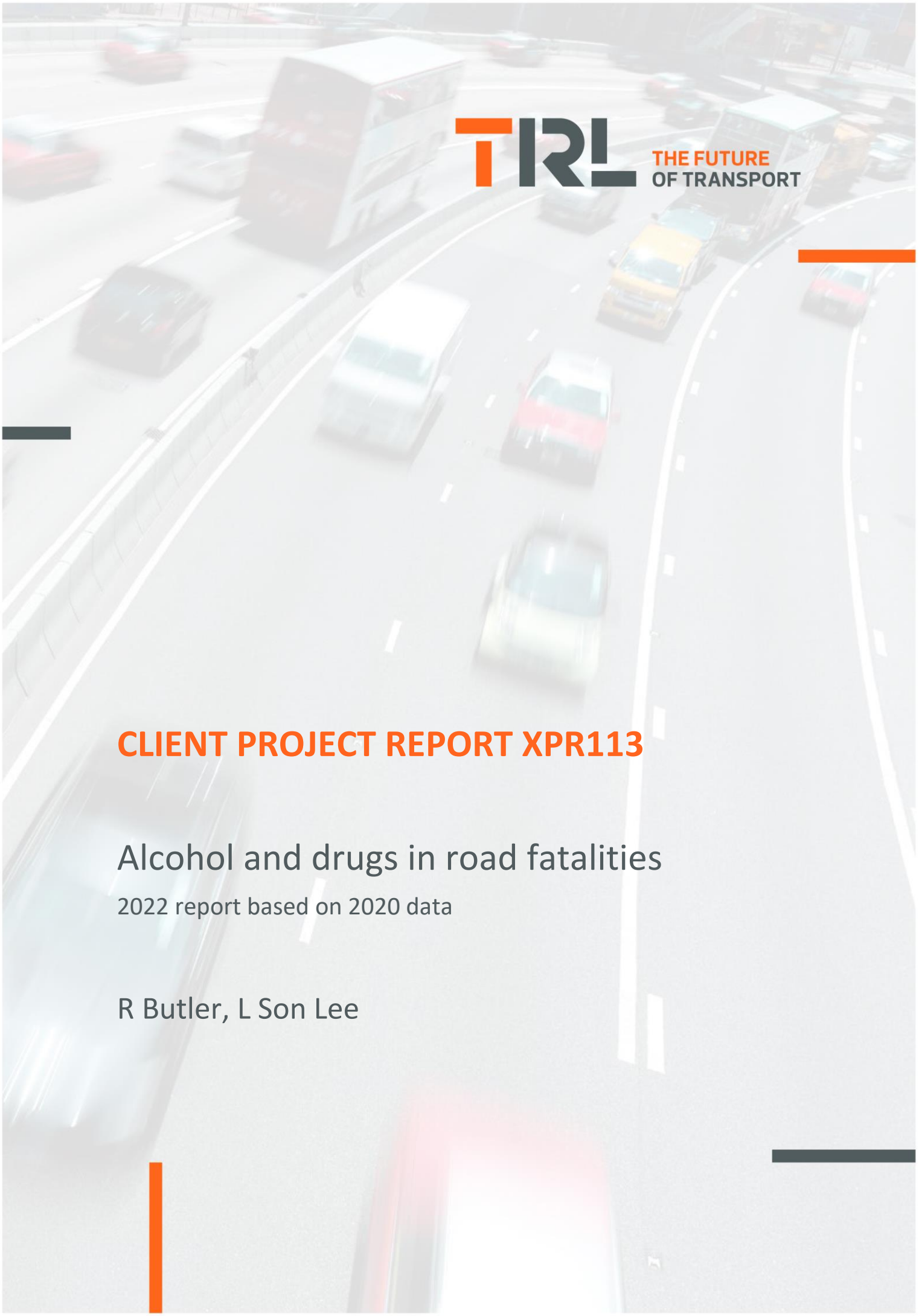

THE FUTURE OF TRANSPORT

# CLIENT PROJECT REPORT XPR113

## Alcohol and drugs in road fatalities

2022 report based on 2020 data

R Butler, L Son Lee

## Report details

| | |
|---|---|
| **Report prepared for:** | DfT |
| **Project/customer reference:** | 1-555 |
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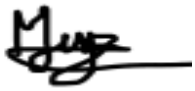
|---|---|---|---|
| M Joyce<br>(Project Manager) |  | L Smith<br>(Technical Reviewer) |  |

