

**SUMMARY OF RESPONSES TO CONSULTATION ON  
Enforcement procedures against drink drivers and other offenders**

1. On 22 November 2012 the Department for Transport launched a public consultation on proposed changes in legislation for testing procedures for drink drivers in all transport modes and their remedial training.
2. The consultation period ended on 02<sup>nd</sup> January 2013 and a total of 52 responses were received. Not all individuals or organisations provided responses to all questions. The responses were broken down as follows:

Local Authorities	3
Police	9
Partnerships and voluntary organisations for road safety	9
Approved Driving Instructors	4
Representatives from medicine, academia and legal organisations	9
Private organisations and members of the Public	16
Rail sector	2
<b>TOTAL</b>	<b>52</b>

3. The consultation took the form of a questionnaire composed of 10 questions. Detailed responses to each of these questions are given in paragraph 6 to 48 below. The questions covered the following issues.
  - **Q1-4** Removal of the statutory option and the retention of the current blood to breath ratio
  - **Q5** Changes to when preliminary breath tests are required outside police stations and hospitals.
  - **Q6** Allowing registered healthcare professionals to take blood samples from suspected drink and drug drivers.
  - **Q7** Allowing registered healthcare professionals to provide an assessment whether a condition is due to the presence of drugs in the body.
  - **Q8** Whether the above proposals should be implemented in other transport sectors, e.g. rail, aviation and shipping.
  - **Q9** Whether or not to extend post court rehabilitation schemes to other offences.
  - **Q10** Respondents to agree to evaluation of the use of extended driving tests and other competence tests with a view to considering their use more widely for offences involving disqualification.
4. The Department would like to thank all consultees for their responses. All responses were carefully considered.

5. The DfT also received several responses calling for a reduction in the current drink drive limit. This was not a question asked in the consultation and is not within the scope of the policy area in question.

#### **Question 1 -4 – Removal of the Statutory Option**

##### **6. Responses from Local Authorities:**

All three local authorities agreed on the removal of the statutory option. Only Southampton City Council disagreed with the retention of the blood breath ratio whilst other two offered no response.

##### **7. Responses from Police**

All Police forces and organisations supported the removal of the statutory option from Great Britain and all sectors of transport. All responses indicated that the current breath testing procedures were very accurate and therefore there is no point in expending resources on the provision of the alternative.

The Association of Chief Police Officers (ACPO) responded that evidence from custody suites demonstrate the effectiveness and accuracy of the current instrumentation, and that removal of the option would not disadvantage the drivers but rather result in significant manpower savings. ACPO Scotland noted that some Scottish Forces did have to rely on calling out medical professionals to take blood samples as any delay caused due to distances travelled allows some guilty drivers to avoid prosecution. Humberside police responded that withdrawal of the statutory option will be in the interest of making the application of the drink driving law fairer to suspects and increasing the success rate of prosecution for those who have been caught driving whilst above the prescribed limits.

There was also unanimous agreement on retention of the current blood to breath ratio with ACPO warning of the cost implications of any change.

ACPO also supported the removal of the statutory option from other modes of transport in the interests of consistency.

##### **8. Responses from Partnerships and Voluntary Organisations for road safety**

All road safety partnerships, and major stakeholders for improving road safety favoured the withdrawal of the statutory option.

Apart from BRAKE, all respondents were in favour of keeping current blood to breath ratio as adopting the 2000:1 ratio will raise the drink drive limit in breath. This was considered unacceptable as breath testing is far more widely used in comparison to testing for blood alcohol through blood only testing.

BRAKE urged the government to adapt blood breath ratio of 2,400:1 believing that the lower ratio is far too lenient and the combination of the

current charging threshold and the lower ratio are permitting people to evade prosecution.

Direct Line Group expressed concerns regarding the prospect of lower alcohol limits in Scotland and Northern Ireland. In their view having varying limits can make it difficult for an individual to understand the law on drink driving. They wished to draw the Government's attention to the fact that a number of insurers would be unwilling to indemnify drivers who have been involved in an accident but have subsequently been convicted of drink driving owing to different limits in that part of UK.

