

RECOMMENDATIONS FOR THE VALIDITY AND IMPLEMENTATION OF LAWS ON ALCOHOL AND ROAD SAFETY EFFORTS TO SAVE LIVES IN THE IBERO- AMERICAN REGION

IBERO-AMERICAN ROAD SAFETY PROGRAMME/OISEVI

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VALIDITY AND IMPLEMENTATION OF LAWS ON ALCOHOL AND ROAD SAFETY EFFORTS TO SAVE LIVES IN THE IBERO-AMERICAN REGION

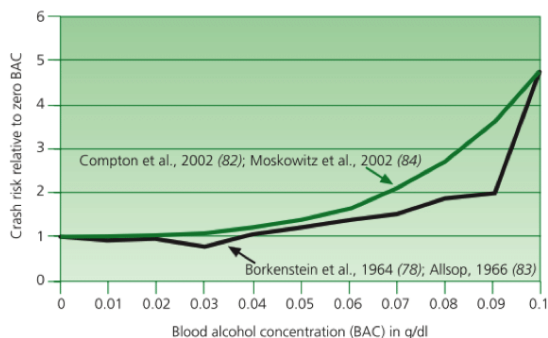
1. Introduction and background

According to the World Report on Road Traffic Injury Prevention by the WHO and the World Bank (2004), consuming alcohol, even in relatively small quantities, increases the risk of motor vehicle drivers and pedestrians being involved in an accident. Alcohol not only impairs processes that are essential for safe road use, such as sight and reflexes, but it is also associated with impaired judgement and, as such, is frequently tied to other high-risk behaviours, such as speeding or not wearing a seat belt. Research conducted in many countries has revealed that significant proportions of motor vehicle drivers, motorcyclists and pedestrians have blood alcohol levels that affect their proficiency in the use of public roads. Although the profile of drink-drivers varies from one region to another, there are a number of factors that increase the risk of alcohol-related traffic accidents. For example, young men are at greater risk of having accidents of this type and they tend to occur more frequently at night. Unfortunately, in many countries the scale of the problem is not recognised, there is limited public awareness of it, and laws and their enforcement are often inadequate. The World Report on Road Traffic Injury Prevention by the World Health Organization and the World Bank (2004) indicates that programmes designed to address the problem of drink-driving have been shown to be effective in reducing deaths and injuries on public roads.

International studies in OECD countries reveal that this figure is over 35% in some cases (International Transport Forum, 2017).

Alcohol is one of the main concomitant factors in road accidents and their severity. Higher blood alcohol content is linked to higher risk of collision, which increases significantly above 0.04 g/dl of blood alcohol (Compton et al, 2002).

FIGURE 1 RELATIVE RISK OF INVOLVEMENT OF ALCOHOL-IMPAIRED DRIVERS IN CRASHES REPORTED BY POLICE

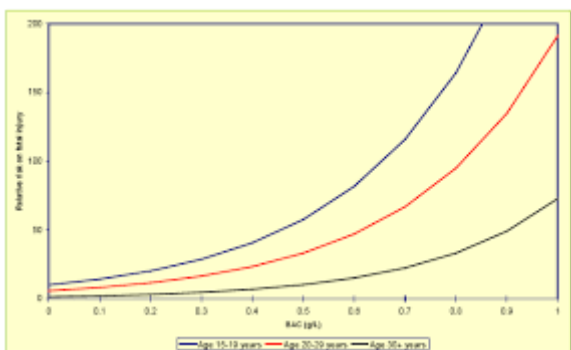


A driver with a blood alcohol content of 1.5 g/l is 200 times more likely to be involved in a fatal crash than a driver who has not been drinking (European Road Safety Observatory, 2006).

This risk of having a road accident under the influence of alcohol varies according to age and experience. Young and inexperienced drivers, with a blood alcohol content of 0.5 g/l, are 2.5 times more likely to be involved in an accident than more experienced drivers (WHO, 2004). Research conducted in New Zealand concluded that the risk is five times greater for teenage drivers than for drivers aged over 30 years at all blood alcohol levels. (ITF, 2015).

In addition, alcohol-impaired teenage drivers are at greater risk of having a traffic accident if they have passengers of the same age in the vehicle (Keall et al. 2004, Peck et al. 2008).