## Disclaimer

# Contents

# 1 Introduction

The national database of recorded injury collisions, Stats19, is based on data collected by the police and is collated by DfT for use in monitoring road safety. The Stats19 data includes the results of breath tests conducted for drivers and riders in collisions but these data are not available for fatalities. Therefore, this project collects Blood Alcohol Concentration (BAC) data for fatalities to supplement the breath test data to monitor the number of drink drive casualties.

BAC levels for road traffic fatalities aged 16 or older have been recorded by coroners in England and Wales since 1967 and by SFIUs[1] in Scotland since 1978. These data have been collated by TRL for over 30 years and have become the principal source of information on the role of alcohol in fatal road collisions.

Many coroners and SFIUs now also record whether there were any drugs present in road traffic fatalities, based on toxicology reports. The role of drugs in road collisions has become a topic of concern and therefore DfT commissioned TRL to collect additional data from the coroners and SFIUs on the presence of drugs in road traffic fatalities.

This report covers data for fatal road collisions that occurred in 2020 and contains an overview of the data collection method, a summary of the BAC and drug data collected, and the results of more detailed BAC analysis.

[1] Scottish Fatal Investigation Units. SFIUs were created in 2012 and are part of the Crown Office and Procurator Fiscal Service (COPFS) in Scotland and investigate accidental or unexplained deaths (http://www.copfs.gov.uk/investigating-deaths/our-role-in-investigating-deaths).

# 2 Data collection

## 2.1 Method

BAC and drug data for road traffic fatalities that occurred in 2020 were received from coroners and SFIUs from the start of 2020 until end of June 2022. The data were gathered via a data collection form, known as the L407 (see Appendix A) and entered into a database.

Some coroners and SFIUs provide us with forms when they have completed a case for a road fatality, whilst others require us to indicate for which names data are required. Coroners and SFIUs do not hold the Stats19 accident reference numbers in their databases, so it is necessary to obtain fatality names to enable coroners and SFIUs to identify cases for which we require data. DfT provided us with provisional Stats19 data in early 2021. For those police forces using CRASH, this included the names of fatalities, for the remaining police forces we requested police forces to send us a list of all road traffic fatality names for 2020. Data already received from coroners and SFIUs were matched with Stats19 collision data for 2020 using an algorithm once the full provisional 2020 Stats19 dataset was received in July 2021. This enabled fatalities for which there remained outstanding data to be identified. Names of those fatalities with outstanding data were actively sought from police forces, by providing the police with information extracted from Stats19 (the accident reference number, accident date and time, and age and gender of the fatality). Police forces were also asked to supply the name of the coroner or SFIU area that dealt with each case, although this information is not always available to the police. This process was repeated when the final published dataset was received to finalise the list of fatalities for which data was required.

Responses were received from all of the 51 police forces that were contacted; however, for three police forces the fatality names were received from DfT through CRASH[2]. There was one fatality for which the name could not be found by police forces that responded to our request. One police force chose to send the names straight to the coroner, however the coroner was unable to trace the cases and therefore we did not receive the names from this police force until April 2022. Memorandums of Understanding for data sharing have been agreed between DfT and several police forces to enable the sharing of fatality names with TRL.