The AA commented that the Government needs to be open and frank in their communication about the proposed changes to drink driving law or else it might be seen as a law change by stealth.

**9. Approved driving Instructors**

75% (3 out of 4) of driving instructors favoured the withdrawal of the statutory option and the same number disagreed with retention of the current blood to breath ratio and instead advocated a reduction in the current drink drive limit.

**10. Representatives from medicine academia and legal organisations**

All responses agreed in principle to removal of the statutory option. The Government Chemist noted that the exercise of the statutory option results in additional procedures, involving sample collection, sample transfer and laboratory analysis. Additional court challenges addressing the technical details of the procedures are often used in prosecutions failing for purely procedural reasons. The removal of the statutory option would prevent such 'technical' acquittals.

The Magistrates' Association supported the retention of the existing blood and breath ratio provided the existing charging threshold is maintained.

The Faculty of Forensic and Legal Medicine of the Royal College of Physicians (FFLM) would support the removal of the statutory options in the rail and shipping sectors but wanted to maintain it as an extra safeguard for aviation where the prescribed alcohol limit is set much lower.

**11. Responses from private organisations and members of the public**

The members of the public and other interested groups and organisations provided a mixed response to these questions.

62% agreed with the withdrawal of the statutory option, three disagreed and three did not respond to the question directly. The negative responses defended retaining of the statutory option through arguments related to accuracy of breath testing equipment, validity of the type approval process and refuting the underlying historical research which resulted in the breath alcohol limits.

5 out of 9 who responded to the second question agreed with the retention of the current blood breath ratio. An individual suggested amending it to 2000:1 and letting the Scottish Government retain the option of deciding whether to remove statutory option in Scotland or not. One response suggested amending the blood breath ratio to lower the drink drive limit.

Respondents were divided evenly on the third question with 50% wanting the limits to be able to be set differently around the UK.

There were eight responses to question 4 and they all agreed with withdrawing statutory option from all modes of transport.

## **12. Responses from the rail sector**

Eurostar agreed with removal of the statutory option as well as removing from all modes of transport to maintain consistency. Rail Safety and Standards Board (RSSB) were indifferent to this proposal as railways usually carried out urine testing rather than breath and therefore did not see impact of this proposal on rail operators.

## **Question 5: Changes to when preliminary breath tests**

### **13. Responses from Local Authorities**

Two respondents agreed with the removal of preliminary breath testing where mobile evidential testing equipment is available. The third did not reply to this question.

### **14. Response from Police**

78% of the police supported the removal of the preliminary breath test requirement. Responses from ACPOS, ACPO and the Metropolitan Police pointed to the benefits of this proposal in that the driver would only need to provide breath twice (both on evidential device) rather than three times (one preliminary and two evidential at the police station) and on two different machines, as well as there being cost savings for the police

Kent Police and West Yorkshire Police did not support the proposal. West Yorkshire Police could not see a great deal of benefit in remote evidential testing; if the driver were to provide a positive test an arrest then a visit to the Police Station would be necessary until they are fit to drive again. West Yorkshire police believed that there are only very few cases lost in the driver being found under the limit between preliminary test at the scene and the evidential test at a Police Station.

The Police Federation of England and Wales supported the proposal in principle but wanted to consider further the practical implications of the impact of this on evidential testing.

### **15. Responses from Partnerships and Voluntary Organisations for road safety**

All respondents support the removal of the requirement for a preliminary breath test to be conducted before an evidential breath test once the evidential test devices were type approved.

The AA while wholly supportive urged that consistency be achieved in any new approach for testing drink driving to make it more effective. They also believe that the current procedure which confirms the reading of both preliminary and evidential devices, ensures that there is no doubt in the mind of the driver as to the effectiveness of the technology.