FIGURE 2 RELATIVE RISK OF HAVING A FATAL ACCIDENT BY ALCOHOL LEVEL AND AGE



Source: Keall et al., 2004

Most policies aimed at reducing drink-driving have focused on a combination of reducing blood alcohol content limits and monitoring, publicity and rehabilitation measures, among others. The combination of these measures varies in each country and there is an extensive international bibliography which can be useful to select the most appropriate measures for the Ibero-American region. A compendium of these recommendations is contained in this document with the aim of developing it into an Ibero-American Agreement on Alcohol and Road Safety: Efforts to Save Lives, which will provide road safety leaders in the various countries with practical recommendations to establish coordinated comprehensive programmes that can be implemented in each country to reduce the problem of drink-driving and its negative externalities.

2. Some background on alcohol

- Alcohol is a psychoactive drug with toxic and reinforcing effects, associated with over 200 health problems, including acute intoxication and dependence (Babor et al., 2010; WHO, 2018).
- Alcohol use is a generally accepted social habit in the Ibero-American Region, associated with positive situations - celebrations and successes over the span of people's lives - but also negative situations such as feelings of resentment, grief and violence.
- It is a complex risk factor that impacts health, family, the community and the economy, with very high costs for governments which are in no way offset by the purchase tax paid on it.
- Alcohol exacerbates inequalities between and within countries (WHO 2018).
- According to the WHO (Global Status Report on Alcohol and Health, 2018), harmful use of alcohol caused 5.3% of deaths worldwide in 2016 and was also responsible for 5.1% of all DALYs (disability-adjusted life years). The same report indicates that 28.7% of all alcohol-related deaths in 2016 were the result of injuries, that is, approximately 900,000 deaths, 370,000 of which are attributed to road crashes, and 187,000 of the fatalities were non-drivers.
- Changes that have an impact on driving occur with levels as low as 0.03 g/dl of blood alcohol. (WRR TIP, WB/WHO, 2004)
- Young people are most vulnerable between 15 and 29 years of age (GSRRS/WHO, 2018) due to a number of converging factors, including low tolerance to alcohol, lack of driving experience and risk-taking in general. Moreover, 13.5% of all deaths of people aged 20-39 were attributed to alcohol.

- In the Ibero-American Region, alcohol use forms an integral part of the processes of construction of masculinity as an element of self-affirmation and gender reinforcement.

3. Accidents associated with alcohol and driving

- Data from the WHO's Third Global Report on Road Safety (WHO 2015) show that the mortality rate from road crashes in low and middle-income countries is double that in high-income countries, representing 90% of all the deaths caused by traffic accidents in the world.
- In the Ibero-American Region, between 5% and 35% are associated with fatalities and alcohol (GSRRS, 2018). Between 8.6% and 24.1% of non-fatal injuries resulting from a traffic crash that are seen by emergency services are associated with alcohol use. The risk of road injuries increases exponentially with alcohol use, as noted in the introduction.
- In 2015 almost half of the countries in the Region (PAHO 2015) had laws limiting blood alcohol levels to ≤ 0.05 g/dl, in accordance with WHO recommendations. However, the various countries report an average of 4.7 out of 10 in the enforcement of the legislation using the methodology established by the WHO and self-declared by the countries. Most countries do not have the necessary equipment for breathalyser testing, the police are not trained or there are gaps in the legislation that do not allow the law to be enforced to prevent these risky behaviours.

4. Obstacles to an effective approach in the Ibero-American Region.

- Low and middle-income countries in the Ibero-American Region face additional challenges in the prevention of alcohol-related traffic accidents, including disorderly urban development processes, substandard urban roads, greater density and diversity of vehicles; greater intermingling of pedestrians with non-motorised and motorised vehicle traffic, and limitations on the resources that can be committed to improving mobility.
- Public policies for the management of harmful alcohol use are not implemented, resulting in a high level of availability of drinks for all social classes.

