



New Zealand Automobile Association Inc.

AA Response to Alcohol in our lives

Summary of AA Alcohol Policy and responses to the Law Commission's report Alcohol in our lives.

Contents

1. Harm	4
1:2 Do you agree that getting drunk is considered acceptable drinking behaviour in New Zealand?	4
1:3. Do you think the risks associated with heavy drinking are well known? If not, what more could be done to make people aware of them?	4
1:4. Do you think the cumulative lifetime risks associated with drinking are well known? If not, what more could be done to make more people aware of them?	4
1:5. Is the management of intoxicated people an acceptable use of a large part of the New Zealand Police resources? If not, what are the alternatives?.....	4
1:6. Is the balance in the current law between individual responsibility and providing an environment that is conducive to moderate drinking the correct one? If not, what changes could be made?.....	5
2. Licensing	5
2:7. Do you agree with the current system of four types of liquor licence?	5
2:8. Should the criteria for licences change and, if so, what should the changes be?	5
2:9. Do you think the Liquor Licensing Authority should be retained as the regulator?	6
2:10. Do you think local views should be taken into account in respect of licences in that area?	6
3.Hours	6
3:11. Do you think the hours that restaurants, bars, and clubs can be open should be restricted? If so, what should the hours be?.....	6
3:12. Do you think the hours that off-licence premises (including supermarkets and liquor stores) can sell alcohol should be restricted? If so, what should the hours be?.....	6
3:13. Should we continue to have specific days on which alcohol cannot be sold?.....	6
4. Age	6
4:14. At what age should a person be able to purchase alcohol in New Zealand?	6
4:15. At what age should a person be able to drink at a pub, club, bar or restaurant?	7
5. Individual and parental responsibility	7
5:16. Should it be an offence for anyone other than a parent or guardian to supply alcohol to someone under the purchase age?.....	7
6.Types of products	7
6:17. Do you think there are any alcohol products that should be banned?	7
6:18. Do you think the rules about supermarkets and grocery stores selling liquor should continue as now?	7
7. Tax/price	7

7:19. Do you think the availability of cheap alcohol is contributing to alcohol-related harm? .	7
7:20. Does the difference in price between alcohol bought from retailers such as supermarkets and liquor stores and alcohol bought in a bar or restaurant influence where you drink?	8
7: 21. Do you think there is a case for increasing tax or setting a minimum price for alcohol in order to help reduce the amount of alcohol consumed by young people and heavy drinkers?.....	8
8. Advertising	8
8:22. Should the way alcohol is marketed (including advertising, promotions, and sponsorship) have greater restrictions? If so, what restrictions are appropriate?	8
9.Treatment	8
9:23. Do you think there is a need for greater emphasis on treatment for people using alcohol in a risky manner?.....	8
10.Penalties	9
10:24. Should there be increased penalties for serious breaches of the liquor laws?	9
10:25. Should there be greater use of infringement offences for minor breaches of the liquor law?	9
11. Liquor in public places	9
11:28. If so, can the liquor ban provisions on notification be improved?	9
29. Do you think an offence of drinking in a public place, rather than the liquor ban system, is preferable?.....	10
30. Do you think it should be an infringement offence to be drunk in a public place?.....	10
31. Do you have any further comments or suggestions?	10
12.Reducing the impact of alcohol/drug impaired driving	10
13. AA Opposed Policy Responses:	12
13.1 Discussion	12

1. Harm

1:1 Does the level of alcohol-related harm we are experiencing justify a new approach to the law?

The AA considers that New Zealand must move from a “crime prevention” to an “injury prevention” approach to road safety. The approach of simply applying stronger and stronger penalties for alcohol and drug related driving offences must be changed because penalties will not address addictive behaviour. The current penalty based model is clearly not working when hard-core drink drivers continue to be responsible for two thirds of alcohol-related road fatalities. An injury prevention approach also embraces providing the public with informative and helpful education and advertising content.

1:2 Do you agree that getting drunk is considered acceptable drinking behaviour in New Zealand?

The AA considers that New Zealand has a major cultural issue around cars, which includes attitudes to speed and alcohol. These attitudes are fostered not only by vehicle advertising that glorifies power and speed, but also video games, movies and “street racer” culture. In terms of alcohol and driving, while public surveys show a strong acceptance of the “don’t drink and drive” message, anecdotal evidence from recidivist drink-driver training is that recidivist drink-drivers consider that they can safely drink and drive (and have done so hundreds of times, which they consider “proves” them correct). Hence the crucial target group does not accept the basic premise that drink-driving is unacceptable.

