

2019

Fatal and Serious (KSI) Road Traffic Collisions caused by Drink Driving, Northern Ireland 2013-2017

This bespoke analysis was commissioned by Safe and Sustainable Travel Division, DFI. The purpose of the research is to review drink driving fatal and serious collisions data to identify any emerging issues in relation to when and where these occur and to examine the profile of those drivers responsible.

Bespoke Analysis

Analysis, Statistics & Research Branch

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CONTENTS PAGE

Infographic.....	Page 3
Introduction.....	Page 4
Trend Information.....	Page 5
Context.....	Page 7
Profile of drivers responsible.....	Page 8
Profile of KSI casualties.....	Page 9
Responsibility.....	Page 11
Time and Month.....	Page 12
Speed limit of road	Page 15
Single Vehicle Collisions.....	Page 15
Mapping.....	Page 16
Drink Driving Offences.....	Page 17
Attitudes to drink driving.....	Page 20
NIRSS Key Performance Indicators	Page 21
Appendix	Page 22

DEFINITIONS

Drink Driving: For the purposes of this report, where the term ‘drink driving’ is used, this analysis is based on the principal causation factor ‘impaired by alcohol – driver/rider’ only.

Drug Driving: For the purposes of this report, where the term ‘drug driving’ is used, this analysis is based on the principal causation factor ‘impaired by drugs – (illicit or medicinal) driver/rider’ only.

KSI Collisions: Collisions involving personal injury occurring on the public highway (including footpaths) where someone was killed or seriously injured and in which a vehicle is involved.

Killed: Died within 30 days from injuries received in a collision.

Serious Injury: An injury for which a person is detained in hospital as an ‘in-patient’, or any of the following injuries whether or not the person is detained in hospital: fractures, concussion, internal injuries, crushing, burns, severe cuts and lacerations or severe general shock requiring medical treatment.

Young People: Aged between 16 and 24.

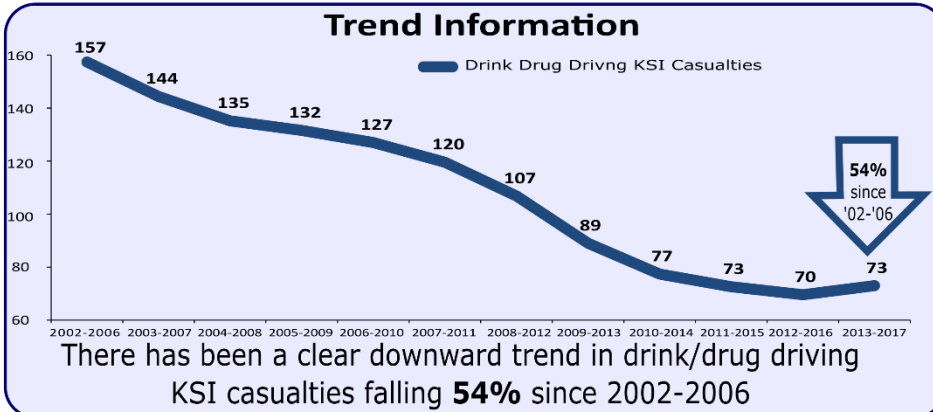
Pedestrians: Include children on scooters, roller skates or skateboards; children riding toy cycles on the footpath; persons pushing bicycles or other vehicles or operating pedestrian-controlled vehicles; persons leading or herding animals; occupants of prams or wheelchairs; people who alight safely from vehicles and are subsequently injured; persons pushing or pulling a vehicle; persons other than cyclists holding on to the back of a moving vehicle.

Car Users: Drivers or passengers in a car, light goods vehicle, car driven as a taxi or hackney cab.

Motorcyclists: Drivers/riders of mopeds and motorcycles. Includes riders of two-wheeled motor vehicles, motorcycle combinations, scooters and mopeds.

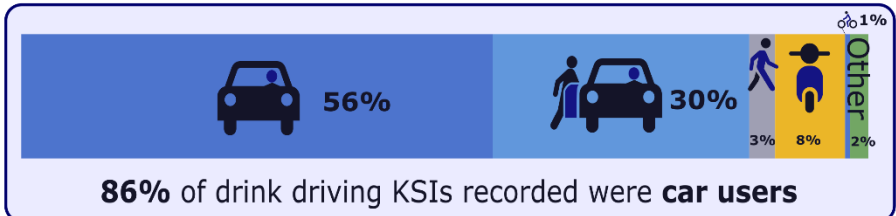
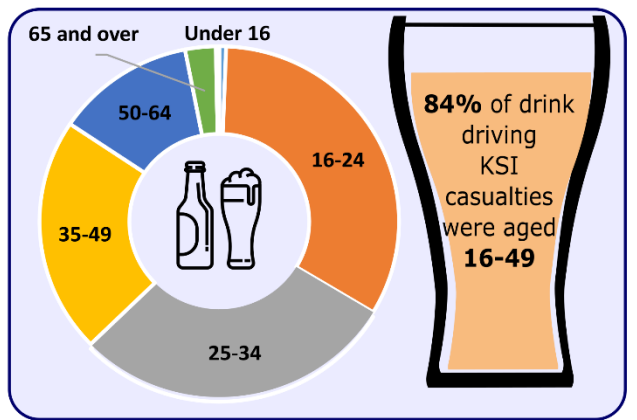
Pedal cyclists: Drivers/riders of pedal cycles. Includes children riding toy cycles on the carriageway and the first rider of a tandem.

Northern Ireland Drink Driving KSI Collisions, 2013-2017 Key Findings

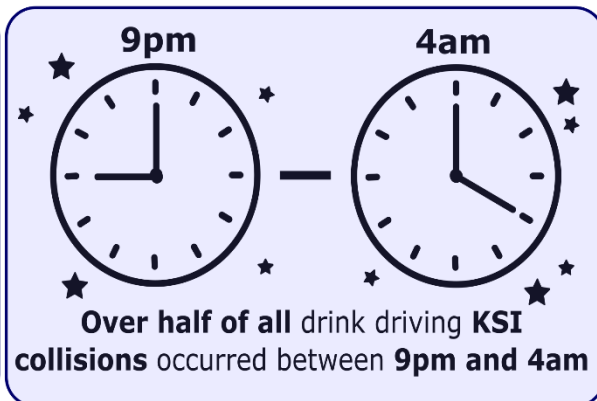


91% of drivers responsible for drink drive collisions were **male**

79% of drink driving KSI casualties recorded were **male**



61% of drink driving KSI collisions occurred on **rural roads**



Three-fifths of drink drive KSI collisions were **single vehicle collisions**

People's attitudes to drink driving*

35% of people would be a **passenger** with a driver who has had one drink

27% of people think it is **acceptable to drive** after one drink

21% of people said they would normally **drive the morning after** they had been drinking heavily

19% of drivers would **drive** after one drink

* results from 2016/17 Continuous Household Survey

Males aged 25 to 34 were the largest group amongst those:

- failing a breath test
- referred for prosecution
- convicted for drink driving

INTRODUCTION

Analysis, Statistics and Research Branch (ASRB) in DfI is responsible for producing the statistical content of the Northern Ireland Problem Profile. Historically, this document focused on the latest five year road casualty data and reported on a wide range of road user groups and behaviours. The document had grown in size over the years and was becoming cumbersome to update. It was therefore agreed at the Road Safety Strategy Research Coordination Group (RSSRCG) that ASRB would seek to develop a series of smaller documents which could form the shape of a live Problem Profile and the profile would be maintained and updated regularly to ensure relevance with existing and emerging road safety issues.

This profile of drink driving KSI collisions is the seventh¹ in the series. The report analyses official data sources and reports on trend information for drink and drug driving from 2002; it looks at the age, gender and road user category of people who were killed or seriously injured due to impairment by alcohol between 2013 and 2017 and compares this to the 2004-2008 baseline. It looks at where drink driving sits in comparison with the top ten principal causation factors and examines when these collisions are likely to occur contrasting this against the time recorded for most fatal and serious collisions. There is also analysis examining the age, gender and road user type of those responsible for drink driving collisions and a similar profile of those who were killed or seriously injured as a result of these. Other detail includes analysis by speed limit of road and the number that were single vehicle collisions to check if there is any overrepresentation of these in comparison with all KSI collisions. A mapping section reports the number of drink driving fatal and serious collisions by District Council and there is also a section on the 2016/17 Continuous Household Survey which examines respondent's attitudes to drink driving. Finally, the report examines a breakdown of the number of Preliminary Breath Tests and Evidential Breath Tests carried out by the PSNI, the number of drink drivers who were referred for prosecution and the number who were finally convicted.

The Problem Profile supplements the NI Road Safety Strategy (NIRSS) to 2020 Annual Statistical Report. The NIRSS to 2020 sets out four road safety targets for Northern Ireland, and while none relate specifically to drink driving, any change in trends will help contribute to the overall targets:

By 2020, and compared with the base year (2004 to 2008 average), there will be:

- A reduction in the number of people killed in road collisions by at least 60 per cent.
- A reduction in the number of people seriously injured in road collisions by at least 45 per cent.
- A reduction in the number of children (aged 0 to 15) killed or seriously injured in road collisions by at least 55 per cent.
- A reduction in the number of young people (aged 16 to 24) killed or seriously injured in road collisions by at least 55 per cent.

The road safety strategy also contains a suite of key performance indicators (KPIs) that are used to monitor progress towards achieving the strategy targets. KPI 11 is specific in monitoring those killed where drink or drugs was a factor:

- KPI 11: Number of people killed where alcohol/drugs causation factor was attributed.

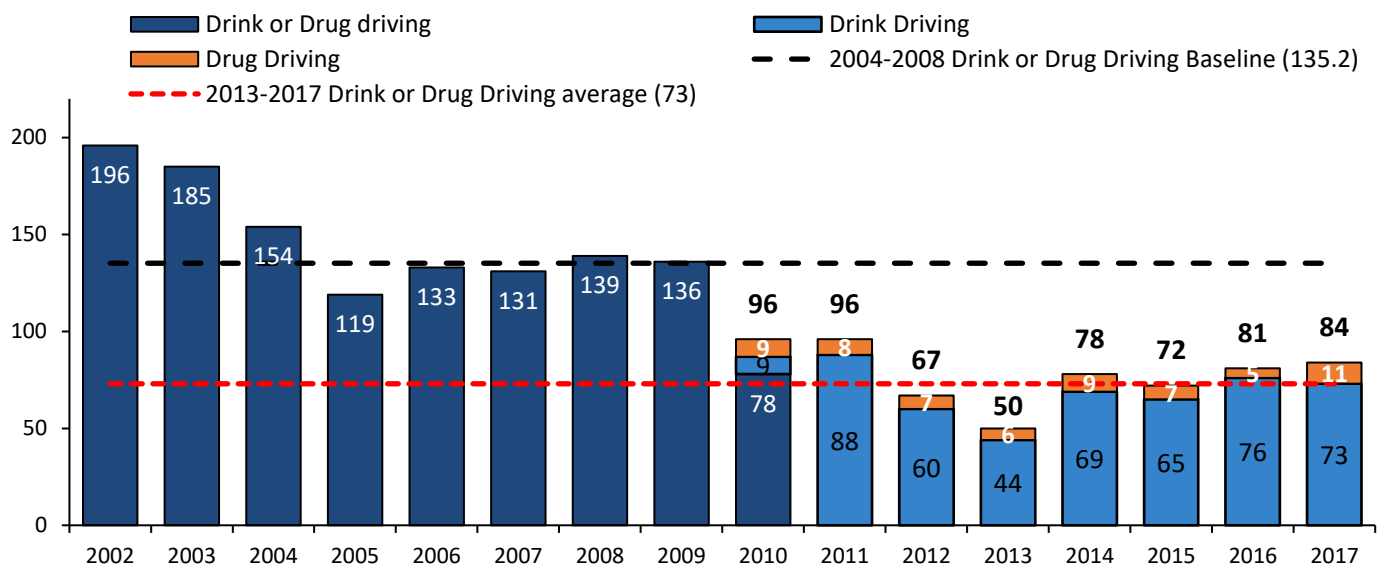
These are then compared with the 2004 to 2008 baseline see if these indicators have increased or decreased since (see page 21 for more detail on this).

