to save lives and reduce the strain on our services and the economy. Therefore, the BMA, in collaboration with a range of organisations representing medical professional bodies, alcohol and road safety charities and campaign groups, police and emergency services, and others, have developed this consensus statement. It covers actions which, if adopted, would enable progress towards reducing substance use harm, particularly harm caused to road users.

We call on the UK Government and Devolved Administrations¹ to:

- Lower the legal blood alcohol content (BAC) limit for driving** to 20mg/100ml (0.02%) for new² and commercial drivers³, and 50mg/100ml (0.05%) for all other drivers, with the ambition to reach 20mg/100ml for all drivers as soon as possible.
- Implement the necessary accompanying measures** to make the lower BAC limit and current drug driving limits effective by:
 - Ensuring **adequate enforcement**, including through sufficient and targeted funding for police staff and resources such as road traffic officers.
 - **Enhancing alcohol and drug testing abilities** for road traffic officers and promoting simultaneous testing for poly-use.
 - **Raising public awareness** about the new BAC limit and current drug driving laws.
 - Ensuring that those found driving over the legal limits undertake **mandatory alcohol and drug driving safety awareness courses and are directed to alcohol and drug treatment services** where appropriate.
- Increase alcohol and drug treatment service** capacity and capability by:
 - Providing dedicated **recurrent funding** for specialist staff recruitment and delivery of **evidence-based** alcohol and drug treatment services.
 - Providing **sufficient funding to health services (including A&E)** to ensure appropriately qualified healthcare workers are available to meet the demands caused by alcohol and drug injury and illness.
 - **Equipping healthcare staff with the training and support** to identify people who would benefit from formal alcohol and drug treatment services and ensuring timely referral.
- Implement preventative policies** to provide people with the information they need about the harms of alcohol and drugs, particularly related to driving:
 - **Tailored media campaigns** on alcohol and drug harm, which separately addresses the effects of driving under the influence of alcohol and drugs (including prescribed drugs); ensuring these are independent of industry and in line with the latest public health communications guidance.
 - Consistent **mandatory labelling** of all alcohol products. This should include health risks, the UK Chief Medical Officers' low-risk weekly guidelines, an alcohol unit and calorie and sugar content count, along with a statement that there is no safe level of drinking before driving.
- Recognise** that the measures set out in this consensus statement should be implemented alongside the legislative, regulatory and public health measures needed to address the wider harm caused by alcohol and drug use. These include the need for effective and **evidence-based policy measures to address the price, marketing and availability** of alcohol products, as well as a **health-focused and harm reduction approach** to illicit drug use.

The following organisations have endorsed this statement and we invite others to do so. If you would like more information or are interested in endorsing this statement, please email info.phh@bma.org.uk.



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Follow this QR code to access evidence supporting our asks.

This includes up-to-date statistics about the harms of driving under the influence, and the wider harms of alcohol and drugs on society, the NHS, our emergency services and first responders, and more.

The Equality Act requires full equity impact assessments by government for any major policy change. It is important to ensure that this includes those experiencing alcohol and drug dependence as well as those groups already on the protected characteristic list.

- 1 Scotland introduced a BAC limit of 0.05% for all drivers in 2014; however the other asks in this statement apply equally to the UK Government and the Devolved Administrations.
- 2 New drivers are defined as 2 years from the date they passed their driving test under the Road Traffic (New Drivers) Act 1995 and are subject to a probationary period during that time.
- 3 HMRC defines commercial drivers as any vehicle that transports goods or passengers. For the purpose of this statement, this means lorries and other heavy goods vehicles, like buses and large vans being used for commercial purposes, as well all taxis and chauffeur driven vehicles.