Once the fatality names had been received, an algorithm was used to indicate the corresponding coroner(s) or SFIU(s) for each case (where this information had not been supplied by the police). The relevant coroner or SFIU was then asked to supply BAC and drug data for each fatality that they dealt with. To make this process as simple as possible for the coroners and SFIUs, TRL created partially completed L407 forms for each case using data supplied in Stats19 and by the police. The majority of these were emailed to the coroners and SFIUs, although some coroners preferred to have a paper copy posted). Some coroners and SFIUs responded with the required data after our initial request; others were re-contacted on subsequent occasions to obtain the data.

[2] CRaSh: Collision Recording and Sharing

Coroners and SFIUs were also asked to supply or clarify missing or incomplete data on the L407 forms that they had provided, such as time of death or drug data.

Some road traffic fatalities are not tested for BAC level and/or drugs for several reasons, such as timescales or medical reasons. Toxicological analysis is also more likely to be requested for some groups (e.g. drivers and motorcyclists) than for others (e.g. passengers and pedestrians).

Of the 87 coroners and SFIUs in Great Britain, 84 provided us with some data and 82 of these supplied some drug data in addition to the BAC data (the 2 that did not provide drug data only provided data for 4 fatalities in total). Some coroners and SFIUs were unable to provide all or some of the requested data for several reasons, including:

- Ongoing criminal proceedings (64% of requested but unreceived 2020 forms)
- Inability to locate information (12% of requested but unreceived 2020 forms)
- They did not have the resource to return the forms (9% of requested but unreceived 2020 forms)
- Died due to natural causes/suicide/murder (1% of requested but unreceived 2020 forms)
- Other reasons (1% of requested but unreceived 2020 forms)

The remaining 13% of forms were not received for reasons unknown.

## 2.2 Data quality

Data collection requires coroners, SFIUs, or their staff, to complete an L407 form electronically or manually, and to send the form to TRL. TRL staff then input the data into the database at TRL. The data can therefore be prone to transcribing errors or other mistakes.

To ensure quality of the final data set, various checks are run throughout the process. Checks are run on the data as it is entered, every month before the monthly report is produced, before first matching with the Stats19 data (in the year following the collisions) and before closing the dataset in June (of the year following Stats19 availability). These checks are detailed below.

Data entry checks:

- Check the following fields are completed:
    - Collision date and time (if time unknown then assume 00:01)
    - Death date and time (if time unknown then assume 23:59)
- Date of death is after date of collision
- Date of death is before data entry date
- Age at collision is within 5 years of the age calculated as the difference between the date of birth and the date of death.
- BAC level lies within BAC range (i.e that the numeric value entered lies within the range entered).

- The combination of fatality name and coroner or SFIU area is not a duplicate

Monthly report checks:

- BAC level lies within BAC range (to double check no entries have bypassed the check above)
- Check combined date time fields match individual date and time fields (collision and death – in case any records have been updated)
- Check of dates for anyone who died more than 30 days after the collision

Annual report checks:

- Check that there are no L407 records matched to multiple Stats19 fatalities and that there are no Stats19 fatalities matched to multiple L407 records
- Check cases with matching full names, check sample of matching initial and surname
- Check that cases with drug data have 'drug toxicology requested' set to yes on L407 and those with 'drug data from' = 'toxicology report' have drug data recorded
- Check that the number of Stats19 fatalities with a match to an L407 fatality is the same as the number of L407 fatalities with a match to a Stats19 fatality

## 2.3 Drug data collection

Coroners had the option to provide drug data in the table on the L407 form or to provide a copy of the toxicology report. The toxicology reports varied in style and level of detail provided. Some included details of all of the drugs tested for, and indicated those where positive results were found, whereas other reports included phrases such as 'tests for common drugs of abuse showed no positive results.