¹ Previous profiles on rural roads, cyclists, motorcyclists, pedestrians (both 2013 to 2017 and 2010 to 2014) and older drivers can be found on the ASRB website: <https://www.infrastructure-ni.gov.uk/topics/statistics-and-research/road-safety-research>

TREND INFORMATION

Figure 1 below shows the number of people killed or seriously injured where the principal causation factor was drink or drug driving over the sixteen year period 2002 to 2017 (Table A1 in the Appendix refers). The causation factor used prior to the 1st April 2010 was 'Alcohol/drugs – driver/rider' whereas after this date, 'Impairment by alcohol – driver/rider' and 'Impairment by drugs (illicit or medicinal) – driver/rider' causation factors were introduced separately. Therefore, in order to establish a trend back to 2002, it is necessary to combine the number of KSI casualties for drink and drug driving after the 1st April 2010. The bar chart below shows the split of those from 2010 onwards, with those under the influence of drink presented in blue and those under the influence of drugs presented in orange.

Figure 1: Number of people killed or seriously injured by drink or drug driving 2002-2017

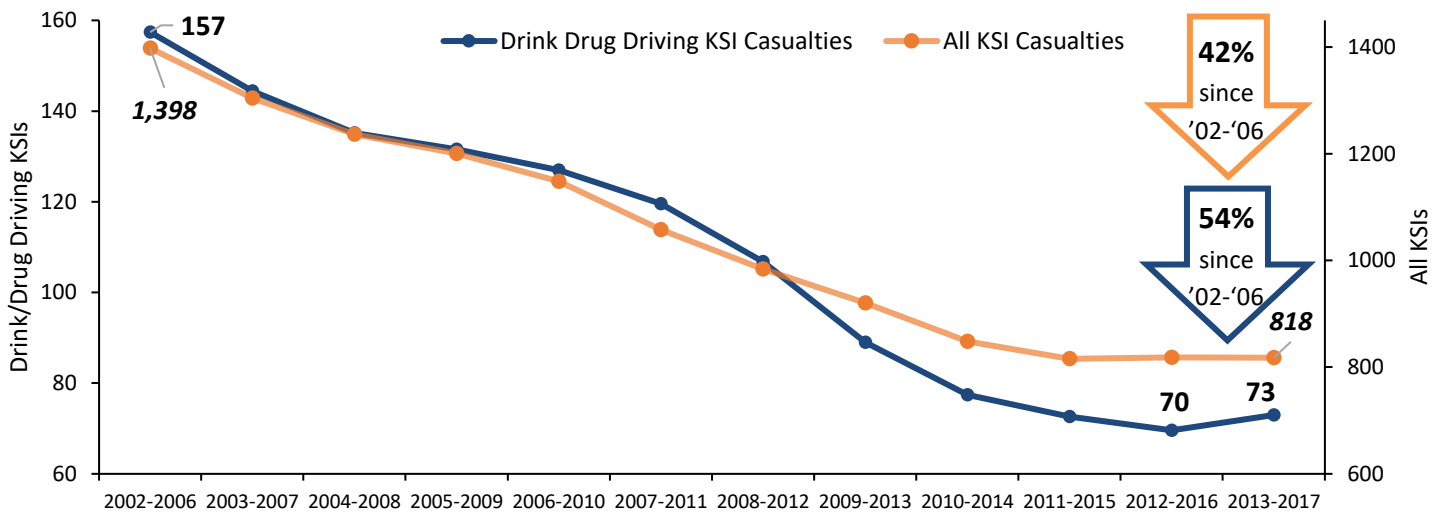


As can be seen there was a series high of 196 for drink or drug driving casualties in 2002 falling over time to a series low of 50 in 2013. However, a year later in 2014 the figure rose to 78 (up 56% from 2013) and figures since then have been in or around this level, although the 84 recorded in 2017 is the highest total since 2011 and represents a 68% increase from the 2013 figure. It will be interesting to see if the current level will be maintained or if the low in 2013 can be bettered in future years.

Table 1: Comparison of drink or drug driving KSI casualties against KSI casualties from all causations 2002-2017 (5 year rolling average)

Year	Number of drink driving KSI casualties (5 year average)	Number of overall KSI casualties (5 year average)	proportion
2002-2006	157.4	1,397.8	11%
2003-2007	144.4	1,304.6	11%
2004-2008	135.2	1,236.4	11%
2005-2009	131.6	1,200.4	11%
2006-2010	127.0	1,148.2	11%
2007-2011	119.6	1,057.6	11%
2008-2012	106.8	984.2	11%
2009-2013	89.0	920.2	10%
2010-2014	77.4	848.0	9%
2011-2015	72.6	815.6	9%
2012-2016	69.6	818.0	9%
2013-2017	73.0	817.6	9%

Figure 2: Comparison of drink or drug driving KSI casualties against KSI casualties from all causations 2002-2017 (5 year rolling average)



Examining a rolling 5 year average as presented in Table 1 and Figure 2 above, there has been a clear downward trend in drink/drug drive KSI casualties, with the average showing a year on year decrease from 157 in 2002-2006 to a low of 70 in 2012-2016. The rise in KSI casualties in 2016 and 2017 has pushed the five year average up for the first time in this trend series, however, the 73 drink driving average for 2013 to 2017 is still 54% lower than 2002-2006 and 46% lower than the 2004 to 2008 baseline, indicating that there are far fewer KSI casualties attributed to drink and drug driving now than 15 years ago. It should be noted that over the same timescale though, the number of overall people killed or seriously injured in road traffic collisions has also fallen, from 1,398 between 2002 and 2006 to 818 in 2017, a 42% reduction. Importantly, the chart above shows that **drink & drug drive KSI casualties have fallen further than all KSI casualties**: the two trend lines tracked each other closely until 2008-2012, when drink-drive KSI casualties began to reduce at a faster rate than the overall total. There could be a number of reasons why this is the case – for example, there could have been increased awareness of the dangers of drink/drug driving due to effective advertising, or the economic recession may have meant that people were more likely to stay at home and consume alcohol rather than going out.

Figure 3: Drink or drug driving KSI casualties as a proportion of the total number of people killed or seriously injured 2002-2017 (rolling 5 year average)

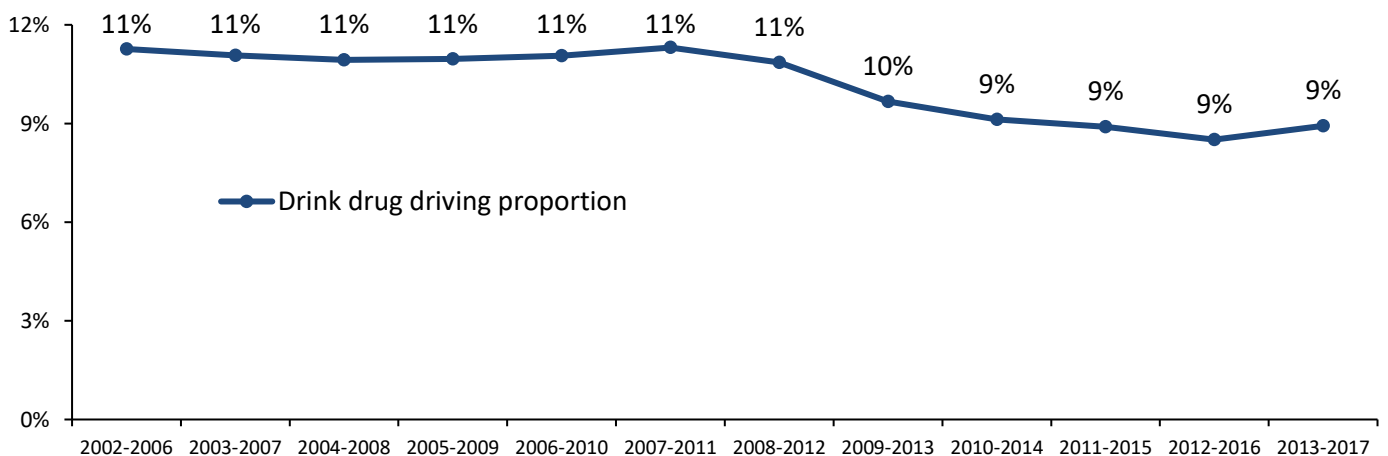


Figure 3 above presents further evidence that KSI casualties caused by drink or drug driving have reduced at a faster rate than all KSI casualties. As can be seen, the proportions of KSI casualties that are attributed to drink/drug driving have fallen over time, from 11% between 2002 and 2006 to the most recent figure of 9% for the five year period between 2013 and 2017.

CONTEXT

Narrowing the focus of our research to the five year period 2013 to 2017, and looking only at the causation factor ‘Impairment by alcohol – driver/rider’, we can examine how drink driving compares with other causation factors during this period. Table 2 below presents the top ten principal causation factors between 2013 and 2017 for fatal and serious collisions, with the top three being ‘inattention or attention diverted’ (432 KSI collisions, or 13% of all KSI collisions), followed by ‘excessive speed having regard to conditions’ (304 KSI collisions, or 9%) and ‘impaired by alcohol – driver/rider’ (246 KSI collisions, or 7%). In terms of fatalities, drink driving accounted for 52 deaths during the five year period (15% of fatalities), second overall only to excessive speed which accounted for 60 (18%).

Table 2: Top Ten principal causation factors of KSI Casualties, 2013-2017

Principal Causation Factor	KSI Collision	Killed	Seriously Injured	KSI Total	% of KSI collisions
Inattention or attention diverted	432	45	449	494	13%
Excessive speed having regard to conditions	304	60	377	437	9%
<i>Impaired by alcohol – driver/rider</i>	246	52	275	327	7%
Heedless of traffic crossing carriageway	230	11	224	235	7%
Wrong course / position	216	31	282	313	6%
Turning right without care	198	11	214	225	6%
Emerging from minor road without care	195	15	207	222	6%
Overtaking on offside without care	140	15	162	177	4%
Crossing or entering road junction without care	123	8	144	152	4%
Other driver/rider factor	95	7	102	109	3%
Other factors	1,240	86	1,311	1,397	-
Total	3,419	341	3,747	4,088	-

Figure 4: Proportion of casualties that are KSI casualties for top ten causation factors, 2013-2017

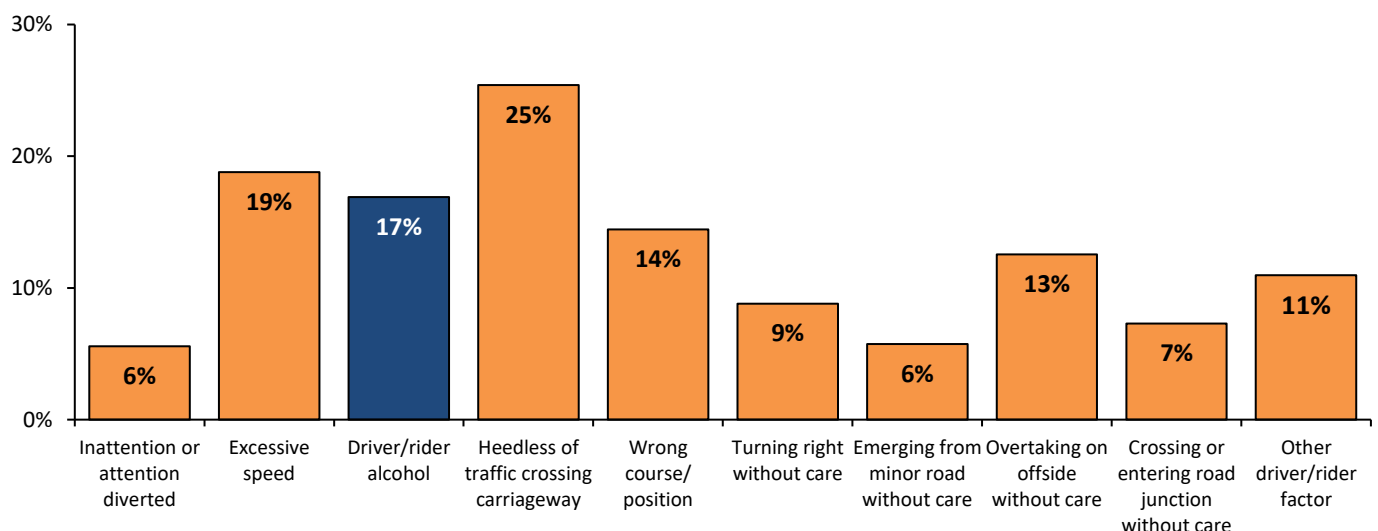



Figure 4 above highlights just how deadly driving whilst over the limit has proved to be. Examining the proportion of all casualties that are killed or seriously injured within the top ten causation factors, we see that drink driving was ranked third: 17% of all drink driving casualties were killed or seriously injured (327 out of 1,935), and only casualties injured by, ‘Heedless of traffic crossing carriageway’ and ‘Excessive speed’ within the top ten had a KSI proportion higher than this (25% and 19%, respectively).