- According to the WHO Global Status Report on Alcohol and Health (2018), average use by consumers in the Americas is high, particularly among men, with a high prevalence of episodic and excessive drinkers.
- There are practically no regulations on the marketing of alcoholic drinks (including advertising, sponsorship and promotion), few regulations exist on the times and days when alcohol can be sold and the location and density of sales outlets, and drink prices are very low, making alcoholic beverages more accessible, especially for groups that are at greater risk from traffic accidents, people aged between 15 and 29 and excessive drinkers.
- Inadequate political commitment on the part of senior government authorities for the regulation, adoption and implementation of the most cost-effective public policies, recommended by the WHO (WHO 2018).
- Inadequate technical regulations for the equipment used to perform breathalyser tests on public roads.
- Inadequate drink-driving check programmes, equipment, calibration protocols, certification and training of equipment operators.
- Lack of operational and technical protocols for the management and performance of random checks, which are usually not random, as recommended by evidence.
- Inadequate police operational and support staff to perform checks and usually there are no training programmes for the operators of programmes of roadside drink-driving checks.
- Inadequate multi-sector and inter-institutional action in the implementation of comprehensive measures for drink-driving checks.
- Inadequate visibility, intensity and sustainability of roadside driver checks.
- There are significant weaknesses in data collection and quality, and there is usually “under-reporting” (incomplete data) of both checks and hospital information on injured people treated by health care systems.
- Monitoring programmes do not usually receive the support required to carry out intelligent management of data relating to areas with a high concentration of centres of alcohol consumption, where there is a higher prevalence of drivers who drive under the influence of alcohol.
- There are a lot of weaknesses and, in most cases, a lack of empowered participation by civil society organisations as advocates and guarantors of the rigorous and transparent performance of roadside checks.

5. Recommendations for the countries in the Ibero-American Region on effective measures and actions to address alcohol and driving

The situation outlined in the paragraphs above makes it imperative to establish technical recommendations on drink-driving checks for public policy managers, operators and road safety enforcement personnel in the Region.

International evidence shows that drink-driving countermeasures can consistently produce short and long-term population-level reductions in road accident-related mortality and morbidity.

In general terms, research evidence and best practices support the strategies outlined below, listed as effective countermeasures to drink-driving.

They are listed according to their impact on regulations, monitoring, information systems and others.

6. Recommendations on legislation

6.1. Maximum permitted blood alcohol content

1 RESTRICTING BY LAW THE BLOOD ALCOHOL CONTENT FOR DRIVERS TO NO MORE THAN 0.05 G/DL, 0.02 G/DL FOR NOVICE (YOUNG) DRIVERS AND ZERO TOLERANCE FOR PROFESSIONAL DRIVERS.

There is currently no uniformity in the maximum permitted blood alcohol content in the various countries. The primary benefit of adopting a maximum legal blood alcohol level is that it sends a clear and consistent message to all drivers that drinking and driving is a dangerous activity. This limit takes into account:

- The level above which the risk of an accident, in particular a fatal one, begins to increase significantly.
- Road users who pose a higher risk of accidents, such as novice drivers, due to their lack of experience, and professional drivers of heavy goods vehicles, because of the length of their working hours and the high average severity of accidents involving lorries and buses (especially for third-party vehicles).

According to the World Health Organization (WHO, 2018), a good policy in this area is one that establishes a maximum blood alcohol content of 0.5 g/l for drivers in general, and 0.2 g/l for novice drivers.

- Professional and dangerous goods drivers have two specific risk factors:
- The length of their working hours, with a greater likelihood of experiencing fatigue, which compounds the effect of other factors such as distractions, speed and alcohol use.
- The high potential severity of accidents that could be caused by their vehicles due to their size and, in some cases, because they are transporting dangerous goods. If they are involved in a traffic accident, these vehicles can cause serious material damage, traffic disruption, delays and congestion, especially in tunnels or highly populated urban areas and on bridges or main roads.

7. Recommendations on monitoring and legislation

Monitoring of compliance with rules is one of the actions that has proved most effective in reducing the number of road accidents and victims (Elvik et al., 2009). Easily operated measuring instruments are now available which can be used on roads and provide accurate and reliable measurements.

7.1. Mandatory checks

2 LEGISLATING FOR A REQUIREMENT TO TAKE ALCOHOL TESTS AT THE REQUEST OF LAW ENFORCEMENT OFFICERS.

Legislation must be introduced requiring drivers to take any relevant tests when so instructed. Failure to comply with this requirement shall be subject to an administrative penalty or criminal charge.

The requirement shall apply to the various types of tests:

- random,
- as a result of an accident and
- due to a serious infringement.

7.2. Breathalyser tests

3 PERFORMING BREATHALYSER TESTS AND UNDERTAKING A TRAINING PROGRAMME FOR TRAFFIC POLICE ON THE JOINT IMPLEMENTATION OF RANDOM CHECKS AND DRINK-DRIVING CHECKPOINTS.