Drug data from the toxicology reports and the L407 forms were entered into the database. The data recorded included:

- Type of sample (for example, blood, urine)
- If a drug was found, the name of the drug, and the level as described in the report, either qualitatively (such as 'present') or quantitatively (for example, 27mg/100ml)
- If toxicological analysis for drugs was carried out but no drugs were found, a record was entered into the data to indicate this

Cases were included in the analysis whatever the time elapsed between the collision, death and sample, since different drugs are detectable for a different amount of time in the body and it would be difficult to identify an appropriate elapsed time for all drugs.

The drug levels were not checked to assess whether any of the values were exceedingly high. This is because there are many drugs recorded and the levels are very variable. However, it would be useful in the future to check the levels and units for those drugs included in the drug driving legislation.

No attempt has been made to determine whether the level of a drug would have caused impairment at the time of the collision, since this is due to many factors such as the time

elapsed since the drug was last taken, metabolisation rates, whether drugs were found in blood and/or urine, a person's previous use of the drug, and whether the drug was used in combination with other drugs and/or alcohol.

## 2.4 Availability of data

Table 1 gives a summary of the number of fatalities in Stats19 for 2019 and 2020, the number of L407 forms returned that were matched to Stats19 and those cases where BAC data were available and some drug testing was carried out.

As in previous studies, only data from adult fatalities that died within 12 hours of a collision are used for analysis of blood alcohol levels.

**Table 1: Number of cases and percentage of Stats19 fatalities with BAC and drug data**

| Number of cases: | 2019 | 2019% | 2020 | 2020% |
|---|---|---|---|---|
| Stats19 fatalities aged 16 or over | 1,713 | 100% | 1,419 | 100% |
| Data from coroners and SFIUs for fatalities aged 16 or over with match to Stats19 | 1,355 | 79% | 1,072 | 76% |
| Of which fatalities died within 12 hours of collision | 962 | 56% | 792 | 56% |
| Of which with BAC data available | 796 | 46% | 650 | 46% |
| Of which with some drug data received from coroners and SFIUs | 958 | 56% | 778 | 55% |
| Number adult fatalities who died within 12 hours of a collision with known BAC but not matched to Stats19 | 24 | - | 22 | - |
| Number adult fatalities with some drug data received but not matched to Stats19 | 28 | - | 29 | - |

There were 1,419 adult road traffic fatalities reported in 2020. 1,072 of these (76%) were matched with data received from the coroners and SFIUs, slightly lower than the proportion in 2019. Those cases where the death occurred more than 12 hours after the collision, or where the BAC was unknown, were excluded, which reduced the data available for analysis of BAC to 650 cases (46% of adult fatalities in Stats19).

The unknown BACs include those cases where no sample was taken, the sample was not analysed, or the result was unknown.

In 2020 55% of Stats19 fatalities were matched with data that included some drug testing (which may have been that no drugs were found), a slight decrease from 56% in 2019. Different drugs have different metabolisation rates in different people and therefore, in contrast to the BAC data, a restriction on the time of death relative to the collision has not been used for drug data analysis. Therefore in total, there are a greater number of fatalities with drug data available for analysis than the number with useable BAC data.

The descriptions of analytical findings contained in the toxicology reports varied considerably, with a variety of terms being used to indicate presence or otherwise of drugs. In some cases, there was no descriptive term, but a numeric level was entered, and in some cases this

numeric level was given in terms of 'less than…'. In some cases, both a descriptive term and a numeric level (or 'less than…') was provided.

Many of the toxicology reports did not list all of the drugs that the test would have identified; they listed only those drugs where the analysis showed positive results. The drugs reported may have been medication or drugs of abuse used before the collision, which may have impaired a road user, or may have been used in emergency medical treatment, although some drugs can be abused or used medically.

Discussions with some of the providers of toxicology reports confirmed that the analysis methods used (for example, gas or liquid chromatography-mass spectrometry) analyse samples for a wide range of drugs rather than samples being individually tested for specific drugs, although the range of drugs tested for by different laboratories is likely to differ.