1:3. Do you think the risks associated with heavy drinking are well known? If not, what more could be done to make people aware of them?

The AA is extremely concerned that while the bulk of the compliant public are aware of the “don’t drink and drive” message, they are not aware that it is equally risky to drink and walk. The majority of pedestrians killed at night are drunk, and this message has not been raised in publicity campaigns. Further, most people would be unaware of the level of non-road related injury and death attributable to alcohol, nor aware of some of the health and psychiatric risks.

1:4. Do you think the cumulative lifetime risks associated with drinking are well known? If not, what more could be done to make more people aware of them?

The cumulative lifetime risks are not well known. However educating young people about harm can be counterproductive in the youth segments that can be categorised as either “young and reckless” or “deathwish” groups who seek thrills or actively court danger. While educational messages at schools are effective in terms of road safety, the age for purchase of alcohol may make this a less effective site for messages about lifetime alcohol risk. Tertiary institutions, health guidelines and increased parental guidance would be potential avenues.

1:5. Is the management of intoxicated people an acceptable use of a large part of the New Zealand Police resources? If not, what are the alternatives?

General policing is funded differently to traffic enforcement (funded from petrol tax, RUC and motor vehicle licences), and these road user funds are dedicated to road policing. The AA considers it an appropriate use of these funds to ensure the safety of the public from impaired drivers. The AA supports strong Police presence in terms of random roadside alcohol and drug testing. The AA considers however there needs to be increased funding to enable Police to respond more rapidly to public ‘call ins’ of impaired drivers.

The AA is aware that the public consider that there is insufficient funding for general policing and in particular for attending burglaries etc. and resents funds spent on road traffic enforcement (even though the two are not in competition for funds). To this extent we believe that the public would resent Police resources being tied up with managing drunk persons. As such we would support any reasonable measures that would reduce Police time spent on managing impaired persons. Providing greater resourcing for education and treatment could reduce the level of the problem.

1:6. Is the balance in the current law between individual responsibility and providing an environment that is conducive to moderate drinking the correct one? If not, what changes could be made?

New Zealand drivers are inculcated in a culture that admires extreme behaviour. This applies as much to speed as it does to drinking. Rather than emphasise limits authorities should adopt a tone emphasising moderation and that smart people don't go to extremes. This would be aimed to counter those who seek to 'prove something' by doing so. A good example is an Australian advertising campaign against boy racers which encourages people to wag their little finger at young men who use a vehicle to demonstrate their machismo. The same approach could be used for binge drinking.

Evidence suggests that the more a person drinks, the less responsible that person becomes about decisions (eg to drink and drive). It would be useful to provide information to the wider public about signs that a person no longer is capable of individual responsibility, so that they can assist their friends in either moderating their drinking or in sticking with sensible decisions made before they began to drink. New Zealand has a strong individualist culture where it is inappropriate to intervene in our friends making poor decisions (such as to drink and drive). Permission must be given that it is OK to override our friends' poor decisions when they are drunk (that we often know they will regret later anyway).

2. Licensing

2:7. Do you agree with the current system of four types of liquor licence?

The AA considers that the different licences have different effects on decisions whether to drink and drive and that this should be taken into account in deciding the type of licence to award. For example, purchase at a supermarket to drink at home versus purchase in a pub will have a different impact on the kilometres driven drunk as well as levels of alcohol in the blood, but there is little information about which poses the greater risk.

More research needs to be done in this area to determine the effect of where dangerous hard core drink drivers purchase and consume their alcohol and whether changing the types of licences offered could reduce the alcohol-related road toll.

2:8. Should the criteria for licences change and, if so, what should the changes be?

The AA would like to see the road safety implications being part of the criteria for licences. For example, it is distressing to see pubs on main highways with huge carparks. It would be better to include a preference for pubs that have ready public transport and taxi services, and safe walking and cycling routes, rather than being solely accessible by the one mode that they are not allowed to use after drinking and that have unsafe pedestrian access. Further, the closer pubs are to the communities they serve and the more of them, the less distance people drive to get to them.

2:9. Do you think the Liquor Licensing Authority should be retained as the regulator?

The AA has not formed a view on this issue.

2:10. Do you think local views should be taken into account in respect of licences in that area?