PROFILE OF DRIVERS RESPONSIBLE

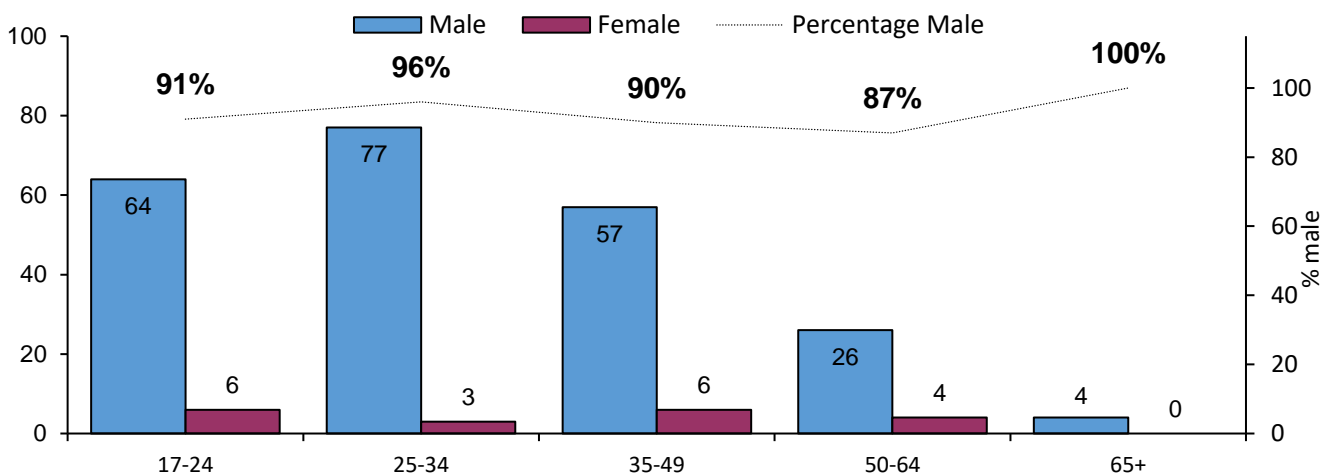


91% of drivers responsible for drink drive KSI collisions between 2013 and 2017 were **male**

Between 2013 and 2017, of the 246 KSI collisions in which the principal causation factor was 'impaired by alcohol – driver/rider, there were 250 drivers responsible (some collisions had multiple drivers responsible). Of the 250 responsible drivers, 228 were male (91%), 19 were female (8%) and three were of unknown gender (collisions where the causation is believed to be due to alcohol despite no driver being

identified). Those in the 25 to 34 age group accounted for the most, with almost a third (32%) of those responsible coming from this age group. A breakdown by age and gender is presented below:

Figure 5: Drink drivers responsible for a KSI casualty by age and gender 2013 - 2017



Male drivers are overrepresented in drink-drive KSI collisions. As seen above, 91% of drivers responsible for drink-drive collisions were male, and this compares to 72% of all fatal or serious collisions which had a male driver responsible.

Figure 6: Age of drink drivers responsible for a KSI collision compared with drivers responsible for a KSI collision with any causation 2013-2017

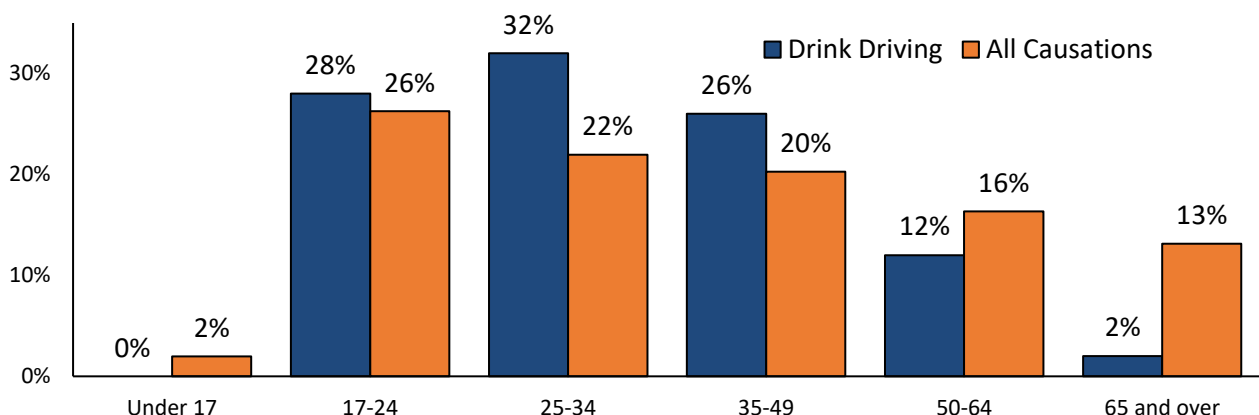
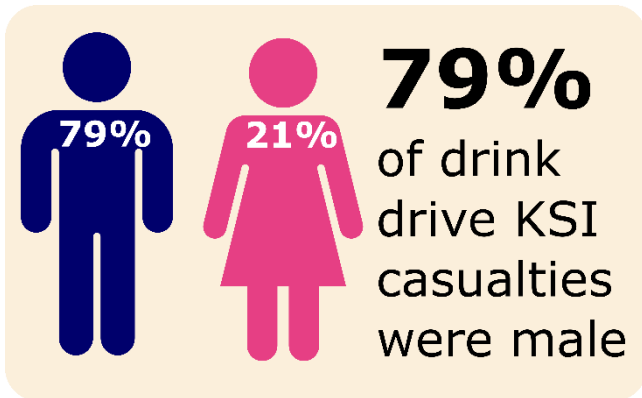


Figure 6 presents the proportions by age group of those responsible for a drink drive KSI collision against the age group proportion for any KSI collision. As can be seen, drivers under the age of 50 were overrepresented in drink-drive KSI collisions. These age groups recorded a greater proportion responsible for drink-drive KSI collisions compared with all causations (especially the 25 to 34 age group which had a difference of 10 percentage points). The older age groups were in contrast underrepresented in drink driving KSI collisions, with those aged 65 or over accounting for just 2% of those drivers responsible for drink-drive KSI collisions compared with 13% for all causation factors.

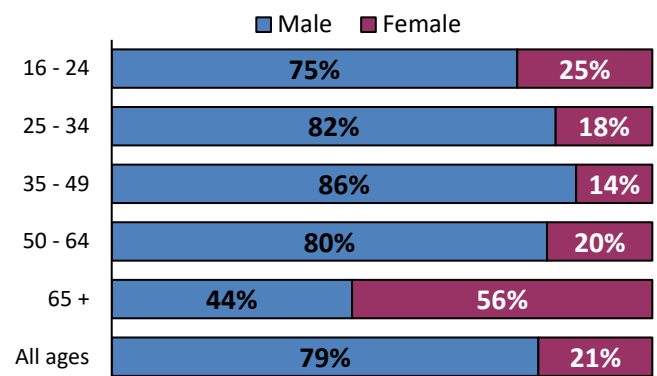
PROFILE OF KSI CASUALTIES



Between 2013 and 2017, there were 52 people killed and 275 people seriously injured where the principal causation factor was 'Impaired by alcohol – driver/rider', equating to 327 KSI casualties. The vast majority of the casualties were male, with the breakdown being 258 male (79%) and 69 female (21%). This breakdown is similar for most age groups, with ranges from 75% males for young people aged 16-24, to 86% for those aged 35 to 49. The only exception was the age group 65+; however, there were only 9 casualties recorded for this age group. See Table 3 and Figure 7 below.

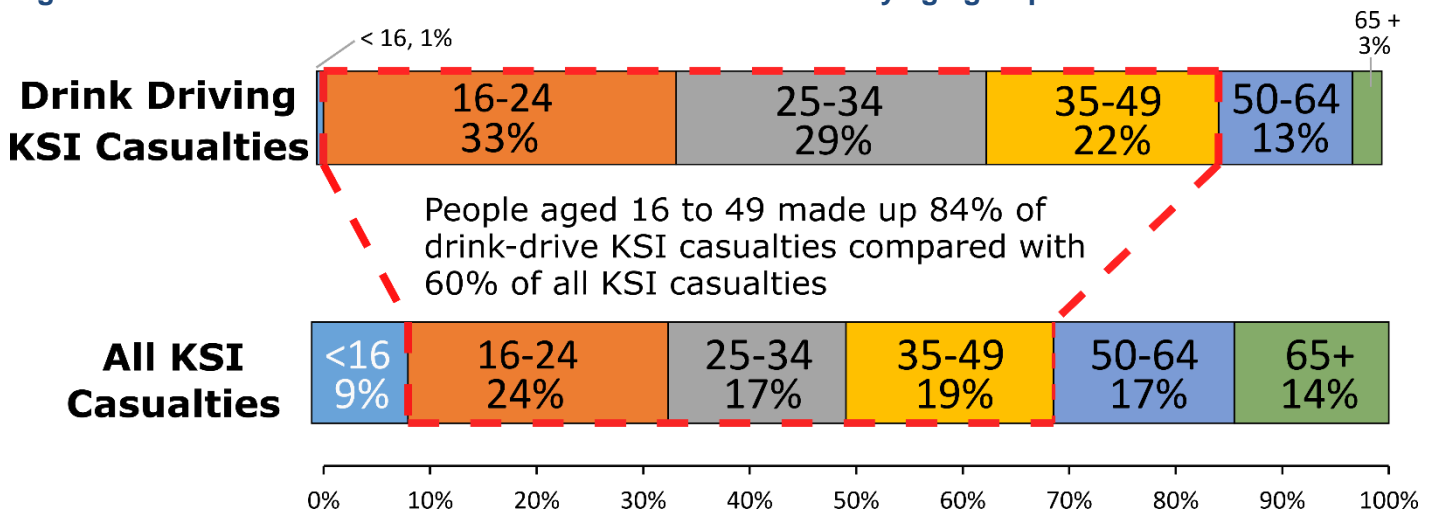
Table 3 & Figure 7: Drink Driving KSI casualties by age group and gender 2013-2017

	Male	Female	Total
Under 16	0	2	2
16 - 24	81	27	108
25 - 34	78	17	95
35 - 49	61	10	71
50 - 64	33	8	41
65 +	4	5	9
All ages	258	69	327



The largest age group of drink driving KSI casualties was that of young people, with the 108 aged 16 to 24 making up a third of the 327 total. This was followed by the 25 to 34 (29%) and 35 to 49 (22%) age categories, meaning with those aged 16 to 49 comprised 84% overall. In comparison, the same three age groups make up approximately 60% of the total for all KSI casualties, so this age range is overrepresented for drink driving KSIs. In contrast, children and the older age groups which make up 40% of all KSI casualties comprise just 16% of those killed or seriously injured in a drink driving collision. Figure 8 compares the proportions below, with those aged 16 to 49 rimmed in red.