The drug data for 2020 are not analysed further in this report; analysis of data from 2014-2018 is analysed further in a separate report (J Hammond, 2021) which includes analysis of types of drugs.

There were 22 fatalities in 2020 for which death occurred within 12 hours of the collision and BAC data were available but which could not be matched with Stats19 records. Of these, all 22 fatalities also had drug data recorded. There were also an additional 7 unmatched fatalities with drug data recorded where the fatality either did not die within 12 hours or did not have BAC data recorded.

From the short text descriptions of the collisions received with the blood alcohol data, it appears that five of the 22 unmatched fatalities with BAC data and died within 12 hours were not in Stats19 because they were as a result of collisions which occurred on private land or suicides, neither of which should be included in Stats19. Of the remaining 17 fatalities, one cases were included in the provisional Stats19 but not the final Stats19. This indicates that these forms were proactively sent out and responses were received from the Coroner. It was not clear why the remaining 16 fatalities were unmatched; they may also fall under these categories (died abroad, on private land, suicide, or natural causes) as the descriptions are not very comprehensive, or some cases may have been received from coroners proactively but coded in Stats19 as a serious injury if the death did not occur at the scene and the Stats19 record was not updated.

Of the additional 7 unmatched fatalities with drug data, one was as a result of a possible suicide and one occurred on private land, and so would not be included in Stats19. The reasons for the remaining five not matching with Stats19 are not clear.

## 2.5 Availability of data for fatality and collision characteristics

The following tables give, for various fatality and collision characteristics:

- The number of adult fatalities in Stats19
- The number of adult fatalities with valid BAC data who died within 12 hours and matched with Stats19
- The number of adult fatalities with drug data and matched with Stats19

Note that the figures give the number of fatalities tested, including both those above and below the BAC limit and those with and without drugs detected.

Table 2 shows the number of fatalities in 2020 by road user type and the availability of BAC and toxicology data.

**Table 2: Samples by road user group**

| Road user group | Number of fatalities in Stats19 | Number of fatalities who died within 12 hours with valid BAC data | | Number of fatalities with drug data | |
|---|---|---|---|---|---|
| | | Number | % of Stats19 | Number | % of Stats19 |
| Pedestrian | 324 | 111 | 34% | 134 | 41% |
| Pedal cyclist | 132 | 43 | 33% | 60 | 45% |
| Motorcyclist | 285 | 172 | 60% | 193 | 68% |
| Car driver | 449 | 237 | 53% | 286 | 64% |
| Goods vehicle driver | 43 | 25 | 58% | 30 | 70% |
| Other road user | 9 | 6 | 67% | 7 | 78% |
| Passenger | 177 | 56 | 32% | 68 | 38% |
| **Total** | **1,419** | **650** | **46%** | **778** | **55%** |

Pedal cyclists and motorcyclists include riders and passengers. Car drivers include taxi and minibus drivers. Goods vehicle drivers include vehicles of LGVs (≤3.5t) and HGVs (>3.5t). Bus/coach drivers, horse riders and user of mobility scooters are included in Other road user.

Table 2 shows that a higher percentage of motor vehicle drivers (cars, goods vehicles and motorcycles) have valid BAC data and drug data than non-drivers (pedestrians, pedal cyclists and passengers). This is also the case for toxicology data. This could be because passengers and pedestrians are not subject to any legal limits for alcohol or drugs and therefore some coroners do not request BAC and toxicology tests for these road user groups.

