



Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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Impaired Driving Consultation
Criminal Law Policy Section
Department of Justice
East Memorial Building
284 Wellington
Ottawa, ON K1A 0H8

Dear Department of Justice:

The Ontario Public Health Association (OPHA), a not-for-profit organization formed in 1949, provides an independent voice for citizens committed to improving the health of all Ontarians. Its mission is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout the province. The OPHA Alcohol Workgroup advocates specifically for policies to reduce problems caused by alcohol consumption, the prevalence and gravity of which are similar to those caused by tobacco. These include the problems that result from alcohol-impaired driving, which is one of the leading contributors to alcohol-related deaths and injuries.

OPHA has, in the past, supported Federal Government initiatives that would significantly reduce the deaths and injuries that result from alcohol-impaired driving. Currently, the Federal Government is seeking the views of Canadians on several proposals to change transportation legislation in Canada, including proposals to introduce Random Breath Testing (RBT) in this country and make other changes to impaired driving legislation. Among all the initiatives currently being considered, introducing RBT is the one that would have the strongest impact in reducing the deaths and injuries that result from alcohol-impaired driving in this country.

RBT permits the police to request a breath sample from a driver without 'probable cause', that is, without prior reason for suspecting that a driver has been drinking¹. RBT permits more efficient use of police time in detecting and removing impaired drivers from the road, and has been introduced in all Australian states and many countries in Europe². Extensive research on the impact of RBT indicates that it can reduce the drinking driving fatality rate substantially³.

The primary goal of any changes to Federal drinking driving legislation should be to reduce the deaths and injuries that result from alcohol-impaired driving. The government of Canada has the opportunity to do that by introducing RBT in this country, as it has been introduced in Australia and many European countries. We hope that this government will show the leadership shown by the Government of Canada in 1969 when it pioneered in North America *per se* laws which make it an offence to drive with a breath alcohol level above a specified level. Research has shown that that initiative has prevented many needless deaths and injuries in this country over the years.⁴

In summary, we support the Government of Canada in its efforts to renew Canada's drinking driving laws to reduce deaths and injuries on our roads, and the research clearly demonstrates that the most effective way to do this, of all measures currently being considered, is to introduce RBT in Canada.

Sincerely,



Liz Haugh
President

¹ Homel, R. "Random breath testing and random stopping in Australia" in R.J. Wilson and R.E. Mann (eds.) *Drinking and Driving: Advances in Research and Prevention*. New York: Guilford Press, 1990.

² J. Dunbar, A. Penttila & J. Pikkarainen, "Drinking and driving: success of random breath testing in Finland"(1987) 295 *British Medical Journal* 101 at 102; Homel, R. op cit.

³ Homel, R. op cit., J. Henstridge, R. Homel & P. Mackay, *The Long-Term Effects of Random Breath Testing in Four Australian States: A Time Series Analysis* (Canberra: Federal Office of Road Safety, 1997)

⁴ Asbridge, M., Mann, R.E., Stoduto, G. and Flam-Zalcman, R. The criminalization of impaired driving in Canada: Assessing the deterrent impact of Canada's first *per se* law. *Journal of Studies on Alcohol*, 2004, 65, 450-459.