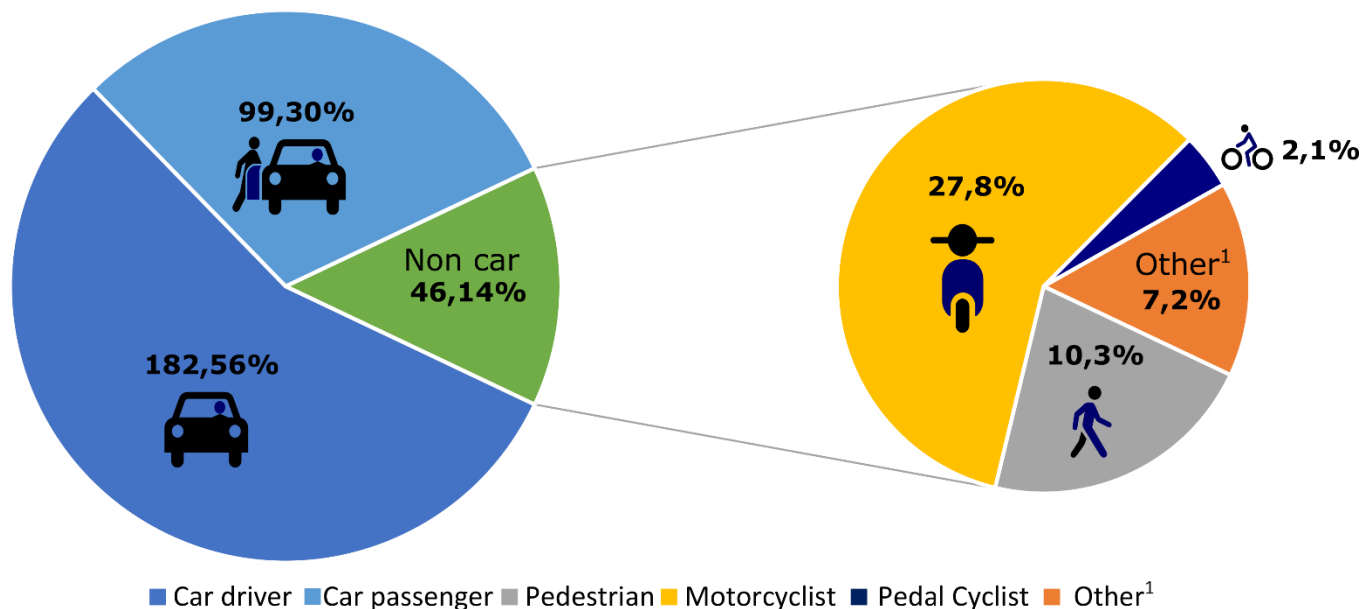
Figure 8: Drink drive KSI casualties versus all KSI casualties by age group 2013-2017



CASUALTY BY ROAD USER CLASS

Concerning drink-drive KSI casualties by road user type, 281 (86%) were car users of whom 182 were drivers (56%) and 99 were passengers (30%). Of the other 46 KSI casualties, 27 (8%) were motorcyclists, 10 (3%) were pedestrian and the remainder were comprised of seven other¹ road users (2%) and two pedal cyclists (1%). See Figure 9 below:

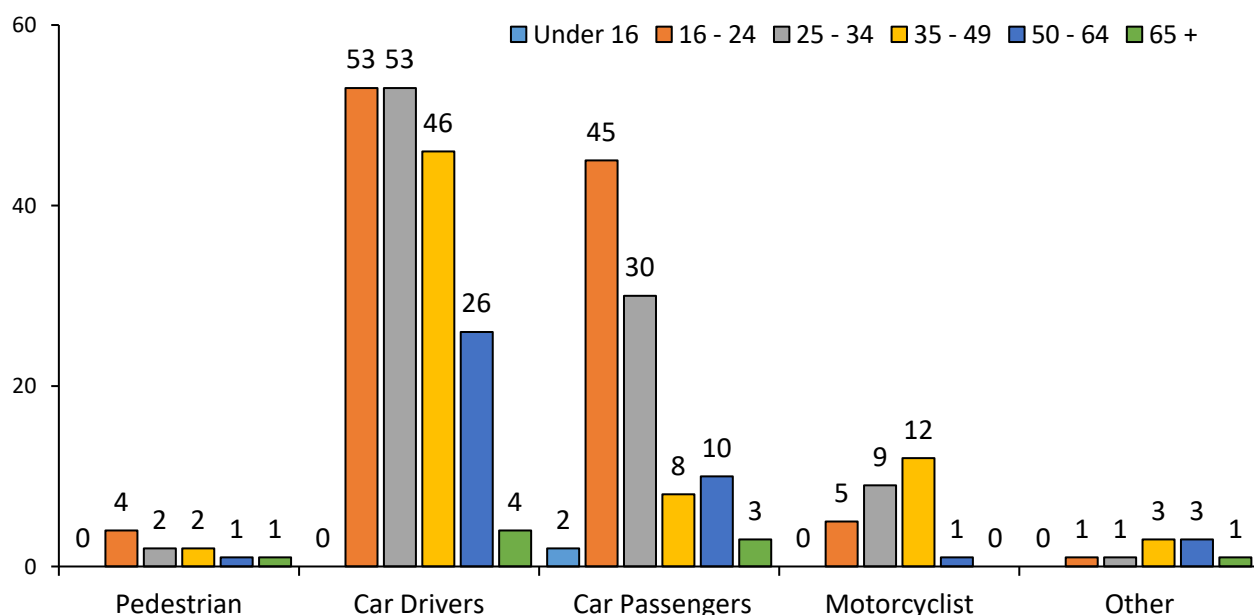
Figure 9: Drink Driving KSI casualties by road user 2013-2017



¹ Other road users comprise 2 drivers of goods vehicles, 2 drivers of a bus, 2 drivers of another motor vehicle and the driver of a tractor

Looking at the breakdown of each road user class by age group in Figure 10 below shows that 16 to 24 year olds make up the largest number of drink drive KSI casualties amongst pedestrians (4, 40%), passengers (45, 45%) and drivers (joint highest with those aged 25 to 34 (53, 29%). For motorcyclists, the 35 to 49 age group made up the largest number (12, 44%), however, this is unsurprising as this age category accounts for the highest proportion of KSI casualties amongst motorcyclists regardless of causation factor. Figure 10 presents the breakdown below:

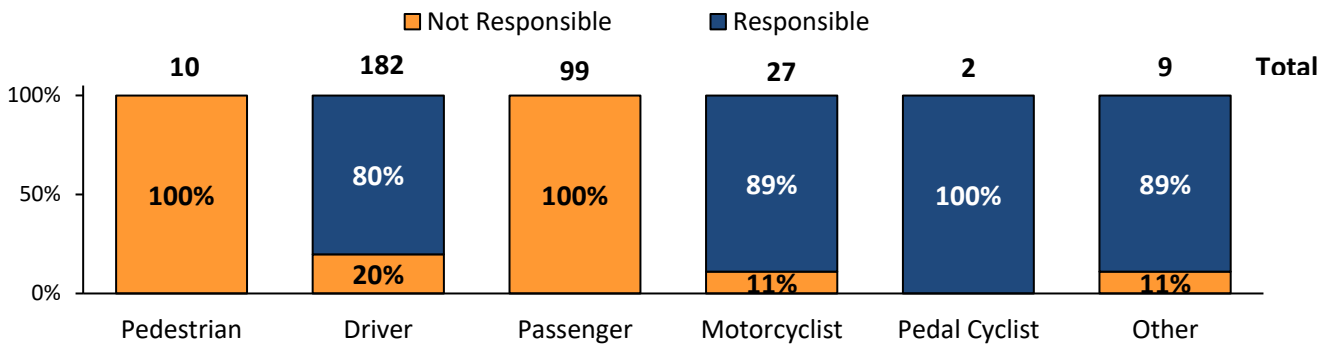
Figure 10: Drink Driving KSI casualties by road user split by age group 2013-2017



RESPONSIBILITY

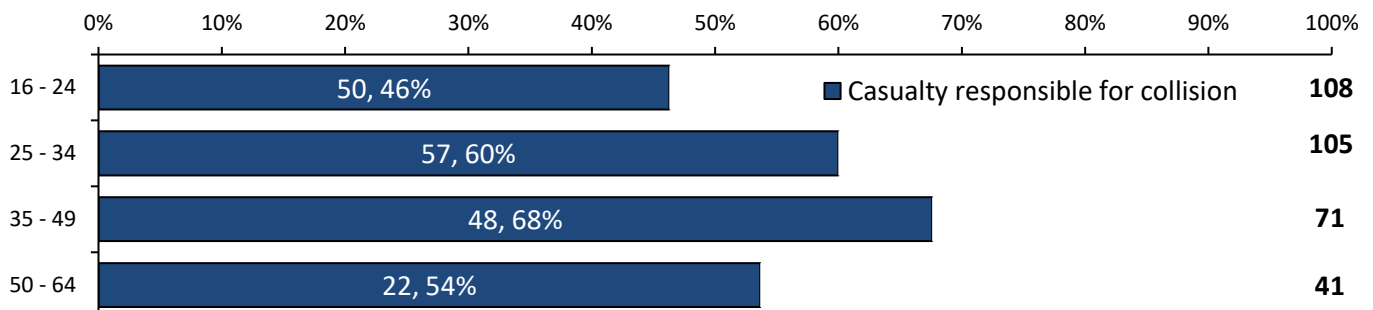
Of the 327 people that were killed or seriously injured over the five year period where the principal causation was attributed to drink driving, 178 (54%) of the casualties were responsible for the collision in which they were injured. Looking at responsibility by casualty class in Figure 11 below, with the obvious exception of pedestrians and passengers who cannot be responsible for this factor, we see that the majority of road users were responsible for their own injuries with 146 out of the 182 car drivers (80%), 24 out of the 27 motor cyclists and 8 out of 9 other drivers (both 89%) being the culpable party.

Figure 11: Drink Driving KSI casualties by road user responsibility 2013-2017



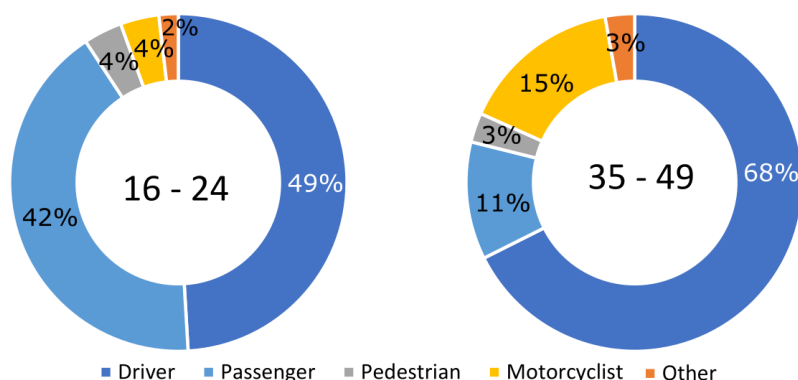
In terms of the split by age group, although young people accounted for the most drink drive KSI casualties, they made up the fewest by proportion² of responsibility within their age group with less than half (46%) of 16 to 24 year olds being responsible for the collision. See Figure 12 below. In contrast, those from the 35 to 49 age group reported the greatest proportion of casualty responsibility, with 48 out of the 71 (68%) KSI casualties from this category being to blame.

Figure 12: Drink Driving KSI casualties responsibility by selected age group 2013-2017



An explanation for this is that the 35 to 49 age group had the highest proportion of drivers (68%) killed or seriously injured and the lowest proportion of passengers (11%), while the reverse was true for young people who had the lowest proportion of drivers (49%) and the highest proportion of passengers (42%).