There is a broad consensus on the benefits of performing a roadside alcohol test with a breathalyser, the results of which can be used as evidence in court. Current technology makes it possible to perform the two tests that are usually required (preliminary alcohol screening test and evidential breath test) quickly and economically at the checkpoint. Blood tests can be reserved for cases of deceased persons, people who cannot take a breathalyser test (such as people in hospital) and individuals who request a confirmation test.

4 INTRODUCING LEGISLATION TO ESTABLISH A MAXIMUM PERMITTED BLOOD ALCOHOL CONTENT AND BREATH ALCOHOL CONTENT.

To ensure legal certainty for drivers, the co-existence of breathalyser and blood tests means that legislation must explicitly state the limits for both blood (measured in grams of alcohol per litre of blood, g/l) and breath (measured in milligrams of alcohol per litre of breath, mg/l).

Countries with a maximum blood alcohol content of 0.5 g/l use a maximum breath alcohol content of 0.22 or 0.25 milligrams of alcohol per litre of breath.

5 ESTABLISHING PROTOCOLS FOR THE CALIBRATION OF BREATHALYSER TEST EQUIPMENT AND ALSO FOR THE CERTIFICATION OF EQUIPMENT OPERATORS.

Setting harmonised measurement standards for testing equipment is a simpler way to reinforce harmonised blood alcohol content and breath alcohol content limits based on the technical capability of approved testing equipment. Setting these standards also makes it possible to harmonise the allowable statistical limits for error.

The International Organization of Legal Metrology (OIML) establishes guidelines for international standards and member countries base their legislation on these standards. Recommendation OIML R 126 applies to quantitative breathalysers that display the result of measuring alcohol concentration in breath for the purpose of establishing compliance with national policies to combat the consumption of alcohol.

7.3. Optimum number of alcohol tests

Defining the optimum volume of alcohol tests to be performed in each country is complex because it depends on very different factors. Likewise, there is no all-embracing recommendation in this regard. The more drivers are aware that they may have to take an alcohol test, the greater the effectiveness of monitoring to help reduce alcohol-related accidents. (ETSC, 2016).

7.4. Random alcohol testing

6 DEVELOPING A PROTOCOL FOR THE IMPLEMENTATION OF RANDOM TESTING PROGRAMMES FOR DRINK-DRIVING.

In general, preventive alcohol testing combines two approaches: selective, because the officer suspects prior alcohol use; and random. Both systems are effective, although research has shown that random testing is twice as effective as selective testing (Henstridge et al., 1997).

A combination of these two types of tests should be performed in all cases, at specific locations and times where alcohol consumption is more prevalent: weekends, at night and in areas near recreational facilities.

7 FOSTERING THE CREATION OF TRAINED AND EMPOWERED CITIZEN OBSERVATORIES.

It is advisable to foster the creation of trained and empowered Citizen Observatories to take on the role of monitoring the quality, rigour, transparency and sustainability of drink-driving checks.

7.5. Alcohol testing after a crash

8 PERFORMING ALCOHOL TESTS IN TRAFFIC ACCIDENTS WITH VICTIMS.

Performing alcohol tests on drivers involved in traffic accidents with victims, along with effective enforcement of laws, creates a public impression that this risk factor is being monitored satisfactorily. In addition, they are essential to resolve any criminal disputes that may arise from the accident and to understand the role of alcohol use in this situation.

Alcohol testing is recommended for all drivers of motor vehicles, cyclists or pedestrians involved in a traffic accident with victims.

Testing users involved in accidents requires a three-tier system:

- Tests performed at the scene of the accident by law enforcement officers, when the physical condition of the individual allows.
- Tests performed at hospitals, usually on blood samples, on people who are hospitalised as a result of the accident.
- Autopsies performed on deceased persons. Given that traffic accidents are regarded as violent incidents, the causes of which must be clarified, autopsies are mandatory in many countries.

7.6. Alcohol testing for offenders

9 PERFORMING ALCOHOL TESTS ON OFFENDERS (SERIOUS INFRINGEMENTS).

There is a greater probability of alcohol use in drivers who have committed a previous traffic infringement. As such, it is advisable to perform selective alcohol tests on offenders who have been issued a roadside citation for an infringement.

