CRIME PREVENTION ASSIST

No. 84 April 2013

Best practice principles for delivery of random breath testing

In Australia, legislation prohibiting driving while under the influence of alcohol is enforced through random breath testing (RBT). RBT empowers police to test drivers at any time, irrespective of whether they exhibit behaviour that indicates the prior consumption of alcohol. Research into the effectiveness of RBT has demonstrated a largely positive impact on the harms associated with drink driving, with past studies having shown that the introduction of RBT in New South Wales, Victoria and Queensland resulted in a significant reduction in both serious and fatal injury crashes (Drummond, Sullivan & Cavallo 1992; Henstridge, Homel & Mackay 1997).

RBT works by increasing the perceived risk of detection for drink driving offences, influencing driver behaviour through both general deterrence (targeting all drivers) and specific deterrence (targeting those drivers who have previously been apprehended for a drink driving offence; Homel 1988). The primary goal of RBT should be to generate general deterrence and this needs to be sustained over time (Homel 1988). This is largely achieved by conducting RBT at static, highly visible checkpoints, with the goal of testing a large proportion of licensed drivers each year (Homel 1988). Recent research demonstrated that direct personal contact with breath testing had the strongest deterrent impact on drink driving (Owens & Boorman 2011).

Research has also shown there are a number of features common to effective RBT strategies. RBT operations should be located at random and unpredictable locations to heighten the perceived probability of detection among the driving population, thereby maximising its deterrent impact (Homel 1988). RBT operations should also be deployed strategically, since drink driving offences are not distributed uniformly over time. RBT enforcement during peak periods for alcohol consumption (eg on Friday and Saturday night) has been shown to be an effective means of deterring drink driving and preventing night-time crashes (Delaney, Diamantopoulou & Cameron 2006).

Deterrence is an unstable process and drivers can be undeterred through experiences of evading breath testing or avoiding drink driving penalties (Homel 1988). Static RBT operations should be strategically located to prevent driver evasion and should be supported by mobile patrol vehicles to disrupt avoidance tactics such as drivers performing U-turns or turning into side streets to evade breath testing (Hendrie 2003; Owens & Boorman 2011). All drivers detected driving over the legal limit must be swiftly penalised and never 'let off'. This will maintain the credibility of the RBT program and sustain the deterrence of drink driving (Owens & Boorman 2011).

RBT should be delivered as part of a comprehensive response to drink driving. RBT needs to be supported by effective publicity campaigns to maximise its deterrent impact (Homel 1988). Further, targeted responses such as rehabilitation programs are required for hardcore, recidivist drink drivers as they are less likely to be influenced by deterrence-

ISSN 1448-1383

based strategies such as RBT (Freeman, Liossis & David 2006). Rehabilitation programs have been shown to have a positive impact on recidivism by addressing underlying causes of drink driving such as alcohol-related disorders and supportive attitudes towards drink driving (DeYoung 1997).

The effectiveness of rehabilitation programs can be enhanced by combining them with sanctions that limit access to vehicles such as licence disqualification (DeYoung 1997). In recent years, ignition interlocks have gained wider use as an additional tool for limiting drink drivers' access to vehicles. While ignition interlocks have been shown to be highly effective at reducing recidivism while installed, research has found no long-term effect after the removal of the device (Willis, Lybrand & Bellamy 2009). Evidence suggests reductions in recidivism could be maintained by combining ignition interlocks with rehabilitation programs (Willis, Lybrand & Bellamy 2009).

NEED TO KNOW MORE?

All URLs correct at April 2013

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