



Proposed changes to penalties for motoring offences – Consultation Response

Drink driving – alcohol limits

In your view, should the legal alcohol limit for drink and drive offences in England and Wales:

Be lowered

What legal limit do you think is appropriate?

20mg/100ml for commercial and new drivers; 50mg/100ml (or lower) for other drivers, with ambition to reduce to 20mg/100ml for all.

Why do you think this legal limit is appropriate?

We support the recommendations in the consensus statement 'Saving Lives: Reducing preventable harm caused by driving under the influence' to lower the legal blood alcohol content (BAC) limit for driving to 20mg/100ml (0.02%) for new and commercial drivers, and 50mg/100ml (0.05%) for all other drivers, with the ambition to reach 20mg/100ml for all drivers as soon as possible.

<https://www.bma.org.uk/alcoholanddrivingstatement>

There is systematic review evidence that reducing legal limits from 80mg in 100ml of blood to 50mg in 100ml of blood reduces injuries and deaths (between 6-18% reduction) from alcohol-related collisions. Furthermore, evidence from systematic reviews suggests that reducing the legal limit to 20mg in 100ml of blood, particularly for young and inexperienced drivers, reduced injuries and fatalities.

We also strongly support the other recommendations in the 'Saving Lives' consensus statement on the need for accompanying measures including adequate enforcement and clear messaging that drivers should avoid all alcohol before driving.

References:

Fell JC and Scherer M. Estimation of the Potential Effectiveness of Lowering the Blood Alcohol Concentration (BAC) Limit for Driving from 0.08 to 0.05 Grams per

Deciliter in the United States. Alcohol Clin Exp Res. 2017;41(12). DOI: 10.1111/acer.13501.

Vecino-Ortiz A, Jafri A and Hyder AA. Effective interventions for unintentional injuries: a systematic review and mortality impact assessment among the poorest billion. The Lancet Global Health. 2018;6(5). DOI: 10.1016/S2214-109X(18)30107-4

Martineau F, Tyner E, Lorenc T, et al. Population-level interventions to reduce alcohol-related harm: an overview of systematic reviews. Prev Med. 2013;57(4). DOI: 10.1016/j.yjmed.2013.06.019.

Shults RA, Elder RW, Sleet DA, et al. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. Am J Prev Med. 2001;21(4). DOI: 10.1016/s0749-3797(01)00381-6.

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. J Epidemiol Community Health. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Novice Drivers – alcohol limit

Should the legal alcohol limit be lower for novice drivers?

Yes

What legal limit is appropriate for novice drivers?

20mg per 100ml of blood

Why do you think this legal limit is appropriate?

When considering drink drive collisions per billion miles driven, GB data shows a trend that the risk is greater for people aged 16-24 years than for those aged 25+ years. Further evidence has suggested that younger drivers are at a greater risk of a collision or fatal injury than older counterparts, even with equivalent blood alcohol level. There is systematic review evidence that the effects of a lower legal limit (20mg per 100 ml of blood) for novice or younger drivers is effective in reducing injuries and fatalities.

References:

Department for Transport. Reported road casualties in Great Britain involving illegal alcohol levels: 2023. London: UK Government; 2025. [Reported road casualties in Great Britain involving illegal alcohol levels: 2023 - GOV.UK](#)

Killoran A, Canning U, Doyle N, Sheppard L. Review of effectiveness of laws limiting blood alcohol concentration levels to reduce alcohol-related road injuries and deaths. London: National Institute for Health and Care Excellence; 2010.

<https://www.nice.org.uk/media/default/About/what-we-do/NICE-guidance/NICE-guidelines/Public-health-guidelines/Additional-publications/Blood-alcohol-content-effectiveness-review.pdf>

Fell JC and Scherer M. Estimation of the Potential Effectiveness of Lowering the Blood Alcohol Concentration (BAC) Limit for Driving from 0.08 to 0.05 Grams per Deciliter in the United States. Alcohol Clin Exp Res. 2017;41(12). DOI: 10.1111/acer.13501.

