COMMISSION RECOMMENDATION
of 17 January 2001

on the maximum permitted blood alcohol content (BAC) for drivers of motorised vehicles
(notified under document number C(2000) 4397)

(Text with EEA relevance)

(2001/115/EC)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community, and in particular Article 71 thereof,

Whereas:

(1) One of the objectives of the common transport policy is to lay down common rules applicable to international transport within the Community, in particular with regard to the safety of road users in the Member States.

(2) The Commission adopted a road safety programme of specific measures to improve road safety in April 1997 (1), and priorities were established in March 2000 (2).

(3) The growth in road passenger and freight transport since 1988 has increased exposure to road accidents in the past decade.

(4) It has been estimated that between 1% and 5% of drivers in traffic have BAC levels above their maximum national BAC limits and that such drivers are proportionately much more likely to be involved in road accidents, accounting for up to 20% of fatal and serious injuries, and up to 25% of driver fatalities. There is a need to separate irresponsible drinking behaviour from driving.

(5) It is estimated that at least 10,000 drivers, passengers, pedestrians and cyclists are killed every year in road accidents in which a driver's competence was impaired due to alcohol on roads in the Community.

(6) Research confirms that the relative risk of accident involvement increases significantly at BAC levels above 0.5 mg/ml and that for the average driver the relative risk of accident involvement is about twice that of a driver with zero BAC, within the 0.5 to 0.8 mg/ml range. In fatal accidents the relative risk is much higher.

(7) The primary aim of a more uniform maximum BAC limit within the Community is to provide a clearer and more consistent message to drivers of passenger and freight vehicles that, above a certain limit, alcohol and driving is a dangerous activity and that different limits in different Member States are potentially confusing and weaken the message that driving under the influence of alcohol is dangerous.

(8) A more uniform BAC limit will provide a clearer reference for national enforcement. Wherever drivers are driving within the Community they should be more aware of a more uniform limit above which, if they are caught, they will be subject to the penalties applicable in the national jurisdiction where the offence was committed.

(9) There is ample evidence that reductions in BAC limits, supported by effective enforcement and publicity, can reduce inappropriate drinking and driving at all BAC levels.

(10) It is estimated that at least a 10% reduction in all fatalities in accidents involving inappropriate drinking and driving is not unreasonable from a package of measures incorporating national enforcement and publicity based around reduced BAC limits, and that greater reductions are possible from more extensive enforcement.

(11) It is likely that the social value of complementary concerted action to reduce inappropriate drinking and driving, based around a more uniform regime of BAC limits, is more than likely to outweigh the costs of enforcement and economic adjustment.

(12) Most Member States have already adopted 0.5 mg/ml as their maximum permissible BAC limit.

(13) An even lower BAC limit of 0.2 mg/ml is relevant for those drivers and riders who have a much higher accident risk, either because of their lack of experience and/or the type of vehicles they drive, and also for drivers of large goods and passenger carrying vehicles, and also for drivers of vehicles carrying dangerous goods.

(1) Promoting road safety in the EU: The programme for 1997 to 2001 (COM(97) 131 final).
(14) Member States need to be particularly aware of the increased accident risk arising from the use of some illegal and legal drugs with alcohol and the need to reflect this in their national legislation.

(15) Member States should appreciate the mutual benefit to be derived from sharing BAC (and breath equivalent) test information to increase the sample size for assessing the efficacy of measures to reduce inappropriate drinking and driving, and also from sharing research evidence about driver impairment.

(16) Inappropriate drinking and driving is also a significant public health problem, to the extent that Article 152 of the Treaty seeks to ensure that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. Furthermore, Community action in the field of public health shall be directed towards improving public health, preventing human illness and disease and obviating sources of danger to health.

(17) Article 152 provides for Community competence in public health in so far as the Community contributes to it by encouraging cooperation between Member States and, if necessary, by lending support to their action, and by taking any useful initiative, in close contact with the Member States, to promote the coordination of the Member States’ policies and programmes.

(18) In the Communication from the Commission on the Health Strategy of the European Community and the proposal for a decision of the European Parliament and the Council adopting a programme for action in the field of public health (2001 to 2006) (3), alcohol is one of the areas mentioned in which particular measures and actions could be undertaken such as the development of measures to reduce or eliminate the risk of injury or death.

