

# Development and Present Status of Impaired Driving Legislation in the United Kingdom

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## TABLE OF CONTENTS

INTRODUCTION .....	36
I. HISTORICAL DEVELOPMENT .....	36
A. The British Road Safety Act of 1967 .....	36
B. Breath Alcohol Analysis for Legal Purposes .....	37
C. Non-Alcohol Drugs and Driving .....	37
II. EVIDENCE FOR PROSECUTION OF TRAFFIC OFFENDERS .....	37
A. Sobriety Testing at the Roadside .....	38
B. Statutory BAC Limits for Driving .....	39
C. Improved Roadside Breath Alcohol Tests .....	39
D. Evidential Quality Breath Alcohol Analyzers .....	39
E. Punishable Concentration Limits for Non-Alcohol Drugs .....	40
III. DISCUSSION .....	41
FUTURE PROSPECTS .....	42
REFERENCES .....	42
ABOUT THE AUTHOR .....	44

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**ABSTRACT:** This article traces the development and present status of legislation pertaining to driving under the influence of alcohol (DUI) and other drugs (DUID) in the United Kingdom (UK). The Road Safety Act of 1967 represented a paradigm shift in the way that traffic offenders were prosecuted for driving after consumption of alcohol. This new legislation defined punishable concentrations of alcohol (ethanol) in samples of the driver's blood (80 mg%) or urine (107 mg%). The creation of these statutory concentration limits meant that it was no longer necessary to prove that a suspect was under the influence or impaired by alcohol at the time of driving. Also in 1967, a police officer in uniform was permitted to administer a roadside breath alcohol screening test to help make a decision whether a suspect should be arrested for further investigation. In 1983, the British government introduced a statutory breath alcohol concentration limit of 35 µg/100 mL and evidential quality breath analyzers were approved for use by the police as an alternative to sampling blood or urine for analysis. Evidence of driving under the influence of drugs other than alcohol depended on the results of a clinical examination and questionnaire done by a police surgeon. This was supported by evidence presented by the arresting police officers or other witnesses. In 2015, a radical change occurred in the legislation pertaining to drug-impaired driving where instead of relying on clinical evidence of impairment, concentration limits in blood for 17 psychoactive substances were defined by statute. These consisted of eight commonly encountered recreational drugs of abuse and nine prescription medications (opiates and benzodiazepines), all classified as controlled substances.

**KEYWORDS:** Alcohol, impaired driving, forensic science, recreational drugs, traffic safety, legislation, United Kingdom.

## INTRODUCTION

Overconsumption of alcohol is a well-known risk factor for road traffic crashes because a person's ability to perform skilled tasks, such as driving, is impaired as blood alcohol concentration (BAC) increases [54]. Likewise, the ingestion of other psychoactive substances, such as various prescription medications and recreational drugs of abuse, also pose a problem for road safety. Depending on the country in question, many studies have shown that between 20–50% of drivers killed in road traffic crashes had consumed alcohol before driving and their BAC at autopsy exceeded the statutory limits for driving [32].

The prevalence of non-alcohol psychoactive drugs in the blood of drivers killed in traffic crashes also varies between countries, and elevated concentrations of impairing drugs have been identified in 5–10% of forensic autopsies [17,31]. Unfortunately, these statistics are probably an underestimate because depending on the jurisdiction not all victims are subjected to a forensic autopsy that includes a comprehensive analytical toxicology to verify drug use before driving [12]. According to a 2024 report from the European Commission (EU), a recent roadside survey of drivers stopped at random found that the prevalence of alcohol-impaired drivers varied between 0.3–2.7% and other psychoactive drug prevalence rates varied between 6.0–11% [20].

## I. HISTORICAL DEVELOPMENT

### A. The British Road Safety Act of 1967

This road traffic legislation represented a paradigm shift in the evidence necessary for successful prosecution of traffic offenders by creating statutory concentration limits of ethanol in blood and urine above which it was an offense to drive [50]. If the measured BAC was above 80 mg% (0.08 g%) or the urine alcohol concentration (UAC) was above 107 mg% (0.107 g%), a driver was in breach of the drunk driving law and liable to prosecution.

Also in 1967, a police officer in uniform was allowed to administer a roadside breath alcohol test if there was reason to believe the driver had consumed excess alcohol [13]. Evidence for this came from the way a person answered questions including their general appearance, the smell of alcohol on their breath, slurred speech, and other indications. A positive roadside breath alcohol test provided the probable cause necessary to make an arrest of the suspect and proceed with further evidential testing at the nearest police station [7].

On arrival at a police station, a police surgeon was instructed to examine the suspect and take samples of blood for determination of the alcohol (ethanol) concentration to see whether this exceeded the prescribed limit. The official method of blood alcohol analysis in the UK when the Road Safety Act of 1967 was introduced in-

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## ABOUT THE AUTHOR

A. W. Jones

**Alan Wayne Jones** was born in Wales (UK) but has spent most of his career working in Sweden. His academic degrees include a B.Sc. in chemistry in 1969 and a Ph.D. in physiological chemistry in 1974, and a senior doctorate degree (D.Sc.) in 1993 for his body of published work; all academic qualifications were awarded by the University of Wales (Cardiff, UK). Dr. Jones retired in 2013 from his appointment as senior scientist at Sweden's National Laboratory of Forensic Medicine, Division of Forensic Genetics and Forensic Toxicology. Since retirement from his government appointment, Dr. Jones has served as a guest professor in forensic toxicology at the Division of Clinical Chemistry and Pharmacology, University of Linköping, Sweden.

During his career, Dr. Jones has testified as an expert witness in hundreds of criminal trials involving drug-related crimes, including impaired driving, drug-facilitated sexual assault (date rape), and drug overdose deaths. Dr. Jones' bibliography lists over 520 original articles and book chapters and his papers have been published in over 100 peer-reviewed journals. Dr. Jones has served on the editorial boards for a dozen international journals and encyclopedias and functions as peer-reviewer for manuscripts submitted for publication to over 70 other scholarly journals.

Dr. Jones's contributions to forensic science and toxicology have been recognized with a number of international awards and prizes. These include the Widmark Award (in 1997) from the International Council on Alcohol, Drugs and Traffic Safety, the Rolla Harger Award (in 2002) from the American Academy of Forensic Sciences, the Robert Borkenstein Award (in 2004) from the United States National Safety Council, the Alan Curry Award (in 2011) from the International Association of Forensic Toxicologists, and most recently the Kurt Dubowski Award (in 2017) from the International Association of Chemical Testing.