**16. Approved driving Instructors**

50% of respondents agreed with removing the preliminary breath screening where evidential breath screening devices were available. No detailed comments were made.

**17. Representatives from medicine academia and legal organisation**

There was an overall agreement to omitting the requirement for a screening breath sample where evidential testing is undertaken away from a police station.

The Secretary of State for Transport's advisory medical panel on alcohol and drugs in driving raised their concerns about allowing such evidential devices to be used within the healthcare facilities. No reasons were provided for the concerns raised.

**18. Responses from private organisations and members of the public**

6 out of 11 responses agreed with the use of evidential breath testing devices when they are type approved. Five out of eleven responses wished to keep the safeguard, of which one respondent argued that it would help to rule out any false readings.

**19. Responses from the rail sector**

Eurostar supported this proposal provided the evidential breath testing devices were type approved. RSSB informed that owing to statutory obligations placed on Infrastructure Manager (IM) and Railway Undertakings (RU) can already develop their own lists of specific operating incidents where random testing can be carried out. Currently, this is carried out without evidential testing, hence this proposal would have no impact on Rail.

**Question 6; Allowing registered healthcare professionals to take blood samples from suspected drink and drug drivers**

**20. Responses from Local Authorities**

Opinions were divided for using healthcare professionals in enforcement of drink and drug driving. Only North Warks local authority agreed with both proposals.

Darlington local authority did not agree to allow healthcare professionals to take blood samples and Southampton Council asked to clarify the definition of a registered health care professional in Q6<sup>1</sup>.

#### **21. Response from the Police**

All responses acknowledge that healthcare professionals already take blood samples in the police stations therefore extending that to hospitals is only logical.

ACPO and ACPO Scotland point to the benefit of allowing healthcare professionals to collect evidential samples, given that having to arrange for a Police Medical Practitioner to attend Hospital is expensive and time consuming. Evidence can also be lost in the intervening time.

Kent Police pointed out that trying to get the services of a doctor to take blood at hospitals is frequently very difficult and time consuming and likely to result in the loss of a conviction unless back calculations<sup>2</sup> are considered. This causes a great deal of additional work for Police Officers and additional costs for laboratory work.

#### **22. Responses from Partnerships and Voluntary Organisations for road safety**

There was overall support for allowing healthcare professionals to take evidential blood samples outside police stations.

#### **23. Response from approved driving instructors**

All respondents agreed with the proposal.

#### **24. Representatives from medicine academia and legal organisation**

There was a general agreement to expand the scope of healthcare professionals' roles in the enforcement of drink and drug driving. The British Medical Association (BMA) did not support the proposed changes.

Some respondents also raised issues around the practicalities of extending the role of registered healthcare professionals. The Faculty of Forensic and Legal Medicine of the Royal College of Physicians (FFLM) considered that the key factor was that the person taking the evidential blood sample should be appropriately trained to undertake the procedure. The Medical Panel thought that the issue would be the training of these individuals to ensure the samples are collected properly with a syringe and are properly shaken, labelled and packaged to ensure that the sample doesn't clot and that the chain of evidence is maintained.

The BMA did not consider it appropriate to impose additional duties on healthcare professionals based in hospitals as their primary and exclusive responsibility was for patient care rather than the needs of the criminal justice system. They were however content with the disclosure of blood

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<sup>1</sup> Definition of Registered healthcare professional is provided in Home Office Circular [020/2003](#).

<sup>2</sup> If a driver provides a specimen some hours after the time of the alleged offence which is below the legal limit the laboratory may advise that by means of back calculations based upon rates at which the human body eliminates alcohol it is possible to establish that the driver was in excess of the legal limit when the offence occurred.

samples taken for therapeutic reasons including illicit blood and alcohol levels.

- 25. Response from private organisations and members of the public**  
75% agreed with the use of healthcare professional in collecting evidential sample outside police station.