**Table 3: Samples by age group**

| Age group | Number of fatalities in Stats19 | Number of fatalities who died within 12 hours with valid BAC data | | Number of fatalities with drug data | |
|---|---|---|---|---|---|
| | | Number | % of Stats19 | Number | % of Stats19 |
| 16-19 | 81 | 37 | 46% | 46 | 57% |
| 20-24 | 137 | 81 | 59% | 97 | 71% |
| 25-29 | 141 | 82 | 58% | 94 | 67% |
| 30-39 | 228 | 117 | 51% | 138 | 61% |
| 40-49 | 182 | 95 | 52% | 114 | 63% |
| 50-59 | 215 | 105 | 49% | 118 | 55% |
| 60+ | 435 | 133 | 31% | 171 | 39% |
| **All ages** | **1,419** | **650** | **46%** | **778** | **55%** |

Table 3 shows number of fatalities with valid BAC data and toxicology by age group. The age group with the highest percentage of fatalities with valid BAC data is the 20-24 age group which has 59% of fatalities with BAC data. The 20-24 age group also has the highest percentage of fatalities with toxicology data (71%) (both these figures are not inclusive of the

"unknown" category which only has 12 fatalities). For both BAC and toxicology, the percentage of fatalities with BAC and drug data is lowest for the 60+ age group.

For both BAC and toxicology, Table 4 shows that a higher percentage of male fatalities had data than female fatalities. Also, the number of male fatalities is considerably larger than the number of female fatalities.

**Table 4: Samples for males and females**

| Sex | Number of fatalities in Stats19 | Number of fatalities who died within 12 hours with valid BAC data | | Number of fatalities with drug data | |
|---|---|---|---|---|---|
| | | Number | % of Stats19 | Number | % of Stats19 |
| Male | 1,103 | 534 | 48% | 633 | 57% |
| Female | 316 | 116 | 37% | 145 | 46% |
| **Total** | **1,419** | **650** | **46%** | **778** | **55%** |

Table 5 shows the availability of BAC and toxicology by time period of the collision.

**Table 5: Samples by time of day**

| Time period | Number of fatalities in Stats19 | Number of fatalities who died within 12 hours with valid BAC data | | Number of fatalities with drug data | |
|---|---|---|---|---|---|
| | | Number | % of Stats19 | Number | % of Stats19 |
| 22:00-03:59 | 266 | 135 | 51% | 166 | 62% |
| 04:00-21:59 | 1,153 | 515 | 45% | 612 | 53% |
| **All days and times** | **1,419** | **650** | **46%** | **778** | **55%** |

The percentage of fatalities with BAC data is higher for collisions that happened between 22:00 and 03:59 than between 04:00 and 21:59, and this is also the case for the drug data. However, there is a much greater proportion of collisions that occurred between 04:00 and 21:59 than between 22:00 and 03:59.

# 3 Blood alcohol data analysis

Table 6 ,Table 7 and

Table 8 show summaries of the BAC data for 2019 and 2020. The figures for Scotland are presented separately to those for England and Wales because the legal limit in Scotland was reduced to 50mg/100ml of blood in December 2014. Note that the figures in these tables include drivers, riders, passengers and pedestrians.

**Table 6: Number and percentages of fatalities by BAC level – England & Wales**

| | | 2019 | 2019% | 2020 | 2020% |
|---|---|---|---|---|---|
| Fatalities aged 16 or over (Stats19) | | 1,550 | - | 1,282 | - |
| Fatalities with known BAC (and died within 12 hours) (Stats19 matched with L407) | | 704 | 100% | 595 | 100% |
| Fatalities with a known BAC exceeding (mg/100ml): | 9 | 240 | 34% | 220 | 37% |
| | 50 | 183 | 26% | 149 | 25% |
| | **80** | **169** | **24%** | **135** | **23%** |
| | 100 | 160 | 23% | 130 | 22% |
| | 150 | 123 | 17% | 100 | 17% |
| | 200 | 64 | 9% | 65 | 11% |

Overall, 23% of the total fatalities in England and Wales in the database for 2020 had a BAC level above the legal limit of 80mg/100ml and 11% had at a BAC level of 200mg/100ml or above. The proportion of driver/motorcycle rider fatalities with a BAC level over the legal limit was 18%.

