Random breath testing: A needed and effective measure to prevent impaired driving fatalities

There are well over 150 fatalities each year due to drinking and driving in British Columbia. Research based on coroners’ data indicate that there were 458 traffic fatalities in British Columbia in 2006 and that 168 (36.7%) were alcohol-related. At least once every 3 days a physician in BC has to tell family members that their mother, father, son, or daughter has been killed in an impaired driving crash. Grieving families frequently ask why this happened and what can be done to prevent anyone else being killed in this manner. Doctors don’t generally tell the family that the main reason why there are so many impaired driving fatalities in Canada is because effective strategies to combat drinking and driving, which have been implemented in most comparable democracies for many years, have not been implemented in Canada.

Canada lags far behind comparable democracies in reducing the number of alcohol-related traffic deaths even though many of these countries have far higher rates of per capita alcohol consumption. A 2001 Transport Canada study reported that Canada had the highest rate of impairment among fatally injured drivers of eight OECD nations. In addition, an international study published in 2000 found that Canada had the second-highest rate of alcohol involvement in traffic fatalities among 15 countries. Moreover, the percentage of fatally injured drivers testing above 0.08 blood-alcohol concentration (BAC) in BC was above the rate for Canada as a whole.

While considerable progress was made in reducing impaired driving deaths between the early 1980s and the mid-1990s, there has been no improvement since. Indeed, the number and percentage of impairment-related crash deaths and injuries have been rising and by 2006 exceeded 1999 levels. An external mid-term review of Canada’s Road Safety Vision 2010 noted that no province or territory was on track to meet its targeted reductions in alcohol-related crash deaths, and that Canada’s overall record was “unacceptable.”

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The percentage of Canadians who reported driving after drinking in the past 30 days rose from 14.7% in 2005 to 18.1% in 2008 (representing over 4 million drivers). Moreover, 5.2% of those surveyed indicated that they had driven at least once in the past year when they thought they were over the legal limit. The percentage of nighttime drivers testing at or above 0.05 BAC in selected study sites around BC has increased from 2.0% in 1995 to 2.7% in 2008.

Millions of Canadians continue to drink and drive because they can do so with little fear of being stopped by the police, let alone charged and convicted. Charge, conviction and survey data indicate that on average, a person can drive impaired once a week for over 3 years before ever being charged with an impaired driving offence, and for over 6 years before being convicted.

Unless a driver admits to drinking, the police currently need clear visible signs that the driver has consumed alcohol or was driving in an impaired manner in order to demand a roadside screening test. Using this approach, police miss the great majority of drivers with BACs above .05%, even at sobriety checkpoints.

The Canadian government is now considering random breath testing (RBT) legislation, a measure widely recognized as one of the most effective means of dramatically reducing impaired driving fatalities. Random breath testing has been in place in most comparable democracies for as long as 30 years. Finland, Sweden, and France enacted RBT in the late 1970s, followed by Norway and most Australian states in the 1980s, New Zealand and most European countries in the 1990s, and Ireland in 2006. In 2003, the European Commission recommended that all 26 member states introduce comprehensive random breath testing programs.

The Australian RBT programs, which have been the most extensively studied, have resulted in dramatic reductions in impaired driving deaths and injuries. For example in Queensland, RBT was estimated to have reduced total fatal crashes by 35% between 1988 and 1992, preventing 789 fatal crashes in that period. In Tasmania, RBT was credited with reducing all serious crashes by 24% in its first year. Similar results have been reported in a number of other countries. Most recently, Ireland’s introduction of RBT in July 2006 was reported to have reduced total annual road fatalities by 19% from the preceding 12 months.

Several rigorous systematic reviews have confirmed that RBT is one of the most effective impaired driving measures
countermeasures. A 1995 review by the European Transport Safety Council concluded, “There is wide agreement in the international scientific literature that increasing driver’s perception of the risk of being detected for excess alcohol is a very important element in any package of measures to reduce alcohol related crashes.”

RBT is consistent with many other random screening procedures that are an accepted part of Canadian daily life. For example, individuals cannot enter the country, visit Parliament, or enter many courtrooms and government buildings without being subject to random search and seizure. Nor can Canadians board an aircraft without being scanned and in some cases having a physical search of their person and belongings to ensure they do not pose a risk to other passengers. Based on the same reasoning, drivers should be subject to random screening to ensure that they do not pose a risk to their passengers, the occupants of other vehicles, or other road users. Driving, like aviation, is a licensed and heavily regulated activity. Drivers are already required to stop and provide licence, ownership, and insurance information when requested to do so by the police. Providing a breath sample at a random breath-testing checkpoint would simply be an extension of these routine interventions. The test only takes a few seconds and research has shown that the total delay for a driver with a BAC below the legal limit is about 2 minutes.

The reason we have so many alcohol-related driving fatalities in Canada is because we have not enacted effective legislation, such as RBT laws, which have been proven to reduce traffic deaths in numerous comparable countries around the world. We would urge physicians in British Columbia to appeal to the federal government to quickly introduce legislation authorizing random breath testing. Your patients and the Canadian public deserve this.

—Roy Purssell, MD
Chair, Emergency Medical Services Committee
Department of Emergency Medicine, University of British Columbia
—Robert Solomon, LLB, LLM
—Erika Chamberlain, LLB, PhD
Faculty of Law, University of Western Ontario

References