While local views can assist with a decision there should be some national consistency about decisions. The road safety aspects should not be ignored and the AA considers that providing a safe drinking environment should take priority over for example aesthetic objections. The integration between licensed premises and safe transport systems should be part of the planning requirements for premises.

3.Hours**3:11. Do you think the hours that restaurants, bars, and clubs can be open should be restricted? If so, what should the hours be?**

Longer opening hours create a road safety issue in that alcohol combined with fatigue is a deadly mix; fatigue crashes are strongly related to circadian rhythms (which are at their lowest and hence sleepest in the small hours of the morning). There are also less public transport options at those times. Further, it is often young people that have the stamina to party late. Allowing tired, inexperienced, drunk drivers onto the road in the middle of the night is a catastrophic combination. Longer hours also encourage the use of drugs and “herbal remedies” to act against the effect of natural fatigue. This merely exacerbates the fatigue effect when the drugs wear off. The AA would support shorter opening hours for bars and clubs; also the “one way” restriction suggested in the paper seems worth exploring.

3:12. Do you think the hours that off-licence premises (including supermarkets and liquor stores) can sell alcohol should be restricted? If so, what should the hours be?

The research needs to be done as to the where drink drivers are buying their alcohol and where are the greatest risk times and places. The hours should be evidence-based around what leads to the greatest risk. Anecdotal evidence suggests that young people purchase and use alcohol prior to heading into town (which may not be until quite late in the evening) , because they are more budget conscious. This would suggest that opening hours for off licences could have an impact on road safety among the most at-risk group, young drivers. These suppositions need to be quantified and tested.

3:13. Should we continue to have specific days on which alcohol cannot be sold?

The AA has not formed an opinion on this issue, but asks that the road safety implications be considered in extending the days.

4. Age**4:14. At what age should a person be able to purchase alcohol in New Zealand?**

The AA cannot comment on other aspects than road safety but is strongly concerned that lower age of purchase of alcohol has internationally been shown to negatively affect road safety outcomes. In particular raising the legal drinking age to 21 years in most States of the United States has had a significant impact in reducing young drivers drinking and driving. Further as noted in the paper, alcohol affects a young driver’s ability (physiologically) significantly more than it does a mature adult. Hence the AA supports the zero BAC limit for young drivers (provided there is a reasonable tolerance for testing error). But a zero alcohol limit would suggest that where a young person can purchase alcohol, alternative transport

options should be available. The AA from a road safety perspective considers that it is worth exploring further the proposal to allow a higher age to purchase alcohol to take away (eg supermarkets, liquor stores) and drink unsupervised while retaining a lower age to drink on the premises (restaurants and pubs) where drinkers are supervised, however we advise we have not specifically surveyed Members on this issue. This may limit the amount that can be drunk (host responsibility requirements to not serve those that are drunk).

Novice drivers' risk decreases strongly with years of driving experience. But the combination of age, inexperience and alcohol creates a huge safety risk for young New Zealanders. The AA suspects that having sufficient years difference between the driving age and the drinking age provides a strong road safety advantage and that this needs to be considered in selecting both a driving age and a drinking age.

Further, as the paper notes, there is research that shows a strong effect that the younger a person starts drinking alcohol, the higher the risk of addiction. The AA considers selection of a minimum drinking age should consider whole of life risk, including road safety risk, in the analysis.

4:15. At what age should a person be able to drink at a pub, club, bar or restaurant?

The AA has no mandate to form a view on this issue

5. Individual and parental responsibility

5:16. Should it be an offence for anyone other than a parent or guardian to supply alcohol to someone under the purchase age?

The AA has no mandate to form a view on this issue

6. Types of products

6:17. Do you think there are any alcohol products that should be banned?

The AA has no mandate to form a view on this issue

6:18. Do you think the rules about supermarkets and grocery stores selling liquor should continue as now?

The AA strongly supports the Commissions recommendation that service stations be NOT allowed to sell alcohol, even where there is an attached supermarket selling from the same site (eg same till). Research needs to be done on the sources of alcohol that are related to road crashes and rules should reflect this evidence about risk.

7. Tax/price

7:19. Do you think the availability of cheap alcohol is contributing to alcohol-related harm?

The AA has no evidence one way or another on this issue. High priced alcohol or legal restrictions may encourage unwanted illegal substitution. A balance is required.

As noted above, there appears to have been success in Australia having differential taxes on some products, particularly those that appeal to young people like RTDs and this should be explored.