Martineau F, Tyner E, Lorenc T, et al. Population-level interventions to reduce alcohol-related harm: an overview of systematic reviews. Prev Med. 2013;57(4). DOI: 10.1016/j.ypmed.2013.06.019.

Shults RA, Elder RW, Sleet DA, et al. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. Am J Prev Med. 2001;21(4). DOI: 10.1016/s0749-3797(01)00381-6.

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. J Epidemiol Community Health. 2003;57(5). DOI: 10.1136/jech.57.5.327.

High risk offender (HRO) criteria

In your view, if the legal alcohol limit for drink and drive offences in England and Wales is lowered, should the criteria for being considered a high-risk offender be lowered accordingly?

Yes

Why did you give this answer?

We agree that this makes sense to adjust the threshold to the revised limit.

Drink and Drug Offence

In your view, should a person suspected of committing a:

Drink offence:

have their driving licence suspended until attendance at court

Drug offence:

have their driving licence suspended until attendance at court

Why did you give this answer?

There is systematic review evidence that license suspension and revocation is associated with decreased collisions, alcohol-related collisions, recidivism and traffic offences.

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. J Epidemiol Community Health. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Masten SV and Peck RC. Problem driver remediation: A meta-analysis of the driver improvement literature. J Saf Res. 2004;35(4). DOI: 10.1016/j.jsr.2004.06.002.

In your view, should a person who is under investigation for a serious driving offence that leads to a:

Fatality have their driving licence suspended:

Yes

Serious injury have their driving licence suspended:

Yes

Why did you give this answer?

License suspension in these circumstances would reduce the public exposure to drivers who have committed serious offences. There is systematic review evidence that license suspension and revocation is associated with decreased collisions, alcohol-related collisions, recidivism and traffic offences.

References:

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. J Epidemiol Community Health. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Masten SV and Peck RC. Problem driver remediation: A meta-analysis of the driver improvement literature. J Saf Res. 2004;35(4). DOI: 10.1016/j.jsr.2004.06

Do you think the current minimum disqualification period for the offence causing death by careless driving while under the influence of:

Drink of 5 years with compulsory extended retest is appropriate: Yes

Drugs of 5 years with compulsory extended retest is appropriate: Yes

Why did you give this answer?

License disqualification in these circumstances would reduce the public exposure to drivers who have committed serious offences. There is systematic review evidence that license suspension and revocation is associated with decreased collisions, alcohol-related collisions, recidivism and traffic offences. Review authors concluded that the effectiveness of licence suspension was likely due to the reduced exposure during the suspension period. This would mean that once disqualified drivers resume driving, the risk may return to that of before the licence suspension. A disqualification period of only 5 years seems disproportionate to the seriousness of someone being seriously injured or killed.

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from

systematic reviews. J Epidemiol Community Health. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Masten SV and Peck RC. Problem driver remediation: A meta-analysis of the driver improvement literature. J Saf Res. 2004;35(4). DOI: 10.1016/j.jsr.2004.06

**Do you think the current minimum disqualification period for the offence:
Driving a motor vehicle while under the influence of drink is appropriate:**

No

Driving a motor vehicle while under the influence of drugs is appropriate:

No

Being in charge of a motor vehicle while under the influence of drink is appropriate:

No

Being in charge of a motor vehicle while under the influence of drugs is appropriate:

No

Why did you give this answer?

There is systematic review evidence that license suspension and revocation is associated with decreased collisions, alcohol-related collisions, recidivism and traffic offences. Review authors concluded that the effectiveness of licence suspension was likely due to the reduced exposure during the suspension period. This would mean that once disqualified drivers resume driving, the risk may return to that of before the licence suspension. A 1-year or 3-year suspension does not seem proportionate to the increased risk to other road users of drink or drug driving. Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. J Epidemiol Community Health. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Masten SV and Peck RC. Problem driver remediation: A meta-analysis of the driver improvement literature. J Saf Res. 2004;35(4). DOI: 10.1016/j.jsr.2004.06

**Do you think the current minimum disqualification period for the offence:
Driving a motor vehicle with alcohol concentration above the prescribed limit is appropriate:**

No

Being in charge of a motor vehicle with an alcohol concentration above the prescribed limit is appropriate:

No

Why did you give this answer?