(19) Within this framework the drink-driving problem is certainly one of the most important issues to be considered from an alcohol policy perspective. It is, however, one of the less controversial issues from a risk reduction point of view although not necessarily so from a political point of view.

HEREBY RECOMMENDS:

DEFINITIONS

1. For the purposes of this Recommendation the following definitions apply:

   (a) ‘driver of a vehicle’ means any driver of a motorised vehicle with three or more wheels,

   (b) ‘rider of a vehicle’ means only the driver of any motorised two-wheel vehicle and shall not include any accompanying pillion passengers,

   (c) ‘inexperienced driver’ means:

            (i) any learner driver who is learning to drive and who does not hold a driving licence in accordance with Council Directive 91/439/EEC (4). This shall include provisional driving licence holders, accompanied unlicensed learner drivers under instruction — conduite accompagnée, or drivers attending driving school,

            (ii) any novice driver who has held a driving licence in accordance with Council Directive 91/439/EEC for less than two years and may or may not be taking part in a probationary driving scheme,

   (d) ‘large vehicle’ means a heavy goods vehicle greater than 3.5 tonnes gross vehicle weight, and any passenger carrying vehicle with more than eight passenger seats,

   (e) ‘vehicle carrying dangerous goods’ means a vehicle displaying the identification plate, and drivers carrying the training certificate, referred to in Appendix B5 and Appendix B6 respectively to Council Directive 94/55/EC (5).

2. All Member States should adopt a legal maximum blood alcohol content (BAC) limit of 0.5 mg/ml, or lower, for drivers and riders of all motorised vehicles.

3. All Member States should adopt a lower legal maximum blood alcohol content (BAC) of 0.2 mg/ml, or lower, for the following groups of road user:

   (a) inexperienced drivers;

   (b) riders of two-wheeled motor vehicles;

   (c) drivers of large vehicles;

   (d) drivers of vehicles carrying dangerous goods.

4. All Member States should adopt random breath testing to deter drivers from drinking to the extent that every driver has a realistic statistical probability of being tested to the current best practice standard of at least once every three years.

5. All Member States should work towards the acceptance of the draft Measuring Instruments Directive to harmonise the accuracy of alcohol breath testing devices.

(5) European Agreement concerning the international carriage of dangerous goods by road (ADR) and protocol of signature (Volume II): ECE/TRANS/130 Vol II.
FOLLOW-UP AT COMMUNITY LEVEL

6. All Member States should call upon the Commission to work closely with them to:

(a) exchange information on best practice concerning, for example, enforcement strategies, rehabilitation programmes, accident data collection;
(b) support research and development, especially into the technological possibilities for stopping drink-drivers, and drivers being treated for alcohol problems, from driving;
(c) support European wide publicity campaigns which encourage drivers not to drink and drive;
(d) supply and coordinate the use of all alcohol related road accident data within the ambit of the CARE programme for monitoring the effectiveness of policy, and to provide a cross reference to the activities of the future programme of community action in the field of public health (*).


For the Commission
Loyola DE PALACIO
Vice-President

(* See footnote 3.)
ANNEX

The following table indicates some of the reported success in reducing fatalities, accidents, or conviction rates, in those countries where BAC reductions have been introduced, usually with accompanying measures to reduce inappropriate drinking and driving. It also reports on estimated reductions from reductions in BAC limits.

The results are summarised in the report of the working group on alcohol drugs and medicines for the high-level group: October 1999:

<table>
<thead>
<tr>
<th>Member States</th>
<th>BAC reduction (mg/ml)</th>
<th>Accompanying changes</th>
<th>Fatality and accident reduction (all fatalities and all accidents %)</th>
<th>Reductions in traffic convictions (%)</th>
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<tbody>
<tr>
<td>Austria</td>
<td>0.8 to 0.5</td>
<td>23% increase in breath testing</td>
<td>Accident involvement for novice drivers fell by 32%, compared to 9% for other drivers</td>
<td>Convictions for all motoring offences fell by 25%</td>
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<td></td>
<td>0.8 to 0.1 for novice drivers</td>
<td>The effects of the probationary driver scheme introduced in 1992 will also have had an effect upon accident involvement</td>
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<td>Belgium</td>
<td>0.8 to 0.5</td>
<td>An examination of the total number of offences for impaired driving, before and after the change in the BAC limit, was unable to account for the increase in the number of offences between 0.5 and 0.8 which occurred simply because of the BAC reduction. The actual reduction in convictions, which reflects changes in driver behaviour would be greater if this increase could be accounted for. It requires an analysis of offences by recorded alcohol levels, and not just whether offences occurred, to assess whether BAC changes have influenced driver behaviour</td>
<td>Estimates that up to 30% of the reduction could be due to reductions in the number of younger drivers in the early 1990s, increased enforcement and tougher penalties</td>
<td>Total motoring convictions fell by about 2.5%</td>
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<td>Netherlands</td>
<td>Proposed 0.5 to 0.2 for novice drivers</td>
<td>Research concluded that the reduction, if not accompanied by increased enforcement, could lead to increased accidents because resources could be diverted from apprehending more serious offenders</td>
<td>Increase in accidents unless accompanied by increased enforcement</td>
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</tr>
<tr>
<td>Sweden</td>
<td>0.5 to 0.2</td>
<td>Estimated that up to 30% of the reduction could be due to reductions in the number of younger drivers in the early 1990s, increased enforcement and tougher penalties</td>
<td>Fatal accidents fell by 8%</td>
<td>Motoring offences have fallen by 7% a year since the introduction of the new limit</td>
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<tr>
<td>Member States</td>
<td>BAC reduction (mg/ml)</td>
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<tr>
<td>United Kingdom</td>
<td>Proposed reduction from 0,8 to 0,5</td>
<td>Estimate based on cautious assumptions about driver behaviour. No allowance is made for the effects of increased enforcement</td>
<td>About 50 fatalities or 1,5 % of all fatalities</td>
<td>NB: 15 % of road deaths are alcohol related</td>
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<tr>
<th>Other countries</th>
<th>BAC reduction (mg/ml)</th>
<th>Accompanying changes</th>
<th>Fatality and accident reduction (% all fatalities and all accidents)</th>
<th>Reductions in traffic convictions (%)</th>
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<td>Australia</td>
<td>0,8 to 0,5</td>
<td>Various studies have reported on the effect of these BAC reductions in Australian States, some of which were accompanied by well publicised increases in random breath testing. Very significant reductions in accidents and impaired driving have been reported, some across the entire BAC distribution</td>
<td>Queensland Study showed an 8 % reduction in accidents involving drivers with BAC between 0,8 and 1,5 which were attributable to BAC reduction</td>
<td>Australian Capital Territory 90 % reduction in driving with BAC between 0,5 and 0,8, and 41 % reduction in driving with BAC over 1,5, without increases in enforcement activity</td>
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<td>Canada</td>
<td>0,8 since 1969</td>
<td>A review in 1999 decided not to lower the federal BAC limit to 0,5 but to concentrate their efforts on increased enforcement. Previously very few drivers caught between 0,8 and 1,0 were charged. It was felt that increased enforcement of existing limits would be the most effective strategy and run the least risk of alienating public support</td>
<td>NB: Compared to Europe Canada has a relatively high % of alcohol related fatalities (30 to 35 %)</td>
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<td>Japan</td>
<td>0,5 since 1970</td>
<td>There have been no recent changes. But Japan reports that lower BAC combined with severe penalties has significantly reduced alcohol related road accidents. A recent review from Japan concludes that the research evidence concerning alcohol impairment is not reflected adequately in drink drive regulations</td>
<td>Significant long term reductions.</td>
<td>NB: Compared to Europe Japan has a relatively low % of alcohol related fatalities (5 %)</td>
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<td>Other countries</td>
<td>BAC reduction (mg/ml)</td>
<td>Accompanying changes</td>
<td>Fatality and accident reduction (all fatalities and all accidents) (%)</td>
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<td>United States</td>
<td>1.0 to 0.8</td>
<td>Evidence from the USA suggests that a reduction in the legal BAC limit from 1.0 to 0.8 mg/ml, in some States, in combination with administrative licence revocation (ALR) laws (which allows the immediate withdrawal of a driving licence by the police), significantly reduces fatal drink drive accidents. Furthermore the reduction applies across the entire BAC distribution, and not just at lower BAC levels. NHTSA report that if all States adopted 0.8 mg/ml, and ALR laws, that 925 lives could be saved. No random breath testing and no significant increase in roadside testing.</td>
<td>Estimated at 2.2 %</td>
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<td>NB: Compared to Europe the USA has a relatively high % of alcohol related fatalities. (35 to 40 %) About 28 % of drivers killed in road accidents had BAC &gt; 1.0 mg/ml</td>
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