- 26. Responses from the rail sector**  
Eurostar supported healthcare professionals taking blood sample outside police station however they welcomed further guidelines to appropriate place or facility for collection of such evidence. RSSB highlighted again the testing levels required by the Transport and Works Act, as currently consented by railway companies, and that under this proposal it might require to two sets of tests to be carried out on the suspect which could be stressful and humiliating.

**Question 7:. Allowing registered healthcare professionals to provide an assessment whether a condition is due to the presence of drugs in the body.**

- 27. Responses from Local Authorities**  
Only North Warwickshire local authority agreed with the proposals while Darlington local authority did not agree to allow healthcare professionals to take blood samples and could not provide a view on assessment of drug drivers.

- 28. Response from the Police**  
All of the police respondents agree to the proposal of allowing healthcare professional a greater role in helping with enforcement of drink and drug driving. Their only concern is that the healthcare professionals should be appropriately trained and accredited so that their opinion and evidence collection is never disputed in court.

Both ACPO and ACPO Scotland remarked that training and accreditation needs to be provided to both, current doctors and healthcare professionals, to correctly identify whether the driver was impaired at the time of driving and not at the time of examination. Kent Police argued that it is the taking of the evidential sample that should be the main area of focus and not the assessment.

- 29. Responses from Partnerships and Voluntary Organisations for road safety**

There was an overall support for use of healthcare professionals in assessment of drug drives provided they are appropriately trained to an agreed standard.

- 30. Response from approved driving instructors**  
All respondents agreed with the proposal.

- 31. Representatives from medicine academia and legal organisation**

There was a general agreement, provided that the health care professional have appropriate training and can defend their assessment in the court. The BMA did not support the proposed changes.

The BMA also believes that assessment for drug driving is most appropriately carried out by forensic physicians as they have the relevant training, experience and expertise. A number of medical conditions can mimic the effect of drugs; in addition, it is essential that these medical conditions are assessed in a timely manner as some might need prompt medical attention.

The Medical Panel although in principle in favour, would like to see the results of pilots before coming to a definite position.

The FFLM was willing to develop a training package for accredited trainers and to consider holding a central publicly available database or register of those individuals who had completed accredited training.

### **32. Response from private organisations and members of the public**

There was a general agreement but need for appropriate training to carry out this role effectively were iterated as a precondition to agreement for assessment of drug drivers.

Napp Pharmaceuticals strongly objected to the use of healthcare professionals commenting that they would not have full understanding of the effect of various medication or other factors that could cause impairment. Napp also disagreed that a healthcare professional could be trained to the level of experienced forensic physician. In addition, an individual disagreed with trusting judgment of healthcare professional against that of a doctor.

### **33. Responses from the rail sector**

The rail sector did not provide specific comment to this proposal.

## **Question 8: Whether the above proposals should be implemented in other transport sectors, e.g. rail, aviation and shipping**

### **34. Response from Local Authority**

One local authority responded in favour of this. The other two local authorities did not respond to this question.

### **35. Police Response**

78% of the police forces and organisations agreed to extending the proposed reforms to drink and drug drive testing to all modes of transport. Two forces offered no comments.

The ACPO and Police Federation of England and Wales remarked that it would be beneficial to harmonise procedures and options. Humberside Police observed that this would reduce the risk of conflicting legislation across the transport sectors and the possibility of mistakes being made while gathering evidence.



**36. Responses from Partnerships and Voluntary Organisations for road safety**

50% of respondents did not answer this question. Association of Directors of Environment, Economy Planning and Transport (ADEPT), Royal Society for the Prevention of Accidents (RoSPA), RAC and the AA are supportive of carrying out proposed changes to other modes of transport.

**37. Response from Approved driving instructors**

75% of respondents in favour. No additional comments.

**38. Representatives from medicine academia and legal organisation**

There were only two responses to this question and both were in support of extending the proposed changes to all modes of transport.

**39. Response from private organisations and members of the public**

There were eight responses to the question and all agreed on extending other reforms to rail, aviation and shipping sectors.