8. Recommendations on information systems

8.1. Definition of alcohol-related road accident

10 DEFINING AND COLLECTING AN INDICATOR OF ALCOHOL-RELATED FATALITIES, TAKING INTERNATIONAL RECOMMENDATIONS INTO ACCOUNT.

A definition of alcohol-related road accident is required to evaluate the prevalence of alcohol use in fatal crashes.

Although there is no internationally agreed definition for this type of accident, IRTAD recommends defining it as a fatal accident in which at least one of the active participants (including motorcyclists, cyclists and pedestrians) has a blood alcohol content above the legal limit (ITF, 2017), a definition that also applies to deaths occurring within 30 days following a traffic accident.

In practice, not all countries have adopted this definition and the legal limit also varies between them. There are at least three broad definitions of an alcohol-related crash:

- this includes any level of alcohol (even below the legal limit) detected in at least one of the active participants;
- the definition is extended to include alcohol detected in a pedestrian involved in the crash;
- the definition only considers drivers of motor vehicles.

As such, caution is required when comparing the prevalence of alcohol in (fatal) accidents among the various countries.

8.2. Information on alcohol-related road accidents

11 REVIEWING AND IMPLEMENTING IMPROVEMENTS IN THE COLLECTION OF DATA OBTAINED FROM PERFORMING DRINK-DRIVING CHECKS.

Some reports highlight the shortcomings of current statistics on alcohol-related accidents (ITF, 2017).

It is essential that alcohol testing is performed systematically after a traffic accident and the results are recorded for statistical analysis to evaluate the effectiveness of measures to combat drink-driving.

Complete results from alcohol testing (on blood and/or breath) make it possible to compare the incidence of inappropriate alcohol-related behaviour in the various driver groups, enabling better decision-making.

8.3. Information from autopsies and hospitals

12 REGULATING THE PERFORMANCE OF ALCOHOL TESTS ON SERIOUSLY INJURED AND DECEASED PERSONS AND SUBSEQUENT REPORTING. PROMOTING PROPER CODING OF TRAFFIC FATALITIES WITH THE INCLUSION OF ALCOHOL USE AS A RISK FACTOR, BASED ON MANDATORY FORENSIC TESTING.

Roadside alcohol tests can only be performed if the victim is conscious and fully able to take them. However, information on possible consumption in deceased or seriously injured persons has to be gathered from other sources.

It is important to establish a procedural protocol for hospitals where the immediate collection and analysis of blood is performed in the case of people who are seriously injured in a road accident. It is also advisable to set up communication channels to allow information relating to alcohol use, obtained from the results of autopsies on traffic accident fatalities, to be submitted to the body responsible for analysing the prevalence of alcohol use in accidents of this type.

8.4. Information on monitoring activity

13 DEFINING AND COLLECTING INDICATORS ON MONITORING ACTIVITY AND THE RESULTS OF SUCH ACTIVITY. ESTABLISHING PERFORMANCE, INTERMEDIATE AND IMPACT INDICATORS TO EVALUATE THE EFFECTIVENESS OF DRINK-DRIVING MONITORING AND ENFORCEMENT PROGRAMMES.

Along with the indicator on fatalities in alcohol-related accidents, it is essential to define and collect indicators on monitoring activity. Two indicators are considered to be essential.

- Number of preventive tests performed by law enforcement officers.
- Percentage of drivers testing positive (blood alcohol content above the legal limit) in those tests.

The number of tests performed must be compared with the driver census or the population of the country to evaluate trends in the intensity of monitoring.

9. Other recommendations

9.1. Awareness campaigns

14 RUNNING AWARENESS CAMPAIGNS ALONGSIDE MONITORING CAMPAIGNS. USING MODERN PUBLIC COMMUNICATION STRATEGIES FOCUSED ON DRINK-DRIVING TO INCREASE THE VISIBILITY AND DETERRENT EFFECT OF ROADSIDE DRINK-DRIVING CHECKS AND RAISE PUBLIC AWARENESS OF THE LAW AND ITS CONSEQUENCES.

Some studies show that monitoring interventions are more effective if they are undertaken with a supporting awareness and dissemination campaign. These campaigns inform the public about the risks associated with alcohol and convey the message that anyone can be subjected to testing, increasing the subjective sense of enforcement and therefore strengthening the impact of monitoring actions. Programmes that increase the likelihood of detection and arrest for drink-driving infringements may have greater effects on fatalities than policies that increase penalties (Benson, 1999).