7:20. Does the difference in price between alcohol bought from retailers such as supermarkets and liquor stores and alcohol bought in a bar or restaurant influence where you drink?

The AA has no evidence from its Members on this issue.

7: 21. Do you think there is a case for increasing tax or setting a minimum price for alcohol in order to help reduce the amount of alcohol consumed by young people and heavy drinkers?

The AA would support dedicating additional taxes gathered specifically for increasing the availability of treatment and management of alcohol related addiction, particularly for hard core drink-drivers. There is a moral jeopardy from increasing Government revenue from alcohol sales.

8. Advertising

8:22. Should the way alcohol is marketed (including advertising, promotions, and sponsorship) have greater restrictions? If so, what restrictions are appropriate?

The AA supports effective measures to reduce drink-driving and considers the current marketing campaigns on drink-driving should continue. The AA considers that alcohol marketing should ensure that alcohol must not be linked with those attributes (speed, power, competitiveness) that are known to be road safety risks and undermine a safety culture.

The AA also considers that more needs to be done to inform the public about the lifetime risks of alcohol, the risks of early drinking, the links to suicide, and about the large number of drunk pedestrian fatalities.

9. Treatment

9:23. Do you think there is a need for greater emphasis on treatment for people using alcohol in a risky manner?

The AA strongly considers that there needs to be greater emphasis on treatment for persons using alcohol in a risky manner including drink-driving or drink plus drug-driving. The AA considers that all drink driving offenders with blood alcohol over 100mg/100ml should receive an alcohol assessment from a trained assessor, and that judges should have multiple well resourced treatment options available to refer offenders to. The Alcohol and Drug Advisory Council have analysed the need for funding for treatment and consider it should increase six-fold; and estimate that less than 5% of drink drivers receive the treatment they need. This shows a huge gap and unless these people receive treatment it creates an ongoing drink driving problem.

Judges also need to be better educated about the risks of drink (and drink plus drug) driving, about the likelihood of having repeatedly offended without being caught, the chances of reoffending, and be able to recognise and provide individualised sentences that reflect the circumstances and will reduce future risk. Because of the separation of executive and judiciary, Government officials are not in a position to provide this education to judges. Hence some resources should be allocated to the judicial system to enable judges to source their own education on these key issues affecting sentencing severity and effective assessment and treatment options.

10. Penalties

10:24. Should there be increased penalties for serious breaches of the liquor laws?

New Zealand internationally has somewhat light penalties for drink driving at 0.08 BAC levels. There is also less distinction (for example, many countries have lower BAC levels for truck drivers, motorcycles, passenger transport drivers, recidivist drivers etc) as well as separate offences for increasing BACs.

The AA considers that penalties should reflect risk and has seen anecdotal evidence that currently judges are not increasing penalties to reflect risk for high BAC offenders. The AA supports separate offences for higher BAC levels, as is common overseas, and that these offences would carry higher penalties.

Further, the AA is concerned that current penalties are ineffective and plans being set by the Courts are not being followed. The AA strongly supports specialised “impairment courts” where drink drivers would see the same judge, be given personalised programmes and then receive intensive monitoring.

10:25. Should there be greater use of infringement offences for minor breaches of the liquor law?

The AA does not have a view on this but considers that where this is reasonable this could assist in managing drinking issues.

10:26. Should the Police have greater powers to close down bars where there are breaches of law occurring?

The AA does not have a view on this issue; if the Police consider these powers are needed then the AA would support the Police view.

11. Liquor in public places

11:27. Should liquor bans be retained?

The AA strongly supports a ban on open alcohol containers in cars. There is evidence that drunk passengers play a considerable role in drink driving crashes and that drinking in cars is a popular past-time with some rural youth. Given that decision making capability deteriorates the more alcohol is consumed, even passengers drinking in cars can and does lead to road safety issues.

The AA considers that liquor bans are working well in some areas. However the AA is strongly concerned about the high levels of drunk pedestrians being killed and would suggest that authorities should consider road safety risk as a factor in deciding on an liquor ban where public places are linked to higher speed roads.

There may be a need to broaden the application of liquor bans and greater consistency in approach across the country, which could be achieved through the development of voluntary standards.

11:28. If so, can the liquor ban provisions on notification be improved?

The AA has no view on notification of liquor bans.