**40. Responses from the rail sector**

Eurostar supported consistent application of legal processes and standards between Road Traffic Act 1988 and associated railway specific legislation. RSSB recommended not to make any changes to the Railway Group Standard or the current testing standards required by the Railway Group Standard.

**Question 9: Whether or not to extend post court rehabilitation schemes to other offences.**

**41. Response from Local Authority**

Two out of three respondents in this category disagreed with not implementing post court rehabilitation scheme for drivers in foreseeable future. Southampton City Council suggested that education and training has proved more effective than fines / bans /points.

**42. Response from Police**

There was a mixed response from the police organisations to this issue. There has also been some well documented research into the effectiveness and quality of these schemes

Humberside Police agreed with the proposal on the basis that number of people taking up the scheme are lower than those eligible. However, their preference would be to develop schemes like NDORS (National Driver Offender Retraining Scheme) to include additional courses for careless drivers and other offences like drug driving. ACPO Scotland was of the opinion that any training scheme that improves attitude and standard of driving for any convicted offender could in turn improve road safety.

Both North Wales and Kent Police disagreed with the proposal as there is good quality research which suggests that rehabilitation and education are sometimes effective and that any intervention that raises the standard of

poor driving should help to make road safer. Kent Police wanted to see educational interventions in addition to existing penalties for offenders.

ACPO, the Police Federation of England and Wales and West Yorkshire Police agreed with the proposals wholly. It was ACPO's opinion that many offenders at the lower end of offending took NDORS courses in preference to taking 3 penalty points. Those with 7 points or more, are persistent offenders and would not be considered within the scope of NDORS. West Yorkshire Police noted that current approach of offering rehabilitation courses is far too lenient and they would prefer more emphasis on enforcement.

**43. Responses from Partnerships and Voluntary Organisations for road safety**

Apart from the AA, all other road safety organisations that responded to this question agreed that due to low uptake in numbers the post court rehabilitative schemes are no longer financially viable. BRAKE believes that it would be detrimental to offer an additional course to those who have already reached 7 – 11 penalty points when many would have been offered NDORS course in lieu of receiving further points. The RoSPA would like the Department to focus its resources on further development of the NDORS instead of post court rehabilitative courses. The Direct Line Group expressed their concern that implementation of this scheme might cause confusion for customers about disclosure of points to insurers and employers.

The AA suggested improving on existing course coupled with a more bespoke approach to identify triggers to achieve some rehabilitation of these group of offenders.

**44. Response from approved driving Instructors**

75% of respondents in favour of not implementing post court rehabilitation scheme. One instructor commented that post court rehabilitation should not be an alternative to points and disqualification.

**45. Representatives from medicine academia and legal organisation**

There were only two responses to this question. FFLM supported not implementing post –court rehabilitation scheme if NDORS courses remain available and were kept under review.

The Magistrates Association did not agree and in principle believe that it would be useful for courts to be able to offer a discount from the number of points or period of disqualification if a course was completed satisfactorily.

**46. Responses from private organisations and members of the public**

63% (7 out of 11), agreed with not implementing post – court rehabilitation schemes for disqualified drivers and those with 7-11 points.

Those who disagreed felt that there needed to be more research in this area and that education and training was the key in changing bad driving behaviour and attitudes.

**47. Responses from the rail sector**

No response.

**Question 10: Respondents to agree to evaluation of the use of extended driving tests and other competence tests with a view to considering their use more widely for offences involving disqualification.**

**48. Response from Local Authority**

Two out of three respondents agreed with evaluating the extended driving test with a view to considering their use in offences involving disqualification in excess of 56 days. Darlington local authority did not offer any views.

**49. Responses from the Police**

78% were in agreement to evaluate the use of extended driving tests and other competence tests with a view to using them for offences involving disqualification of more than 56 days.