There is systematic review evidence that license suspension and revocation is associated with decreased collisions, alcohol-related collisions, recidivism and traffic offences. Review authors concluded that the effectiveness of licence suspension was likely due to the reduced exposure during the suspension period. This would mean that once disqualified drivers resume driving, the risk may return to that of before the licence suspension. A 1-year or 3-year suspension does not seem proportionate to the increased risk to other road users of drink or drug driving.

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. *J Epidemiol Community Health*. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Masten SV and Peck RC. Problem driver remediation: A meta-analysis of the driver improvement literature. *J Saf Res*. 2004;35(4). DOI: 10.1016/j.jsr.2004.06

In your view, should new powers be created to allow the seizure of vehicles of a person arrested for drink and drug driving?

Yes

Why did you give this answer?

This would align with powers for seizing a vehicle without tax.

Alcolocks

In your view, should alcohol ignition locks (alcolocks) be allowed to be used as part of a drink drive rehabilitation process?

Yes

Why did you give this answer?

While an ignition interlock is on the vehicle, it will reduce the likelihood of being able to drive while over the legal blood alcohol limit. Evidence from systematic reviews suggest that alcohol ignition interlocks reduce rates of rearrest and reconviction. However, evidence from systematic reviews also suggests that ignition interlocks have no effect on alcohol-related collisions, and that the benefits of ignition interlocks for reoffending disappears once they are removed. Therefore, they could be used in amongst a package of measures (e.g. lowering legal blood alcohol limits, graduated driver licensing, use of drink-driving checkpoints) to prevent alcohol-related collisions.

Morrison DS, Petticrew M and Thomson H. What are the most effective ways of improving population health through transport interventions? Evidence from systematic reviews. *J Epidemiol Community Health*. 2003;57(5). DOI: 10.1136/jech.57.5.327.

Fisa R, Musukuma M, Sampa M, et al. Effects of interventions for preventing road traffic crashes: an overview of systematic reviews. BMC Public Health. 2022;22(1). DOI: 10.1186/s12889-021-12253-y.

Analysis

In your view, should oral fluid and other samples (such as saliva and sweat) be used in drug driving forensic analysis?

Don't know

Why did you give this answer?

We are unaware of the evidence base for this.

Hospital Procedures

In your view, could hospital procedures for drink and drug driving suspects be improved?

Don't know

How do you think hospital procedures for drink and drug driving suspects could be improved?

We agree that there is a need to balance the rights of the individual with the public benefit from taking action to reduce the risks to others from drink and drug driving. We will not comment on technical procedures within hospitals but highlight the importance of ensuring that practice and procedures are applied consistently between different groups in the population.

Random Breath Testing

In your view, should random breath testing (mirroring the powers in Northern Ireland) be introduced in England and Wales?

Yes

Why did you give this answer?

Evidence from systematic reviews suggests that random alcohol testing checkpoints reduce collisions (estimate 18-19% reduction in night-time collisions), injuries (hospital admissions reduced by 20%; collision injuries reduced by 13-35%), and fatalities (reduced fatalities by 14-48%). In addition, another review found that higher intensity enforcement had a greater effect. Jurisdictions that employed a 1:1 ratio (1 random breath test for every 1 driver) were associated with declining trend of alcohol-related crashes and lower self-reported drink driving compared to

jurisdictions with ratio of 1:2 or 1:3 (1 random breath test for every 2 or 3 drivers) annually. Increases in RBT has been associated with decline in alcohol-related crashes per 100,000 licenced drivers ($r = -0.66$). Therefore, we agree that random breath testing should be introduced in England and Wales, but also that it should be introduced in Scotland.

There is also public support. For example, a 2025 AA (Automobile Association) driver poll found that almost half of members supported the police being able to breathalyse a driver at any time.

References:

Peek-Asa C. The effect of random alcohol screening in reducing motor vehicle crash injuries. *Am J Prev Med.* 1999;16(1):57–67.

Elder RW, Shults RA, Sleet DA, Nichols JL, Zaza S, Thompson RS. Effectiveness of sobriety checkpoints for reducing alcohol-involved crashes. *Traff Inj Prev.* 2002;3(4):266–74.