29. Do you think an offence of drinking in a public place, rather than the liquor ban system, is preferable?

The AA does not have a view about making it an offence to drink in a public place, and considers that the current liquor ban system is a good starting point.

30. Do you think it should be an infringement offence to be drunk in a public place?

While the AA has concerns for the safety of intoxicated pedestrians an offence of being drunk would raise many enforcement problems. Some people may be very drunk while displaying no clear symptoms. How would Police enforce such a law fairly? It seems sensible to retain the wisdom of the Summary Offences Act and restrict Police attention to actions rather than states.

31. Do you have any further comments or suggestions?

The AA asks the Law Commission to also consider as part of this submission its submission to the Ministry of Transport on reducing the impact of alcohol and drug impaired driving.

12.Reducing the impact of alcohol/drug impaired driving

AA **Recommended** Policy Responses, in priority order:

1. *Address hard core drink/drug drivers (HCDD) being recidivists (two or more driving while impaired offences in ten years) and high BAC drivers (over 0.10, or equivalent risk from mixed drugs and alcohol) through:*
 - *tougher, more effective penalties including mandatory alcohol interlocks in recidivists' vehicles both during licence suspension to ensure compliance and record failed attempts) and after licence is returned*
 - *significantly expanded funding (sixfold) to make early alcohol and drug intervention (assessment, education, rehabilitation and treatment) as Court options*
 - *make it harder to reinstate a drink/ drug driver's licence (eg requiring medical and psychological tests, addiction treatment, rehabilitation and/or targeted education)*
 - *increase enforcement of unlicensed drivers to ensure this is an effective sanction*
 - *once reinstated, a recidivist's licence is provisional and carries a zero blood alcohol limit (0.02 blood or 100mcg/l breath)*
 - *give Police power to immediately suspend the licence of a recidivist (with two or more convictions) with breath alcohol of 100 mcg/l of breath until the Court case is heard (provided the driver is able to apply to the Police for licence retention if an alcohol interlock is fitted)*
 - *Increase Police power to confiscate, impound or wheel clamp vehicles or invalidate licence plates who reoffend.*
2. *Create specific drug and alcohol Courts so impaired drivers are met by the same judge each time they appear, and are intensely monitored on compliance with Court-imposed plans. Resourcing and policies should also be applied to speed up Court action and remove technical defences through clear and specific legislation.*
3. *Introduce random roadside drug testing as technology allows including the new (5 minute and soon to be 90 second) saliva tests and for a much wider range of drugs than currently; drivers that fail the roadside alcohol tests should also be tested for drugs to determine total level of risk and hence trigger a correspondingly higher penalty.*

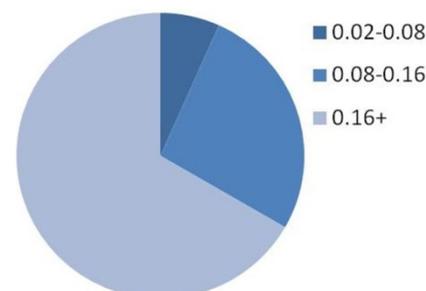
4. *All drivers involved in injury or fatal crashes should be tested for alcohol drugs and medications and assessed for culpability to establish involvement of low BAC alcohol and specific allowable levels of a wide range of drugs and medications (including the combined effects) that impair driving. Such data should direct and inform evidence-based impaired driving policy.*
5. *Hypothecate related fine revenue to alcohol and drug prevention and treatment, including roadside testing facilities, assessment, treatment and rehabilitation; coordinate funding for alcohol and drug prevention and treatment from all affected agencies that have an interest in alcohol and drug treatment (eg NZTA, ACC, Health, WINZ, CYFS).*
6. *Fund an international review of effective interventions, penalties, education and rehabilitation for hard core drink / drug drivers including mandatory interlocks for first time offenders. Undertake research on the number of times drivers have driven drunk or drugged before being detected in New Zealand.*
7. *Increase the severity of penalties (and emphasis on intervention) at higher BACs to better reflect the exponentially increased risk (particularly hard core drink drivers over BAC 0.10); to signal the difference to judges, provide for separate offences at higher BACs; provide for separate offence and higher penalties to reflect the exponentially increased risk for polydrug use (drugs plus alcohol).*
8. *Provide greater education and support for judges in terms of relative risk, effective penalties and availability of evaluation, education, rehabilitation and addiction treatment options for drink and/or drug driving offenders; take the system of Court drug and alcohol workers nationwide.*
9. *Greater funding for road protection features such as median barriers and rumble strips, to protect the innocent public against the consequences of impaired driving.*
10. *Support existing education initiatives (eg SADD) regarding drink driving; educate about practical strategies for avoiding drink or drug driving; promote the voluntary use of alcohol interlocks. Educate about the impact of being caught (loss of licence, criminal conviction, named in the paper, possible loss of employment and ability to travel). In particular target the needs of Maori, who are overrepresented in impaired driving statistics (15% of drivers but causing 42% of alcohol and drug crashes).*
11. *Mandate a nationwide ban on open alcohol containers in vehicles.*
12. *Review the BAC level using an unbiased research agency briefed to include all social costs and benefits, and to consider specifically the effect of combinations of risk factors such as combined alcohol and drugs, medications or fatigue in calculating the likely social cost reductions achievable by any one initiative. Also research the most effective penalty levels for varying levels of BAC/ drug combinations based on international experience. The AA is concerned that the 0.05 limit is being seen as a silver bullet, while the larger issues, especially HCDD, are ignored. While the BAC issue is a much lower priority, there may be merit in a lower limit. This has not been adequately demonstrated to date with large gaps in the New Zealand data and existing analyses that 'cherry pick' the international data.*
13. *If drink-driving legislation is toughened, this should be supported by education and advertising campaigns that maximise the benefit of the changes. If the legal blood*