ACPO Scotland is of the opinion that having a longer driving test to the same standard as the normal driving test does not address the reasons for disqualification and that competence tests should be based on conviction. West Yorkshire Police suggested that extended tests should be mandatory for any disqualification over 56 days. Humberside Police also suggested the use of disqualification to address a greater range of driving offences than is currently the case. This may have the additional benefit of allowing a range of bespoke driving tests once s37 of the Road Safety Act 2006 is implemented.

Two police forces offered no reply.

**50. Responses from Partnerships and Voluntary Organisations for road safety**

There was overall agreement to the proposal in this question. Among others, BRAKE welcomed the proposal but requested that the test should be made a compulsory condition for regaining the licence and not for escaping a driving ban.

**51. Response from Approved driving instructors**

Three out of four driving instructors agreed with the proposed evaluation of the use of extended driving tests and other competence tests.

**52. Representatives from medicine academia and legal organisation**

There were only two responses to this question and both agreed with the use of evaluated extended driving tests and other competence tests for offences involving disqualification in excess of 56 days.

**53. Responses from private organisations and members of the public**

Eleven out of twelve responses agreed in the use of extended and other competence tests.

**54. Responses from the rail sector**

No response.

**55. Suggestions submitted by stakeholders on what should be considered in the evaluation of extended driving tests and the New Driver's Act.**

**Magistrate's Association** raised an anomaly that is contained in the current New Driver's Act. This is that it applies only to points, not to disqualifications. The effect is that the more serious the offence, the less likely it is that the driver will be affected. The example cited is that of a driver in his probationary period speeding at 99mph in a 70mph limit might attract 6 points and the revocation of his licence, whereas speeding at 110mph might attract a 14 day disqualification, but no licence revocation. The Association requested consideration of whether it is appropriate for points for all offences to be treated on the same basis, as in some instances it involves wasting DVLA resource in the re-testing of drivers whose driving is not at fault, because they have accumulated 6 or more points from document offences.

**ACPO Scotland** agreed that the process should change so that when a new driver passes their driving test they should have a rolling two year probationary period so that if they accumulate the required points they return to provisional status. If they then pass their test for a second time their two year probationary period should restart.

**RoSPA** suggested an evaluation criteria to identify the effect the Act has on the attitudes, behaviour, re-offending and crash rates of those drivers whose licences are revoked. It should also seek to establish the proportion of drivers who do not regain their driving licence, and the reasons for this, and especially any effect on the level of uninsured/unlicensed driving.

**Association of Drink Drive Approved Providers of Training** urged the Department for Transport to review the current driving test to include or test knowledge and attitude about impairment caused due to drink and drug driving. It was their experience that although many offenders were subjected to an extended test, they had shown a complete disregard of the impairment law.

## **List of Replies from Public Consultation**

### **Local Authorities:**

North Warks  
Darlington  
Southampton City Council

### **Police and Police Associations:**

North Wales Police  
Kent Police  
Metropolitan Police  
Humberside Police  
The Association of Chief Police Officers  
The Association of Chief Police Officers Scotland  
Police federation of England and Wales  
West Yorkshire  
(Greater Manchester Police)

### **Road safety partnerships and organisations**

PACTS  
South Yorks Safety Partnership  
Direct Line Group  
Road Safety Wales  
RoSPA  
ADEPT  
BRAKE  
The RAC  
The AA  
RoadPeace

### **Driver trainers / training organisations**

Michael Brooks  
Ken Irwin  
CMH Rider Training  
TTC UK ADDAPT

### **Representatives from medicine academia and legal organisation**

British Medical Association  
Magistrates Association  
The Faculty of Forensic and Legal Medicine of the Royal College of Physicians  
The Sec State for Transport's advisory medical panel on alcohol, substance misuse and drugs in driving (5 replies from chair and members)  
The Government Chemist