O'Hara SE, Paschall MJ and Herd DA. Determining a dosage threshold of drink-driving enforcement operations: A systematic review. *Drug Alcohol Rev.* 2022;41(7). DOI: 10.1111/dar.13519.

Research commissioned by the AA Yonder Summary November 2025

<https://www.theaa.com/about-us/public-affairs/aa-yonder-driver-poll-summaries-2025?msocid=1deea5e3765e607501d3b368777a6129#6k>

Other Evidence

Provide any other evidence or comments you have about the current penalty framework for drink and drug driving offences.

The evidence referred to in the above responses were identified from an umbrella review conducted by Public Health Scotland on effective interventions for road safety. This umbrella review concluded that there were numerous upstream measures (population-wide measures addressing structural determinants of health through infrastructure, laws, enforcement and pricing) that were effective while midstream strategies (addressing social conditions to reduce harm through awareness and skills) generally were not effective. Regarding drink-driving related offences, the evidence suggested that using population-wide laws and regulations (e.g. lowering legal blood alcohol concentration, driver license suspension or revocation) and enforcement measures (e.g. drink-driving checkpoints, demerit points-based license systems) were effective. Measures which were more focused on rehabilitating drink-driving offenders did not tend to be supported by evidence (e.g. arrests or citations, probation or rehabilitation courses, ignition interlocks, driver education or media campaigns) or the effects were small (e.g. warning letters or contingent point reduction). Therefore, the evidence suggests population-wide laws

and enforcement should be prioritised, with educating and rehabilitating drivers being used only as supportive measures. For example, if there are changes to legal blood alcohol limits, sufficient enforcement and media campaigns could enable the transition.

McMillan G, Scobie G, Rennick L, Greci S, Hamilton S, Buckton C, Harding O, Douglas M, Davis A, Gale A, Bridgman S. Effective road safety interventions for public health: An umbrella review. Glasgow: Public Health Scotland

<https://publichealthscotland.scot/publications/effective-road-safety-interventions-for-public-health-an-umbrella-review/>

Not Wearing a Seat Belt

In your view, should drivers receive 3 penalty points if they fail to wear their own seat belt?

Yes

Why did you give this answer?

Adding penalty points for failing to wear a seatbelt would reflect the seriousness of risks for failing to do so. Evidence from systematic reviews suggests that points-based licensing reduces collisions, injuries, and fatalities (combined estimate: statistically significant reduction of 15-20%; fatalities alone: statistically significant reduction of 10%). Evidence also suggests a significant reduction of 30% in number of reckless behaviours overall. Evidence specifically on seatbelts suggests that demerit-points for not wearing a seatbelt was associated with increases in seatbelt-wearing and reductions in road traffic injuries and fatalities.

References:

Castillo-Manzano J and Castro-Nuño M. Driving licenses based on points systems: Efficient road safety strategy or latest fashion in global transport policy? A worldwide meta-analysis. *Transp Policy*. 2012;21. DOI: 10.1016/j.tranpol.2012.02.003.

Alonso F, Faus M, Esteban C, et al. Assessing the Impact of Point-based License Systems on Road Safety: A Systematic Review and Meta-analysis. *The European Journal of Psychology Applied to Legal Context*. 2025;17(1). DOI: 10.5093/ejpalc2025a2.

Children Seatbelts

In your view, should drivers receive penalty points if they fail to ensure that children under 14 wear seat belts and child restraints?

Yes

Why did you give this answer?

Adding penalty points for failing to ensure that children wear a seatbelt would reflect the seriousness of risks for failing to do so. Evidence suggests that children who were wearing a seat belt, the risk of injuries was around 40% less than children not wearing a seatbelt. The penalty for not ensuring a child is wearing a seatbelt should be the same as for an adult not wearing a seatbelt.

Høye A. (2013). Securing children in a car, Norwegian (online) version. Accessed 25/2/2026 at: <https://www.tshandbok.no/del-2/4-kjoeretoeyteknikk-og-personlig-verneutstyr/doc685/>

Failure to Stop and Report

In your view, should the maximum penalties for the offence of failure to stop and report be increased?