Figure 13: Drink Driving KSI casualties: selected age group comparison by road user type

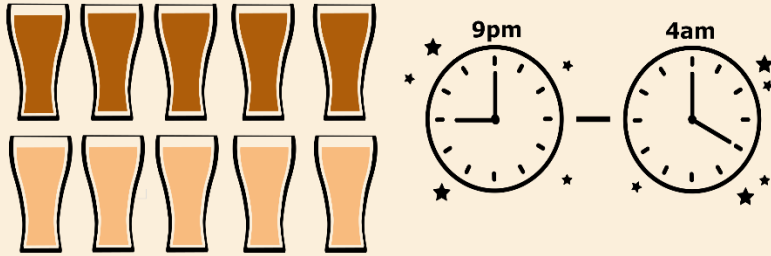


² Where the base was greater than 10

TIME AND MONTH

When do drink driving fatal and serious collisions occur?

Over half of all drink driving **KSI collisions** occurred between 9pm and 4am (for 2013 to 2017)



In the five years 2013-2017, the majority of drink driving collisions occurred at the weekend, with 130 of the 246 KSI collisions being recorded on a Saturday (54, 22%) or a Sunday (76, 31%). In comparison, there was a daily average of 23 drink driving collisions (9.3%) throughout the working week. The greatest single hour for drink driving collisions was between 2am and 3am on a Sunday, when 11 took place. This

was closely followed an hour later by 10 more between 3am and 4am. Taking the week as a whole, the greatest number of fatal and serious collisions occurred between 9pm and 10pm with 24 collisions (10%). The next highest period was between 2am and 3am and 3am and 4am (both with 21 collisions, 9%). In fact over half the number of drink driving collisions occurred between the hours of 9pm to 4am (52%). This is largely determined by the high number occurring between those hours on a Saturday or Sunday with 73 of the 130 (56%) KSI drink driving collisions happening at this time during the weekend. See Table 4 below:

Table 4: Drink driving fatal and serious collisions by day and hour 2013-2017

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	
	2	1	0	0	0	2	2	7	0601 - 0700
	0	1	1	1	2	1	0	6	0701 - 0800
	0	1	1	0	1	1	1	5	0801 - 0900
	0	1	1	0	1	1	1	5	0901 - 1000
	0	0	1	1	0	1	3	6	1001 - 1100
	0	1	1	0	0	0	2	4	1101 - 1200
	1	1	0	0	1	4	0	7	1201 - 1300
	1	1	0	0	1	0	1	4	1301 - 1400
	1	0	0	0	0	2	1	4	1401 - 1500
	2	0	1	1	0	3	0	7	1501 - 1600
	1	0	0	0	0	0	1	2	1601 - 1700
No of KSI Collisions	1	1	1	1	2	5	2	13	1701 - 1800
0	2	1	0	1	3	0	2	9	1801 - 1900
1-2	2	1	1	4	3	1	2	14	1901 - 2000
3-5	0	2	0	0	1	4	2	9	2001 - 2100
6-7	1	0	4	5	3	4	7	24	2101 - 2200
8+	0	0	2	1	3	6	2	14	2201 - 2300
	2	1	1	2	3	3	3	15	2301 - 2400
	4	3	2	0	1	0	7	17	0001 - 0100
	2	1	0	0	3	4	7	17	0101 - 0200
	2	1	2	2	0	3	11	21	0201 - 0300
	2	0	1	1	1	6	10	21	0301 - 0400
	2	0	0	1	0	2	5	10	0401 - 0500
	0	0	0	0	0	1	4	5	0501 - 0600
Total	28	18	20	21	29	54	76	246	

Figure 14: Drink driving collisions by time of day – weekday vs weekend, 2013-2017

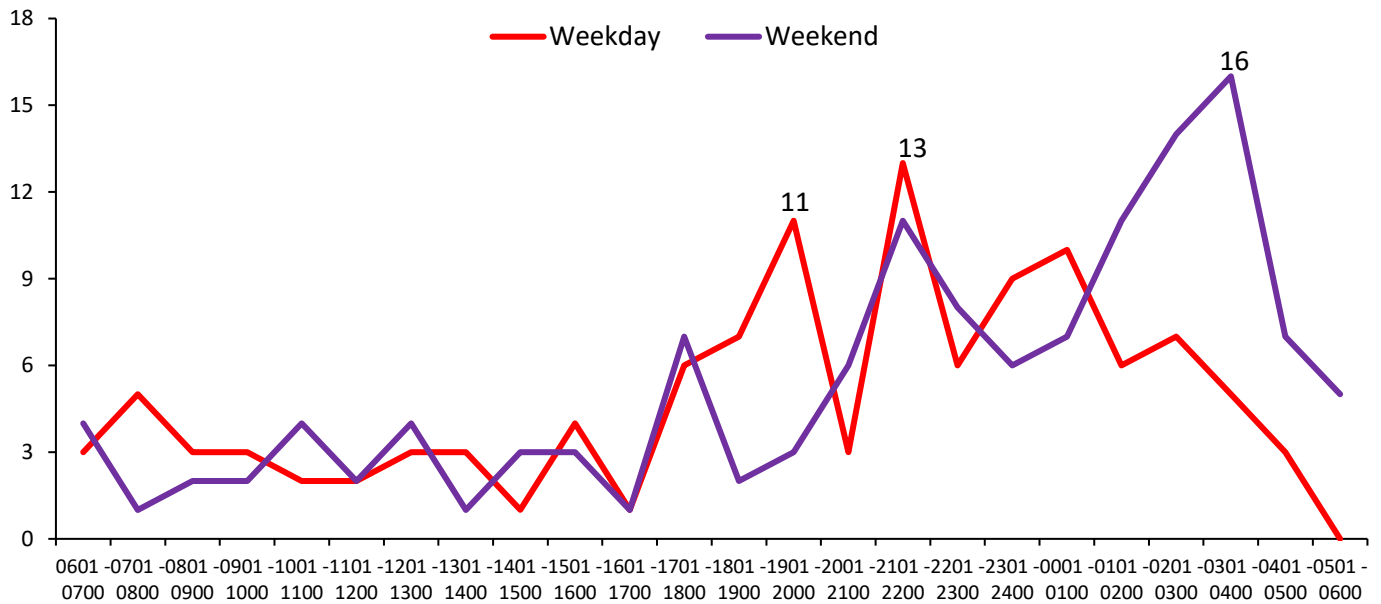
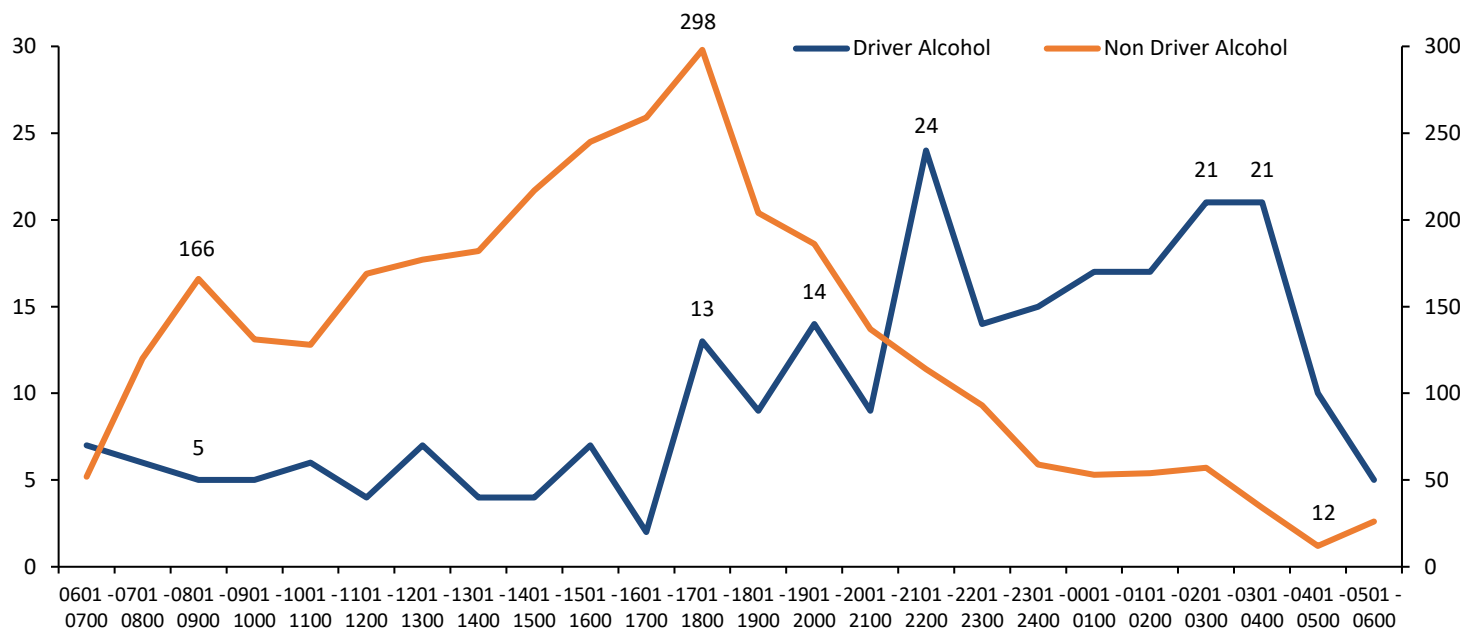


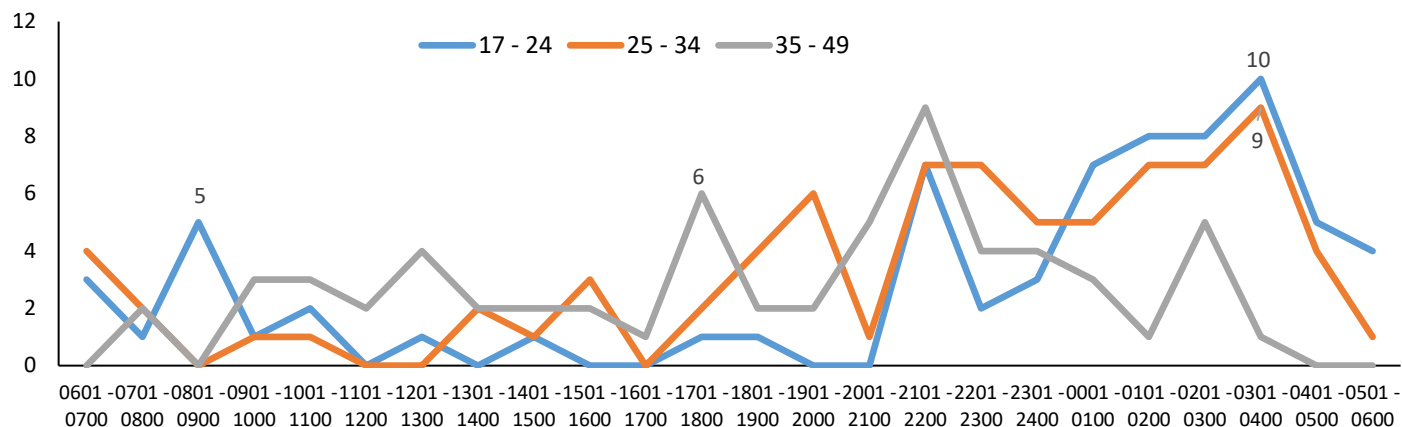
Figure 14 presents the number of fatal and serious collisions by time of day for both Monday to Friday and at the weekend. As can be seen there is not much variation between the two charts during the hours of 6am to 5pm. However, there is a spike in the weekday collisions between 7pm and 8pm which doesn't occur in the weekend collisions, and as discussed previously the number of collisions occurring between 1am and 4am are much more pronounced on a Saturday and Sunday.