alcohol limit is lowered, ensure the messages emphasise that it is not safe to switch to drug driving.

14. *Review the penalties for drink or drug driving causing death, because these penalties are lighter than for other ways of culpably causing death (AA Members support a doubling of the for a doubling in the maximum jail term to 10 years).*

15. *Support for a zero blood alcohol limit for drivers under 20 years and commercial drivers is conditional on there being:*

- *a 0.02 tolerance to cover testing errors and drivers for example who drive the next morning, or are affected by perfume or mouthwash;*
- *an administrative penalty between 0.02 and 0.05 so young drivers with trace amounts of alcohol do not get the same penalty and conviction record as an adult over 0.08 BAC and compromise their ability to travel in future.*



16. *Provide additional funding for alternative transport options where this is likely to reduce drink-and/ or drug-impaired driving; ensure evaluation of these services takes account of the road safety benefits of removing drink drivers from the road.*

13. AA Opposed Policy Responses:

- A. *Reducing the legal adult blood alcohol concentration (BAC) limit to 50 mg per 100 ml (BAC 0.05) without further review and adequate evidence.*
- B. *A zero blood alcohol limit for adult drivers not on a Full licence as this is simply discriminatory; adult drivers that have held a Restricted licence for many years are no higher risk than drivers that have a Full licence.*

13.1 Discussion

The graph below, whether or not the data are complete, clearly shows that the main problem is high BAC drivers which is why the AA policies are targeted at hard core drink/drug drivers (HCDD, those over 0.10 BAC or recidivists). We apprehend large numbers of offenders, but interventions focus on punishment not prevention.

New Zealand's penalties for recidivists are relatively light internationally and do not seem to be effective at assisting repeat offenders to modify their habits. ADAC has advised us that "only a small fraction of offenders (5%) receive assessment and treatment to reduce alcohol and drug dependence or education on strategies for avoiding impaired driving in future. Drink drivers are usually on their third or more conviction before judges will order an assessment. 95% of drink drivers disqualified (6-12 months) automatically get their driver's licence back (no assessment or treatment). Over 30% of recidivist drink drivers with "indefinite" licence disqualifications get their licence back within 18 months." More effective measures must be introduced to halt recidivist drink-driving.

Alcohol and drugs are a much wider issue than road safety alone, but the roadside is the only sanctioned point for testing alcohol levels and drug use and hence provides a key point for intervening to reduce wider alcohol and drug related harm in society. The AA considers it

imperative that the road safety and societal aspects of this issue not be separated and that funding for the issue recognises the wide sectoral benefits. The AA calls for greater emphasis on prevention and rehabilitation than on criminalising a greater proportion of the population, and for hypothecation of fines revenue to assist with treatment as well as funding from other sources.

Research by MADD suggests that a driver will have driven drunk 87 times on average before being apprehended for the first time. This blurs the distinction between first time offender and recidivist drink driver. These low apprehension rates call into question both the current 'three strikes' approach and also the short "look back" periods, particularly for HCDD.