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June 20, 2007

The Honourable Robert Douglas Nicholson
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa ON K1A 0H8

Dear Honourable Minister Nicholson,

We are writing to you as a coalition of health organizations to commend and support the Federal government's recent announcement of legislative reforms to address alcohol- and drug-impaired driving. Impaired driving is a significant public health and safety concern with physical, social, emotional and economic consequences. In addition to the changes outlined, OPHA strongly advises the government to consider lowering the current legal BAC (blood alcohol concentration) from 80mg% to 50%mg (i.e. 0.08 to 0.05) as a component of the proposed reforms.

Canada's current legal 0.08 BAC, adopted in 1969, was based on significantly underestimated risks of crashes. Research before and since 1970 has established that driving-related skills are significantly impaired at BAC levels well below 0.08.¹ The current level permits individuals to drive with blood alcohol levels that are approximately triple the level at which driving skills and performance are compromised.¹

Overwhelming evidence from the scientific community supports the lowering of legal BAC to 0.05 as an effective measure in reducing alcohol-related fatalities.¹ There is consensus among leading medical, crash prevention, and traffic safety organizations around the world for a BAC driving limit at or below 0.05.¹ In 2004, the World Health Organization recommended an upper BAC limit of 0.05 for the general driving population as best practice. The international trend has been reduced BAC limits for driving with most of the developed world now having a BAC limit of 0.05 or lower.¹ Countries that reduced the BAC limit to 0.05 showed declines in alcohol-related crashes and deaths.¹ For Canada, it has been estimated that a legal limit of 0.05 BAC could result in 6%-18% reduction of crash fatalities, or 185 to 555 lives saved per year.¹

Internationally, Canada is unique in that many of its provinces and territories have administrative provisions to address drivers with a BAC level of 0.05 (e.g. short term license suspensions for a driver with BAC of 0.05 or higher) even though the legal per se limit is set at 0.08. However, administrative practices are inconsistent¹ and the current administrative options have not shown to decrease fatalities.¹ In its 2005 annual report, Transport Canada highlights Canada's gradual progress in road safety from 1996-2004. Nonetheless, the report shows Canada lagging behind other countries that have made considerable progress.¹ The *STRID 2010* recommendations for the Standing Committee on Road Safety Research and Policies on short-term suspensions reflect the inadequacies of current administrative practices.¹

National surveys conducted since 1997 show strong public support for a lower legal BAC limit.ⁱ Research also indicates that a lower BAC limit may change public attitudes about drinking and driving and make drivers more conscious of separating drinking from operating a vehicle.ⁱⁱ Public perception of the government's tough stance on impaired driving would be reinforced by a lowering of the BAC limit. A 0.05 BAC limit would not interfere with what most Canadians would consider "social drinking".ⁱⁱⁱ Countries that have adopted 0.05 BAC as their limit do not report public outcry about the limit being too strict.^{iv}

Setting a 0.05 BAC limit is one measure in a comprehensive approach to reducing impaired driving, including other legal, social, behavioural and environmental strategies to deal with the problem.^v The Best Advice paper from the Centre for Addiction and Mental Health (2002) for reducing the harms related to alcohol-related collisions outlines four key components which include:

- Legislative and enforcement practices which have general deterrence effects (e.g. lowering of legal BACs, use of high-visibility, high-intensity campaigns such as RIDE or Random Breath Testing);
- Efforts to reduce consumption of alcohol by individuals and populations (e.g. mandatory server training programs for licensed establishments and persons selling and/or serving alcohol, public monopoly of alcohol sales, alcohol taxes);
- Rehabilitative and treatment measures; and
- Education and public awareness initiatives to increase knowledge on consequences of impaired driving and social host responsibility.^{vi}

As such, lowering the legal BAC limit cannot be done in isolation. In order to achieve maximum benefits, impaired driving countermeasures must work together and be mutually supportive.^{vii}