Figure 15: Drink driving vs non drink driving KSI collisions by time of day – 2013 to 2017



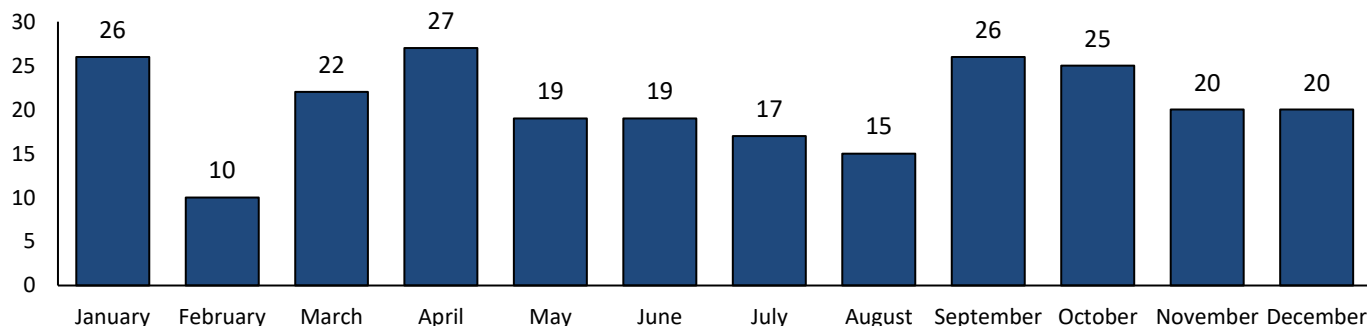
It is interesting to compare the pattern of drink driving fatal and serious collisions with other KSI collisions (Figure 15). The spikes that occur at rush hour times are much more evident for non-drink driving causations between 8am to 9am and 5pm to 6pm, while there is a tailing off of these after 8pm. In contrast, drink driving collisions are much more prevalent after 8pm up until 4 in the morning with 129 of the 246 recorded between 9pm and 4am (52%).

Figure 16: Drink driving KSI collisions by time of day for selected age group of driver – 2013 to 2017



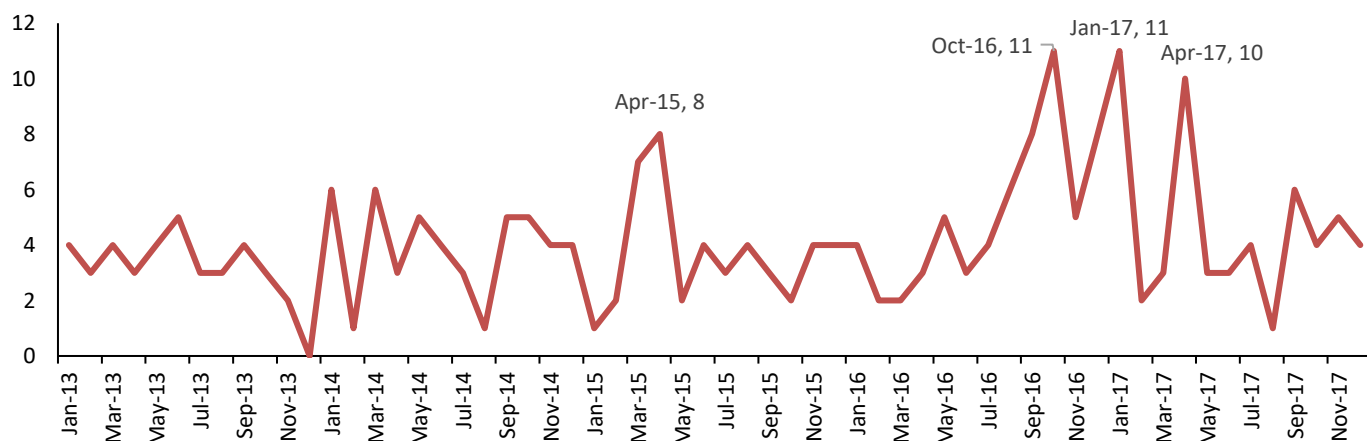
The split of drink driving collisions by age of driver responsible also reveals some useful insights. There is a peak between 5pm and 6pm for those aged 35 to 49 which isn't there for the other age groups; further analysis shows that half of these occurred on a Saturday suggesting this age group is more likely to drink on a Saturday afternoon perhaps after watching/participating in a sporting event. Drink driving, however, in the early hours of the morning was much more prevalent amongst the younger age groups; there was a peak for 17 to 24 year olds between 8 and 9 in the morning suggesting that young drivers are more likely to be over the limit from the night before. A complete breakdown by age group is presented in Table A10 in the Appendix.

Figure 17: Drink driving KSI collisions by month of year– 2013 to 2017



Examining a monthly breakdown in Figure 17 shows that February has the fewest drink driving KSI collisions (10) while April has the most (27), closely followed by January, September (both with 26) and October (25). As Figure 18 shows, these peaks are determined due to individual spikes for these months in April 2015, October 2016, January 2017 and April 2017 rather than any underlying seasonal trend.

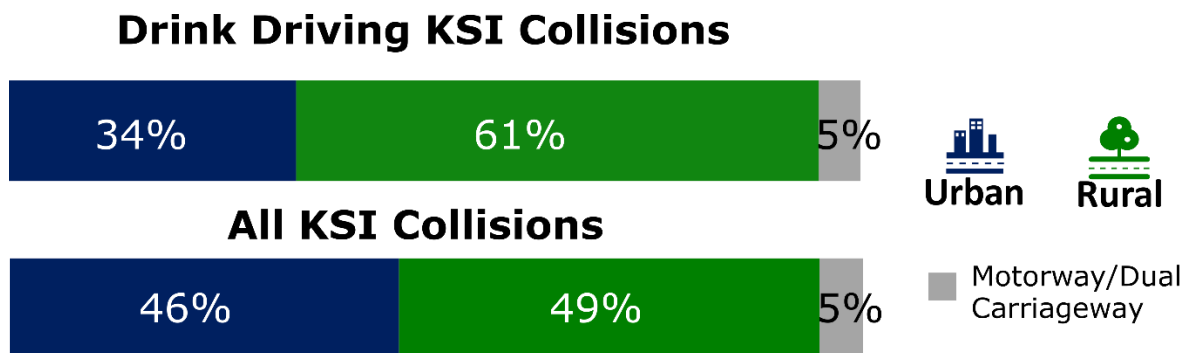
Figure 18: Drink driving KSI collisions for each month– 2013 to 2017



SPEED LIMIT OF ROAD

The majority of fatal and serious collisions caused by drink-driving occurred on rural roads, with 151 out of the 246 (61%) occurring on a road with a speed limit greater than 40 miles per hour. This compares with the 49% of all KSI collisions that occur on rural roads, meaning drink-drive KSI collisions are over-represented on these roads. The remaining 95 drink-drive KSI collisions comprised of 83 on urban roads (34%) and 12 on motorways and dual carriageways (5%). See Figure 19 below. In terms of casualties, those which occurred on rural roads accounted for 37 of the 52 drink driving deaths (72%) and 163 of the 275 people seriously injured (59%).

Figure 19: Drink driving KSI collisions vs all KSI collisions by speed limit of road– 2013 to 2017



SINGLE VEHICLE COLLISIONS

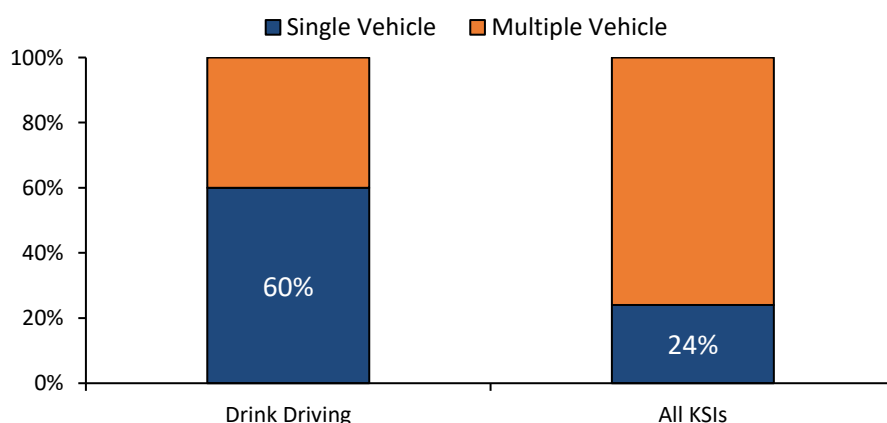
Three-fifths of drink drive KSI collisions between 2013 and 2017 were **single-vehicle collisions**

Of the 818 single vehicle KSI collisions recorded between 1st January 2013 and 31st December 2017, 147 (18%) were due to ‘impairment by alcohol – driver/rider’. This was the third highest causation factor overall for single vehicle collisions, just behind excessive speed and inattention or attention diverted (which both had 20%). The demographic of those involved in drink driving single vehicle KSI

collisions are similar to that of drink driving overall, with the drivers responsible being predominately male (94%) and almost two thirds (64%) being under the age of 35. Refer to page 8 for comparison.

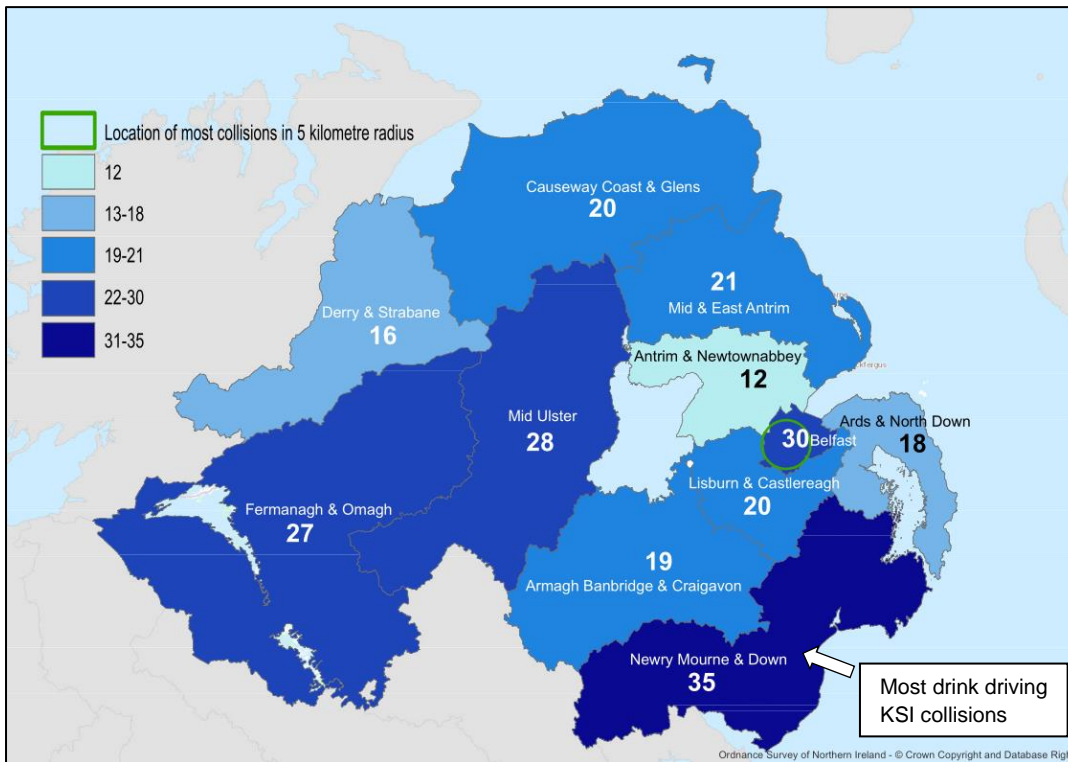
Three-fifths (60%) of all fatal and serious collisions that were caused by driver/rider alcohol between 2013 and 2017 were single-vehicle collisions. By contrast, less than a quarter (24%) of all KSI collisions were single-vehicle collisions. See Figure 20 below. This means that drink-drive single-vehicle collisions are highly overrepresented, perhaps suggesting that impairment by itself causes a high proportion of collisions, independent of the actions of other parties.

Figure 20: Single vehicle collisions drink driving vs all causations– 2013 to 2017



MAPPING – WHERE DO DRINK DRIVING COLLISIONS OCCUR?

