

RACT Policy #1 – Alcohol and Drugs

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| Organisation | RACT |
| Business Unit | Road and Traffic Committee |

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RACT POLICY

1 : ALCOHOL & DRUGS

1.1 DRINK DRIVING REGULATORY LIMITS AND PENALTIES

- a) The RACT supports the current blood alcohol regulatory limit, that is, 0.05 BAC (an 0.05% Blood Alcohol Content).
- b) RACT supports a regulatory framework where it is an offence to exceed a zero BAC for L1 and L2 drivers; P1 and P2 drivers; drivers of public vehicles, eg. buses, taxis, hire cars; drivers of heavy vehicles; and drivers of vehicles used to transport dangerous substances such as explosives or radioactive materials.
- c) RACT supports a regulatory framework where it is an offence to exceed a 0.05 BAC for full-licensed drivers of all other vehicles.
- d) Suitable penalties should be imposed on road users who drink and drive with blood alcohol concentrations in excess of the legal limit.
- e) RACT supports the current framework of a graduated scale of penalties for drink driving offences and a graduated scale of minimum disqualifications and minimum fines, with Magistrates having the discretion to impose penalties above or below the minimum, provided there are "special circumstances" as per the wording of the *Road Safety (Alcohol and Drugs) Act 1970*.
- f) RACT supports the requirement that restricted licences not be given to L1 or L2, P1 or P2 licence holders, drivers who refuse a breath or blood test, drivers of public vehicles or drivers who exceed 0.15 BAC, except in "special circumstances" as per the wording of the *Road Safety (Alcohol and Drugs) Act 1970*.

1.2 REPEAT OR HIGH-LEVEL DRINK DRIVING OFFENDERS

- a) The RACT supports current legislation, which allows for sanctions that are more substantial such as targeted confiscation or steering-wheel-clamping by Tasmania Police of the privately owned vehicles of repeat or high-level drink driving offenders.
- b) The RACT supports a model whereby licence regression is not a penalty option for recidivist offenders currently undertaking the Graduated Licensing Scheme.

1.3 OTHER SANCTIONS & EDUCATION

- a) RACT supports the Tasmanian Government's "Mandatory Alcohol Interlock Program".
- b) RACT supports evidence-based, mandated educational programs targeting repeat drink drivers

1.4 BLOOD AND BREATH TESTING

- a) Random Breath Testing (RBT) should be carried out at both non-specific locations and at times and places where problems are known to exist.
- b) High-visibility RBT operations should be maintained at a level to ensure motorists perceive a real risk of detection if they exceed the prescribed legal BAC limit and should be supported by appropriate publicity and public education campaigns to reinforce the perceived risk of detection.
- c) Mobile RBT operations are supported and should apply at all times rather than be restricted to holiday periods and other high-risk times.
- d) In addition, Police should have the power to breath-test any road user involved in a crash, who commits a traffic offence, or who is upon reasonable grounds believed to be affected by alcohol.

1.5 DRUGS AND DRIVING

- b) RACT acknowledges that illicit drugs such as cannabis, ecstasy and methamphetamines are known to adversely affect users and have the potential to increase the number and severity of road crashes, particularly when used in combination with alcohol.
- c) The RACT supports the targeting of specific drivers for drug testing, in particular those who register a BAC in excess of the legal limit and those who have been involved in a crash.
- d) The RACT supports the use of random drug testing in conjunction with random breath testing for alcohol-related offences; and the targeted drug testing (through blood testing, an analysis of oral fluid or swab) of drivers observed to have committed a prescribed traffic offence.
- e) The RACT supports a model similar to New Zealand whereby it is illegal for motorists to drive while experiencing drug-related impairment. This includes licit and illicit drugs.

1.6 EDUCATION: ALCOHOL AND DRUG IMPAIRMENT

- a) Information on the relationship between the use of alcohol and drugs (including prescription medication) and the impairment of driving ability should be part of the curriculum of all schools, as part of a broader road safety education course.
- b) An ongoing public education campaign should be undertaken to warn people of the effects of marijuana and other illicit substances, alone and in combination with alcohol, on driving behaviour.
- c) Community education about the effects of illicit and licit drugs with a specific focus on drugs and driving, needs to be expanded