**Table 7: Number and percentages of fatalities by BAC level – Scotland**

| | | 2019 | 2019% | 2020 | 2020% |
|---|---|---|---|---|---|
| Fatalities aged 16 or over (Stats19) | | 163 | - | 137 | - |
| Fatalities with known BAC (and died within 12 hours) (Stats19 matched with L407) | | 92 | 100% | 55 | 100% |
| Fatalities with a known BAC exceeding (mg/100ml): | 9 | 22 | 24% | 15 | 27% |
| | **50** | **13** | **14%** | **11** | **20%** |
| | 80 | 10 | 11% | 9 | 16% |
| | 100 | 10 | 11% | 9 | 16% |
| | 150 | 8 | 9% | 8 | 15% |
| | 200 | 6 | 7% | 5 | 9% |

**Table 8: Number and percentages of driver and motorcycle rider fatalities by BAC level in 2020**

| | | England & Wales | | Scotland | |
|---|---|---|---|---|---|
| Fatalities aged 16 or over (Stats19) | | 702 | - | 74 | - |
| Fatalities with known BAC (and died within 12 hours) (Stats19 matched with L407) | | 397 | 100% | 38 | 100% |
| Fatalities with a known BAC exceeding (mg/100ml): | 9 | 128 | 32% | 10 | 26% |
| | 50 | 79 | 20% | **7** | **18%** |
| | 80 | **70** | **18%** | 5 | 13% |
| | 100 | 67 | 17% | 5 | 13% |
| | 150 | 49 | 12% | 4 | 11% |
| | 200 | 34 | 9% | 3 | 8% |

Of the total fatalities in Scotland in 2020 in the database, 20% had a BAC level above the legal limit of 50mg/100ml and 9% had at a BAC level of 200mg/100ml or above. The proportion of driver fatalities with a BAC level over the legal limit was 18%.

The proportions of both total fatalities and driver fatalities in Scotland with a BAC level over the legal limit in 2020 have increased compared with 2019. However, the number of fatalities with known BAC data in Scotland was lower in 2020.

# 4 Summary

Coroners and SFIUs were asked to supply BAC and drug data for adult road traffic fatalities that occurred in 2020. The data were matched with the fatalities in the Stats19 database of collisions reported to and by the police.

Out of a total of 1,419 adult road traffic fatalities in Stats19, there were 650 cases where data were supplied by the coroners or SFIUs, where the death was within 12 hours of the collision and where the blood alcohol level was known. There were 778 cases matched to Stats19 that were tested for the presence of drugs and for which the results were made available by the coroners and SFIUs.

The following groups of fatalities had a lower of availability of data, which may suggest bias in the data relating to which fatalities a coroner provides BAC and drug data, or, in the case of the BAC data, there may be differences in the time between the collision and death for different type of fatalities.

- Passengers, pedal cyclists and pedestrians (for whom the drink or drug driving legislation does not apply)
- Ages 60+
- Females

Further engagement with coroners, SFIUs and toxicologists to understand the decision-making process for requesting toxicology and the interpretation of the results would help to understand any possible bias.

Overall based on the data received, 23% of all fatalities and 18% of driver/motorcycle riders in England and Wales had a BAC that was over the English and Welsh legal alcohol limit of 80mg/100ml. 20% of all fatalities and 18% of driver/motorcycle riders in Scotland had a BAC that was over the Scottish limit of 50mg/100ml.

The BAC data are used by DfT in conjunction with the Stats19 data to report on the number of drink drive casualties. The recent analysis of the toxicology data (J Hammond, 2021) shows the potential of the toxicology data to be used for reporting road deaths involving different types of drugs, although it remains difficult to know whether the drugs present would have impaired the driver.

The data on alcohol and drugs in road fatalities could also be used to identify the types of collisions involving alcohol and/or drugs and the drugs identified to target educational measures or to develop case studies.

## Acknowledgements

The authors would like to thank the police forces of Great Britain, the coroners of England and Wales, and the SFIUs for supplying data for this study.