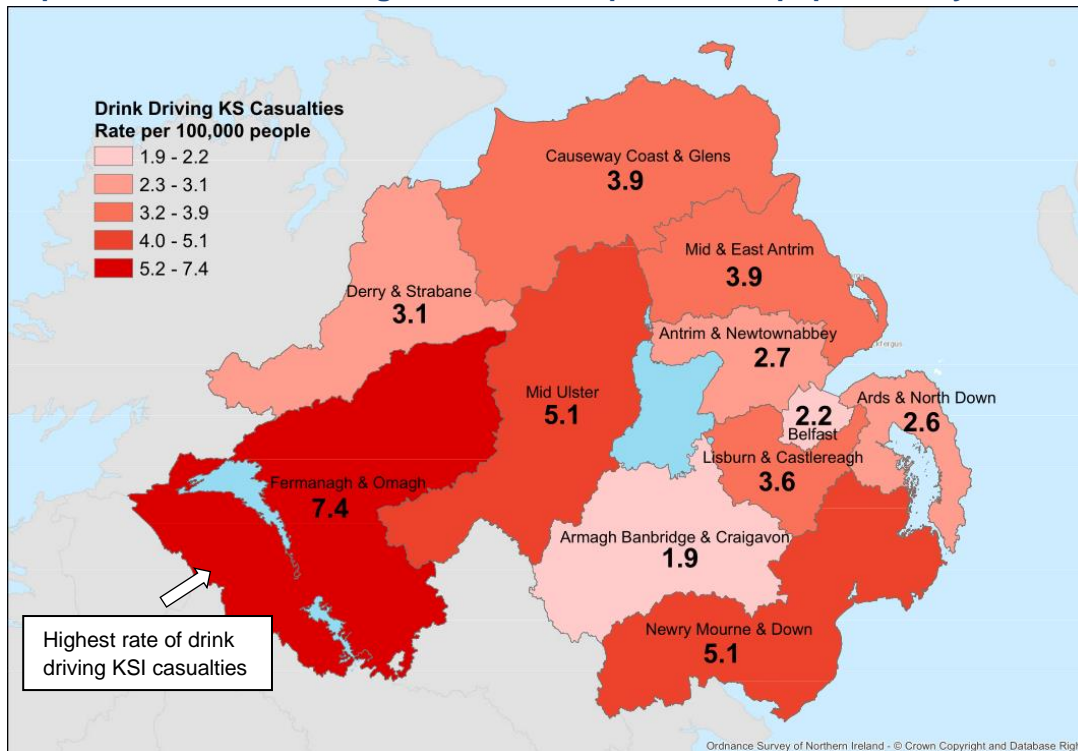
Map 1: Drink driving collisions by District 2013-2017



This map shows the total number of fatal and serious drink-drive collisions in 2013-2017 that occurred within each District Council. Newry and Mourne reported the most with 35, followed by Belfast City with 30; Antrim and Newtownabbey had the fewest with 12. In terms of fatal collisions, Fermanagh & Omagh reported the most with ten. The map also highlights the worst area for

drink driving KSI collisions within a 5 kilometre radius (green circle). This was the greater Belfast area in which 23 fatal and serious drink driving collisions for the period were recorded. This perhaps highlights Belfast’s large population and the draw of the city as a social hotspot.

Map 2: Rate of Drink Driving KSI casualties per 100,000 population by District, 2013-2017



Map 2 aims to take account of the differing population densities by plotting the rate of drink driving KSI casualties in each Local Government District in 2013-2017 based on the yearly average per 100,000 population. Fermanagh & Omagh reports the highest rate of drink driving KSIs (7.4) followed jointly by Mid Ulster and Newry, Mourne &

Down (both with 5.1); while the lowest is Armagh, Banbridge & Craigavon (1.9). Fermanagh & Omagh was also top for the highest rate of fatalities, with 1.9 people killed due to drink driving per 100,000 population, while Causeway Coast & Glens was second highest with 1.4.

DRINK DRIVING RELATED OFFENCES

Preliminary Breath Tests



11% of drivers stopped between 2013 and 2017 either failed a PBT or refused to provide a sample

As part of this report, the number of preliminary breath tests that PSNI carry out are examined, with further information then presented on evidential breath tests and referrals for prosecution. Over the 5 year period 2013 to 2017, PSNI carried out 164,022 Preliminary Breath Tests and caught 17,545 drivers (11%) who either failed the breath test or failed to provide a sample. Although there were just 9% of drivers tested who failed or refused to provide in 2017, there were over 10,000 more PBTs carried out this year than in 2016. This may have had something to do with the introduction of new legislation on 25th November 2016 which allowed police to establish a check point and to require the person in charge of a vehicle to provide a breath test.

Figure 21: Number of Preliminary Breath Tests Conducted and number failed or refused to provide 2013-2017

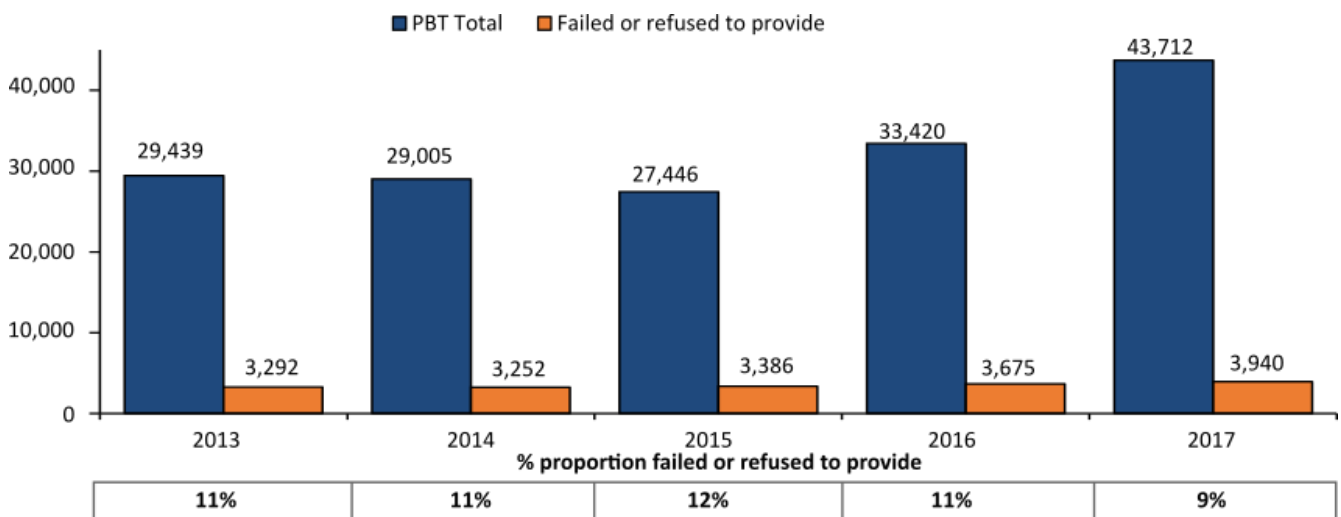
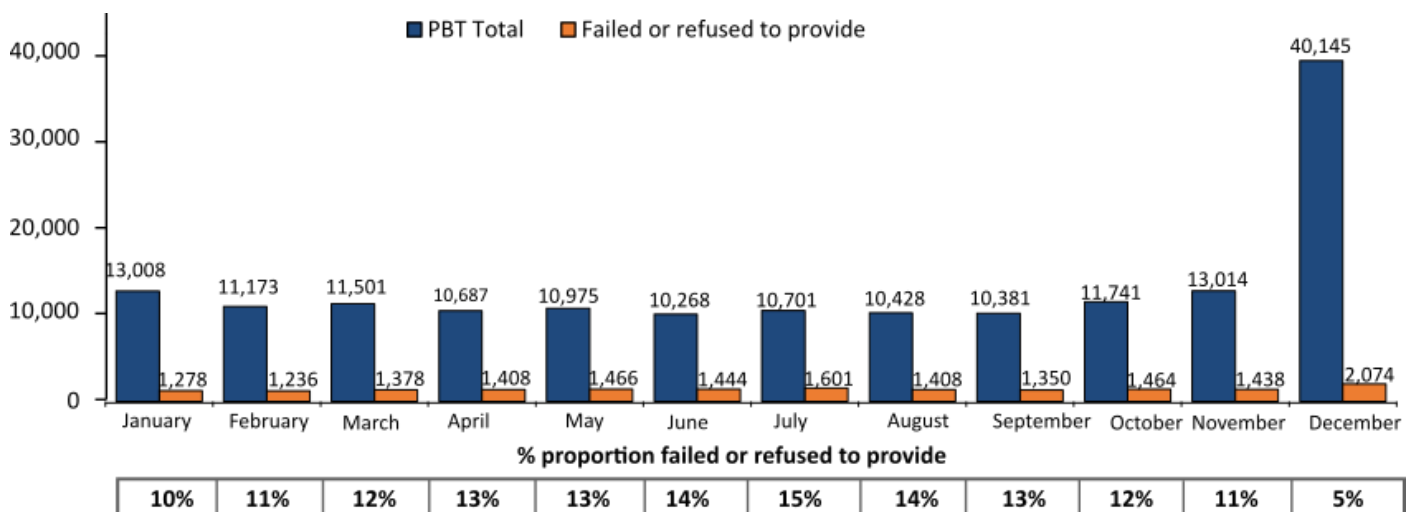
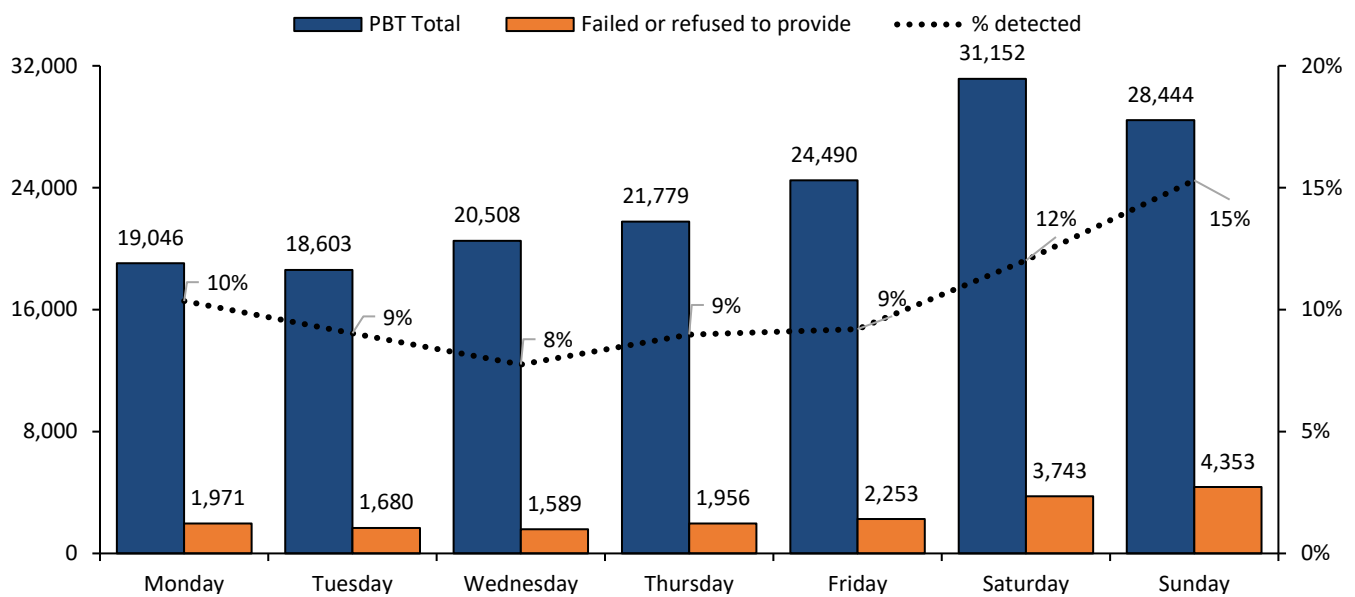