A 0.05 legal BAC will not unduly burden the police and courts, excessively punish the offender and be costly to implement. Other countries and jurisdictions that have lowered their Criminal Code BAC have not reported being overburdened (e.g. countries in Europe, Australia). In practice, a lower BAC limit has been found to have an effect on *all* drivers, not just for those drivers who are "heavy drinkers". It is suggested the law would likely have a significant deterrent effect and thereby reduce the number of potential offenders^{viii}. MADD Canada's *Elements of a Workable 0.05% BAC Criminal Code Offence* offers strategies for implementing a legal limit of 0.05 BAC which take into consideration undue burden on the courts, police and the offender.^{ix} As for government expenditure and cost associated with operationalizing a lower BAC law, research support exists to indicate the change in the law bringing about more economic benefits than burdens in the long run.^x

With per capita consumption of alcohol increasing in the last decade^{xi} responsible alcohol use must be a part of public consciousness and drinking and driving is an area where individuals must exercise responsibility. Loss of life, injury and other problems associated with drinking and driving are preventable. The inclusion of lowering the current legal BAC limit in your government's legislative reforms on impaired driving affords a very important opportunity to reduce the social, physical, emotional and economic burden related to alcohol-impaired driving.

Sincerely,

Original Signed by

Dr. Garry Aslanyan, President, Ontario Public Health Association

Dr. Paul E. Garfinkel, Chief Executive Officer, Centre for Addiction and Mental Health

Norma Medulun, President, Addictions Ontario

Andrew Murie, Chief Executive Officer, Mothers Against Drunk Driving Canada

cc: M.P. Susan Kadis, Thornhill, Ontario
M.P. Ron Cannan, Kelowna-Lake Country, British Columbia
Honourable Jim Watson, Minister of Health Promotion
Honourable George Smitherman, Minister of Health and Long-Term Care
Honourable Monte Kwinter, Minister of Community Safety and Correctional Services
Honourable Lawrence Cannon, Minister of Transport, Infrastructure and Communities
Honourable Donna Cansfield, Minister of Transportation
Medical Officers of Health, Ontario
Larry O'Connor, Association of Local Public Health Agencies

Endnotes

ⁱ Beirness et al. (2005). *The Road Safety Monitor 2005: Drinking and Driving*. Traffic Injury Research Foundation. A November 2005 SES public opinion survey showed 73% of Canadians believe current legal drinking limits should be reduced. More people express their concern for drinking and driving as a social issue than they do about health care, other road safety issues, pollution, economy, etc.

ⁱⁱ Vollrath, M and Krueger, H.P. (2000) and Bernhoft, I. (1992) as cited in Solomon et. al (2006).

ⁱⁱⁱ Solomon, C., Chamberlin, E., Usprich, SJ. (2006). *BAC to the Future-Modernizing the Criminal Drinking-Driving Threshold*, Criminal Law Quarterly Submission, August 24.

^{iv} Fell, J.C., Voas, R.B. (2006). *The effectiveness of reducing illegal blood alcohol concentration (BAC) limits for driving: Evidence for lowering the limit to .05 BAC*, Journal of Safety Research, (37), 233-243.

^v Howat et al. (1991) as cited in Fell, J.C., Voas, R.B. (2006).

^{vi} Centre for Addiction and Mental Health (2002). *Best Advice: Reducing the Harms of Alcohol Related Collisions*. CAMH's components correspond to the four-pillar approach of education/prevention, treatment and rehabilitation, harm reduction, enforcement and control as outlined under Canada's Drug Strategy. A 2003 World Health Organization report includes many of these components among the most effective strategies for reducing harm associated with alcohol.

^{vii} Centre for Addiction and Mental Health (2002). *Best Advice: Reducing the Harms of Alcohol Related Collisions*.

^{viii} Fell, J.C., Voas, R.B. (2006).

^{ix} MADD Canada News Release. *The Elements of a Workable 0.05% BAC Criminal Code Offence*. October 31, 2006.

^x Eisenberg, D. (2001) cited in Solomon, C., Chamberlin, E., Usprich, SJ. (2006).

^{xi} Statistics Canada (2005). *The Control and Sale of Alcoholic Beverages in Canada 2004*. Catalogue Number 63-202-XIE. Ottawa: Ministry of Industry.