Drink-driving awareness campaigns can take several approaches:

- Firstly, they can focus on the drivers themselves, highlighting the risks posed by alcohol both for them ("if you drink, you may have an accident") and for others ("if you drink, you may harm other people").
- Secondly, they can focus on the role that people other than the driver can play in avoiding risky situations. For example, they can convey the message that passengers in a vehicle cannot allow someone who has been drinking to drive under any circumstances.

9.2. Engagement of all stakeholders

15 ENGAGING ALL THE RELEVANT AUTHORITIES AND CIVIL SOCIETY. SECURING POLITICAL SUPPORT FROM SENIOR GOVERNMENT AUTHORITIES FOR THE REGULATION, ADOPTION AND PRIORITY IMPLEMENTATION OF COMPREHENSIVE PUBLIC POLICIES TO MONITOR DRINK-DRIVING.

Success in the fight against drink-driving can only be achieved with the proper coordination and engagement of all stakeholders. There needs to be a lead road safety agency with responsibility for this coordination.

Along with the traffic authorities and police, it is essential to engage:

- The authorities responsible for health, transport, justice, education, employment and trade.
- Associations of traffic victims and people impacted by alcohol addiction.
- Producers of alcoholic beverages.
- The media.

9.3. Regulating the sale, consumption and advertising of alcoholic beverages

16 REGULATING THE SALE, CONSUMPTION AND ADVERTISING OF ALCOHOLIC BEVERAGES. INCREASING PRICES WITH SPECIFIC TAXES ON ALCOHOL, ADJUSTED TO INFLATION AND WAGES, TO GENERATE INCOME FOR THE STATE AND SIMULTANEOUSLY REDUCE ROAD FATALITIES (AND DEATHS FROM OTHER ALCOHOL-RELATED CAUSES).

Any rule that regulates alcohol use from a health perspective will also help to reduce drink-driving. As such, regulating the sale of alcoholic beverages in respect of establishments, the times when they can be sold, the minimum ages required to purchase alcoholic beverages, or even the type of advertising produced about alcoholic beverages, will help to raise awareness of the problems associated with excessive alcohol use.

In addition, it is important to prevent interference from the alcohol industry and the retail sector in decision-making about drink-driving, particularly in the design of laws, training of professionals and public communication and education strategies, and to document cases of interference.

9.4. Use of interlocks

17 REGULATING AND DEVELOPING PROGRAMMES TO INTRODUCE INTERLOCK TECHNOLOGY IN COMPANIES WITH LARGE VEHICLE FLEETS.

Alcolock/Interlock is a system recommended by scientific literature as a measure to be applied to repeat drink-drivers or for professional drivers of goods or passenger vehicles. To maximise the impact on road safety, interlock programmes for professional drivers need to be mandatory and regulated by a standard.

9.5. Proportional system of sanctions

18 SANCTIONING ALCOHOL USE IN A MANNER THAT IS PROPORTIONAL TO THE RISK ENTAILED: ESTABLISHING SIMPLE AND CLEAR REGULATORY AND OPERATIONAL PROCEDURES TO ENABLE THE SWIFT, ACCURATE AND EFFECTIVE APPLICATION OF SYSTEMS OF SANCTIONS THAT ACT AS DETERRENTS.

According to the available statistics, alcohol use is one of the four main risk factors, along with speed, non-use of safety devices (seat belts and helmets) and distractions. The sanction for alcohol use, either financial or in the form of points, needs to reflect this fact. The key issue is not the punishment for alcohol use itself, but rather how it compares with other lower risk behaviours.

10. Recommendations on strategies

19 ESTABLISHING INDICATORS AND GOALS FOR NATIONAL STRATEGIES.

National road safety strategies need to include all the types of indicators related to drink-driving:

- Number of alcohol-related fatalities.
- Number of preventive tests performed by law enforcement officers.
- Percentage of tests with positive results.

Each of these indicators needs to be associated with a quantitative target in the strategy horizon year with continuous monitoring over the intervening years.

The public need to know why drink-driving is a reckless anti-social behaviour, be aware that laws are in place, understand the high risk of being caught if they break the law and realise that if they do, they will have a heavy price to pay. (GRSP, 2007, WHO, 2010, ETSC, 2018). It is the duty of governments to protect the public from avoidable health risks, using the legal instruments available to them to promote healthy behaviours for healthy life in the community.