# Appendix A L407 data collection form

Department for Transport TRL

**OFFICIAL – SENSITIVE**
**TRL FORM L407**
**Details of a fatal road casualty**

The information provided on this form is used by the Department for Transport to monitor road safety and inform drug and drink-driving policies.

Please take the time to provide as much information as you can. Your collaboration is highly appreciated.

If you have any queries, please contact us at **L407data@trl.co.uk**

**Accident details**

| | | | |
|---|---|---|---|
| Did the accident occur at a public road in Great Britain?[1] | | Yes ☐ | No ☐ |
| Forename of the deceased: | | Date of the accident | |
| Surname of the deceased: | | Time of the accident | |
| Gender: | | **Date of death:** | |
| Date of birth: | | **Time of death:** | |
| Age at death: | | | |

**Was a blood sample taken and analysed for alcohol?**

| | |
|---|---|
| *Yes* ☐ | If *YES*, please indicate the level below: |
| *No* ☐ | _____ mg alcohol/100 ml blood |

| **Was the deceased:** | | | **Select the type of vehicle (if applicable):** | | |
|---|---|---|---|---|---|
| A driver/rider ☐ | A passenger ☐ | A pedal cyclist ☐ | Car/taxi ☐ | Motorcycle ☐ | Van/lorry ☐ |
| A pedestrian ☐ | Other ☐ | Not known ☐ | Bus/coach ☐ | Other ☐ | Not known ☐ |

Was toxicology requested for drugs other than alcohol (including medicines)?

Yes ☐ No ☐

***If Yes,*** could you send us a copy attached to this form at the return address (see next page):

**Yes,** I have attached ☐ **No,** I cannot attach ☐

***If Not attached***, please use the table on the back to indicate ALL drugs that were detected as per the toxicology report.

*[1] We are only interested in accidents occurring on public roads in GB. If your answer is "NO" then you do not need to fill this form. For example, car parks and private roads should not be included.*

*TURN PAGE ->*

| Drugs/metabolites<br><br>*E.g.* Naproxen, Opiates Carboxy-THC | Sample type<br><br>*E.g.* Blood, Urine | Numeric value<br><br>*E.g.* 35, 60, 55 | Units<br><br>*E.g.* g/L, mg/ml | Description<br><br>*E.g.* Positive, low concentration detected |
|---|---|---|---|---|
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| | | | | |
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| | | | | |

*Briefly provide any other relevant information about the accident:*

Please return this form to:

FREEPOST RTUZ–ZBZS–ZGUT
MRS SU BUTTRESS, SAFETY GROUP
TRL
CROWTHORNE HOUSE
NINE MILE RIDE
WOKINGHAM
RG40 3GA

THANK YOU

If you wish to claim a fee for this return at the standard rate, please tick: ☐

Name of person completed this form: _____

Name of coroner/procurator fiscal: _____

Area/ District: _____

Signed: _____ Date: _____

Please tick if you require: Additional forms ☐ Pre-paid envelopes ☐

OFFICE USE ONLY
Accref: Vehref: Casref:

# Alcohol and drugs in road fatalities

This report summarises the collection of blood alcohol content (BAC) and drug data for road traffic fatalities in 2020. These data are collected every year from Coroners and Scottish Fatal Investigation Units, matched to the Stats19 database of reported injury collisions in Great Britain, and delivered to the Department for Transport to help inform their drink driving statistics. This report contains an overview of the data collection method and a summary of BAC and drug data availability. More detailed analysis is also presented including breakdowns of BAC and drug data availability by road user class, fatality age and gender and time of collision. In addition, the BAC data have been analysed to examine the proportion of fatalities with BAC data recordednalysis is also presented including breakdowns of BAC and drug data availability by road user class, fatality age and gender and time of collision. In addition, the BAC data have been analysed to examine the proportion of fatalities with BAC data recorded which were over the legal limit for driving. which were over the legal limit for driving.

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