### **Reponses from Interested Groups (included organisations) and Members of the Public**

Prof Hugh Makin  
John Mundy

Mr Alex De Gelas  
Steve Kendall  
Keith Copple  
Ralph Holland  
Gary Spencer-Humphrey  
Andrew Turek  
Mark HB  
John West  
Tony Jones  
Steve James  
D Hobson  
Dtec (manufacturer of Drug detection devices)  
Napp Pharmaceuticals  
Freight Transport Association

## Summary Analysis of responses to consultation

	LA ad Council		Police		Road safety Org		Driving Instructors		Medicine, Academia & Law		Interested Groups/ Public	
		%		%		%		%		%		%
<b>Q1</b>												
Yes	2	67	9	100	9	100	3	75	3	60	10	62
No	1	33					1	25	1	20	3	19
No comment									1		3	
<b>Q2</b>												
Yes			8	89	8	89	1	25	4	80	5	31
No	1	33	1	11			3	75			6	38
No comment	2				1				1		5	
<b>Q3</b>												
Yes	0						1	25			1	6
No	1	33	9	100	8	89			3	60	5	31
No comment	2		0		1		3		2		10	
<b>Q4</b>												
Yes	1	33	7	78	5	56	2	50	3	60	9	56
No												
No comment	2		2		4		2		2		7	
<b>Q5</b>												
Yes	2	67	7	78	9	100	2	50	3	60	6	38
No			2	22			2	50			5	31
No comment	1								2		5	
<b>Q6</b>												
Yes	1	33	9	100	8	89	4	100	2	40	11	69
No	1	33							2	40	1	6
No comment	1				1				1		4	
<b>Q7</b>												
Yes	1	33	8	88	8	89	2	50	2	40	4	25
No	1	33	1	12					1	20	4	25
No comment					1		2		2		8	
<b>Q8</b>												
Yes	1	33	7	78	4	44	3	75	2	40	8	50
No			0									
No comment	2		2		5		1		3		8	
<b>Q9</b>												
Yes	1	33	4	44	6	67	3	75	1	20	7	44
No	2	67	4	44	1	11	1	25	1	20	4	25
No comment			1		2				3		5	
<b>Q10</b>												
Yes	2	67	7	78	8	89	3	75	2	40	11	69
No							1	25	3	60	1	6
No comment	1		2		1						4	

**Consultation questions:**

Q1. Should the statutory option be withdrawn or not?

Q2. Do you agree with the retention of the implied blood to breath alcohol concentration ratio of 2,300:1 for the prescribed limit upon the withdrawal of the statutory option? If not should a ratio of 2,000:1 (or what other ratio) be used with a higher prescribed breath alcohol concentration or with lower prescribed blood and urine alcohol concentrations?

Q3. Are there any issues related to the statutory option which you consider might justify a different position about whether to withdraw it or not in different parts of Great Britain?

Q4. Should the statutory option be withdrawn in the rail, shipping and aviation sectors? If not in which sectors should it be kept?

Q5. Should the requirement for a preliminary breath test prior to the requirement for an evidential breath test outside a police station or hospital be removed?

Q6. Should legislation be amended to allow registered health care professionals to take evidential blood specimens for drink and drug driving proceedings elsewhere than at a police station?

Q7. Do you have any comments on the proposal to allow registered healthcare professionals as well as doctors to answer the question about whether the condition of a drug driving suspect might be due to a drug?

Q8. Do you consider whether any changes (related to preliminary breath tests, testing procedures in hospitals and the question of whether a condition is due to drugs) made to the Road Traffic Act should be extended to: (a) the Railways and Transport Safety Act for aviation; (b) the Railways and Transport Safety Act for shipping; (c) the Transport and Works Act for rail (including the power to conduct evidential breath tests outside police stations)?

Q9. Do you agree that post-court rehabilitation schemes for drivers disqualified due to speeding, careless driving and other offences and for offenders with 7-11 penalty points should not be implemented for the foreseeable future?

Q10. Do you agree that in principle the use of extended driving tests and other competence tests should be evaluated with a view to considering their use more widely offences involving disqualification in excess of 56 days?