Yes

Why did you give this answer?

It is important that penalties reflect the impact of the offence.

New Offence

In your view, should a new offence be created to cover situations in which a person could reasonably be assumed to have known that a collision resulted in:

Death but failed to stop at the scene and report the collision:

Yes

Serious injury but failed to stop at the scene and report the collision:

Yes

Why did you give this answer?

It is important that penalties reflect the impact of the offence.

Statutory Time Limit

In your view, in cases where:

Death has occurred, should the statutory time limit (STL) for the offence of failing to stop be extended to 18 months from the current 6 months:

Yes

Serious injury has occurred, should the STL for the offence of failing to stop be extended to 18 months from the current 6 months:

Yes

Why did you give this answer?

This would better reflect the severity and impact of the offence.

Tackling those seeking to evade justice and avoid their financial obligations

In your view, should we introduce vehicle seizure for the offence of:

Driving a vehicle with no current MOT:

Yes

Using a vehicle with no current MOT

Yes

Why did you give this answer?

This would reduce the risk caused to occupants and others by potentially unsafe vehicles.

STL for death and serious injury

In your view, in cases where:

Death has occurred, should the STL for the offence of driving unlicensed be extended to 18 months from the current 6 months:

Yes

Serious injury has occurred, should the STL for the offence of driving unlicensed be extended to 18 months from the current 6 months:

Yes

Death has occurred, should the STL for the offence of driving uninsured be extended to 18 months from the current 6 months:

Yes

Serious injury has occurred, should the STL for the offence of driving uninsured be extended to 18 months from the current 6 months:

Yes

Death has occurred, should the STL for the offence of driving disqualified be extended to 18 months from the current 6 months:

Yes

Serious injury has occurred, should the STL for the offence of driving disqualified be extended to 18 months from the current 6 months:

Yes

Why did you give this answer?

This would better reflect the severity and impact of the offence.

Evidence

Provide any other evidence or comments about the proposed introduction of new penalties for certain motoring offences and other road traffic matters set out in this consultation?

Public Health Scotland recently published an umbrella review on effective interventions for road safety, which has informed this consultation response. The umbrella review concluded that there were numerous upstream measures (population-wide measures addressing structural determinants of health through infrastructure, laws, enforcement and pricing) that were effective while midstream strategies (addressing social conditions to reduce harm through awareness and skills) generally were not effective. Regarding safe road use, the evidence suggested that using population-wide laws and regulations (e.g. lowering legal blood alcohol concentration, driver license suspension or revocation, primary enforcement seatbelt laws) and enforcement measures (e.g. drink-driving checkpoints, demerit points-based license systems) were effective. Measures which were more focused only on educating road users or did not tend to be supported by evidence. Therefore, the evidence suggests population-wide laws and enforcement should be prioritised, with education and awareness raising being used as supportive measures.

Reference

McMillan G, Scobie G, Rennick L, Greci S, Hamilton S, Buckton C, Bridgman S, Douglas M, Davis A, Gale A, Harding O. Effective road safety interventions for public health: An umbrella review. Glasgow: Public Health Scotland; 2026

<https://publichealthscotland.scot/publications/effective-road-safety-interventions-for-public-health-an-umbrella-review/>

Final Comments

Any other comments?

The Faculty of Public Health is very pleased that the Government is taking steps to improve road safety. Safety concerns are the prime reason given, especially by women and other vulnerable road users, for reluctance to use active travel or public transport. Ensuring that our streets feel safe enough for people to walk and cycle, either for all or part of their journeys, is essential if we are to improve air quality, reduce carbon emissions and congestion, increase physical activity and improve social connectivity and productivity.

We are disappointed, therefore, that the most effective methods to make our roads safer are not included in the consultation. These are:

- To introduce 20mph speed limits on all roads in built up areas;
- To reduce miles travelled by motorised vehicles, especially private cars, and increase miles travelled by active means and public transport.

We would also note that while we welcome the additional powers being given to local authorities (including regarding pavement parking), there is a need for strong national messaging on safe and considerate driving together with funding for enforcement to support local area implementation.