Figure 22: Number of Preliminary Breath Tests Conducted by month, 2013 to 2017



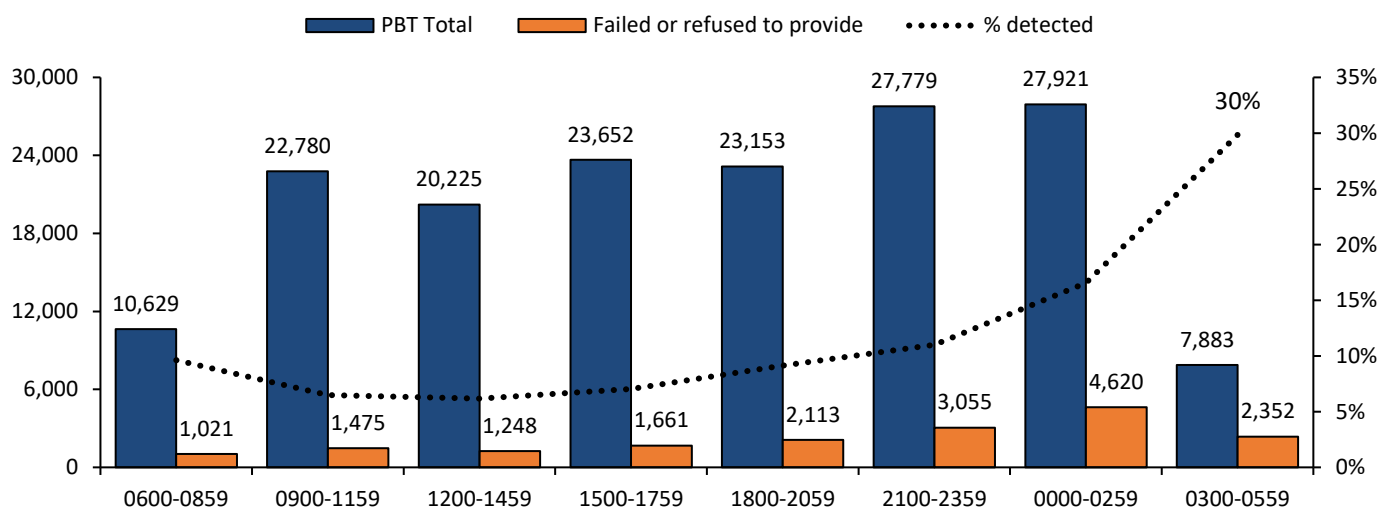
Looking at the number of PBTs conducted by month, day and time reveals some interesting insights. Between 2013 and 2017, over 40,000 PBTs were conducted in December which represents almost one quarter (24.5%) of PBTs conducted over this five year term. This is due to the drink/drug drive campaign which takes place over the Christmas period every year.

Figure 23: Number of Preliminary Breath Tests Conducted by day of week, 2013 to 2017



The above chart highlights that Saturday and Sunday are the days that the PSNI are more likely to carry out a PBT to detect those driving with excess alcohol. This mirrors when the most fatal and serious collisions attributed to drink are occurring. See Table 4 on page 12. It should be noted that not only are more tests carried out on a Saturday and Sunday, there is an increased proportion of those who fail their breath test or refuse to provide over the weekend. The dotted line in the chart above shows that the smallest proportion of those failures/refusal to provide occur on a Wednesday (8%) whereas the proportion over the weekend is 12% for a Saturday and 15% for a Sunday.

Figure 24: Number of Preliminary Breath Tests Conducted by time of day, 2013 to 2017

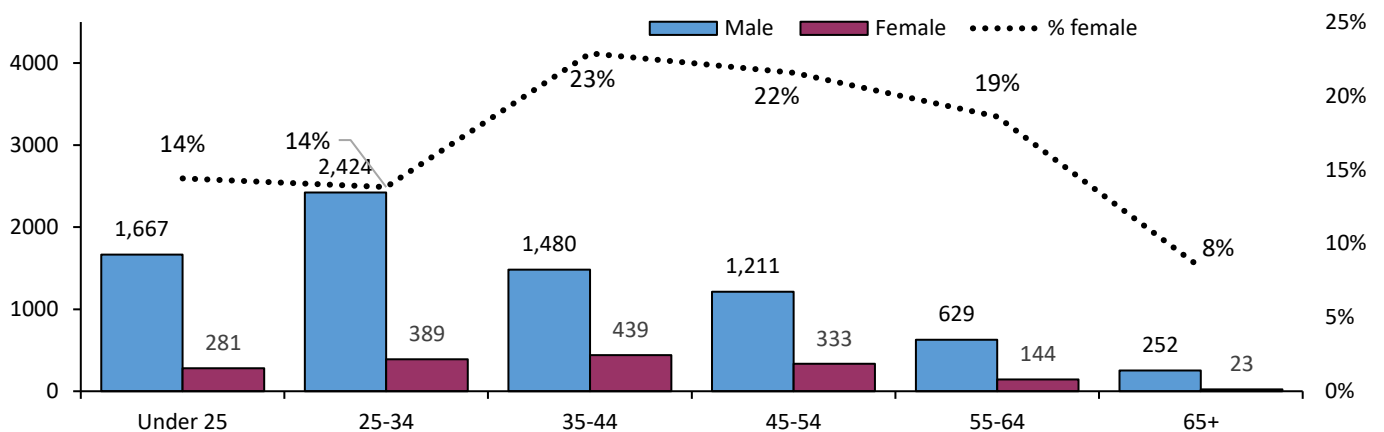


The time of day figures reveals that the largest proportion of PBTs were conducted between midnight and 3am with 27,921 of the 164,022 breath tests (17%) for 2013 to 2017 being carried out between these hours. Of the 17,545 drivers who failed or refused to provide, 4,620 were detected during 12am and 3am representing over a quarter of drivers being caught during this time as well. Despite the fewest PBTs being carried out between 3am and 6am, this period had the highest percentage of those being over the limit with 2,352 of the 7,883 drivers tested during this time either failing or refusing to provide a PBT (30%). These figures give some insight as to why there are such a high percentage of fatal and serious drink driving collisions occurring between midnight and 6am in the time charts as provided on pages 12 to 14.

Evidential Breath Tests and those referred for prosecution

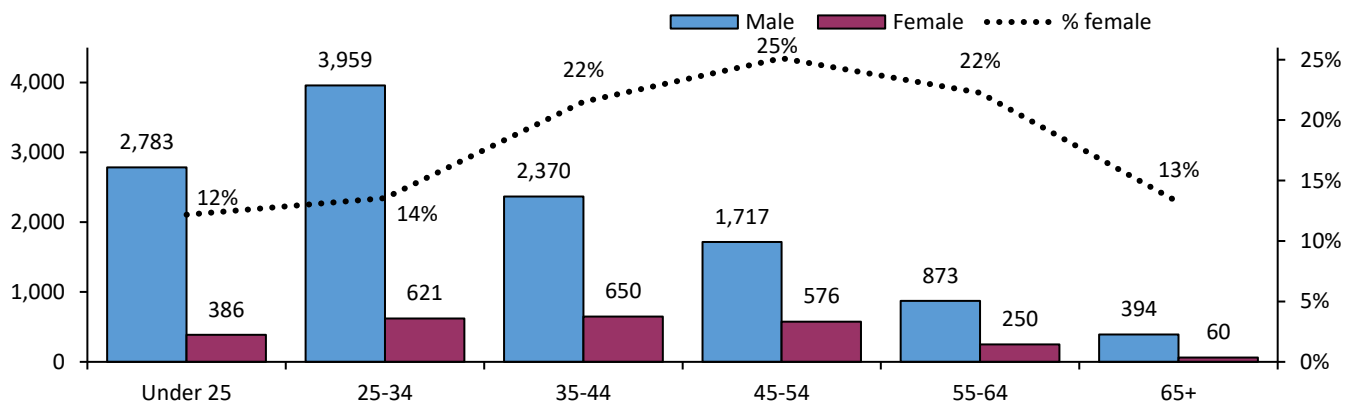
If the driver fails a Preliminary Breath Test, they are arrested and brought back to a police station in order to provide a specimen of breath (evidential breath test). There were 11,526 evidential breath tests carried out between 2013 and 2017, which you may note is fewer than the number of people who failed a PBT (17,545) or who were referred for prosecution (14,639). The explanation for this discrepancy is that the suspect must first agree to provide an evidential breath test; if there are medical reasons for this refusal then the police officer can request an evidential blood or urine test instead, but if this is still refused the suspect will be charged with failing to provide a specimen for analysis. Gender and age information, although unable to be provided for Preliminary Breath Tests, is available for those who provide an evidential breath test or who were referred for prosecution. These are presented in Figure 25 and 26 below:

Figure 25: Gender and age breakdown of those completing and failing an evidential breath test*, 2013 to 2017



* People who refuse an evidential breath test or opt for blood/urine testing instead are not included in the above chart

Figure 26: Gender and age breakdown of those referred for prosecution, 2013 to 2017



The proportion of males to females for both failing an evidential breath test or being referred for prosecution was 83% to 17%. Overall, the age group which reported the greatest numbers of evidential breath test fails or those referred for prosecution, were people aged 25 to 34 years. However, this is driven by the large number of males in these data sets. The age group, '35-44 years' reported the greatest number of females, and this age category also had the greatest proportion of females who failed evidential breath tests (23%), while the greatest proportion of females who were referred for prosecution were from the 45 to 54 age group (25%). See dotted line the female proportion in the charts above. Conviction data, as would be expected, closely follows the number of people referred for prosecution. See Table A23 in the Appendix. Note that as the prosecution and conviction data take into account all drivers and not just those involved in a KSI collision, caution should be taken when comparing these figures with the drivers responsible on page 8, however, what is clear is that most drivers caught and tested are from the 25 to 34 age category and the profile of those responsible matches this.

ATTITUDES TO DRINKING AND DRIVING

The 2016/17 Continuous Household Survey (CHS) asked 3,262 adult respondents their attitudes to specific road safety issues, including drinking and driving. The questions asked included:

- Would you travel as a passenger in a car if the driver has one drink?
- Do you think that it is acceptable to drive after ONE drink (e.g. a pint of beer, one glass of wine or a measure of spirits?)
- Would you normally drive after one drink (e.g. a pint of beer, one glass of wine or a measure of spirits?)
- Would you normally drive the morning after an evening on which you had been drinking 4 (for women) or 5 (for men) or more alcoholic drinks?

Travelling with a driver who has had one drink:



35% of respondents stated they would travel with a driver who has had one drink

Key Stats:

- *Males* (41%) were more likely than *females* (30%)
- Those aged 25 to 34 (38%), 35-44 (39%), 45-54 (36%) were more likely than those aged 65+ (30%)
- PSNI collision data shows that the majority of those injured with a drink driver were *male* (59%) and over 80% of those passengers injured were aged 16 to 34

Driving the morning after:



21% of respondents stated they would normally drive the morning after an evening in which they had been drinking four/five or more alcoholic drinks

Key Stats:

- *Males* (24%) were more likely to travel the morning after drinking than *females* (19%)
- Those aged 65 or over (9%) stated they were less likely to do this than all other age groups

Those who think it is acceptable/normally drive after one drink:



27% of respondents think it is acceptable to drive after one drink

Key Stats:

- *Males* (35%) thought it was more acceptable than *females* (22%)
- A third of those aged 25-34 (32%) thought it was acceptable to drive after one drink. This reduced to approximately a quarter for those aged 55 and over

19% of respondents stated they would normally drive after one drink

Key Stats:

- *Males* (24%) stated they were more inclined to do this than *females* (15%)
- Those aged 45 to 54 and 55 to 64 (both 16%) responded they were more likely to drive after one drink than those aged 35-44 (22%) and 65 or over (23%)

NORTHERN IRELAND ROAD SAFETY STRATEGY (NIRSS) KEY PERFORMANCE INDICATORS

Key Performance Indicator 11 of the Northern Ireland’s Road Safety Strategy to 2020 monitors the number of people killed where an alcohol or drugs causation factor was attributed.

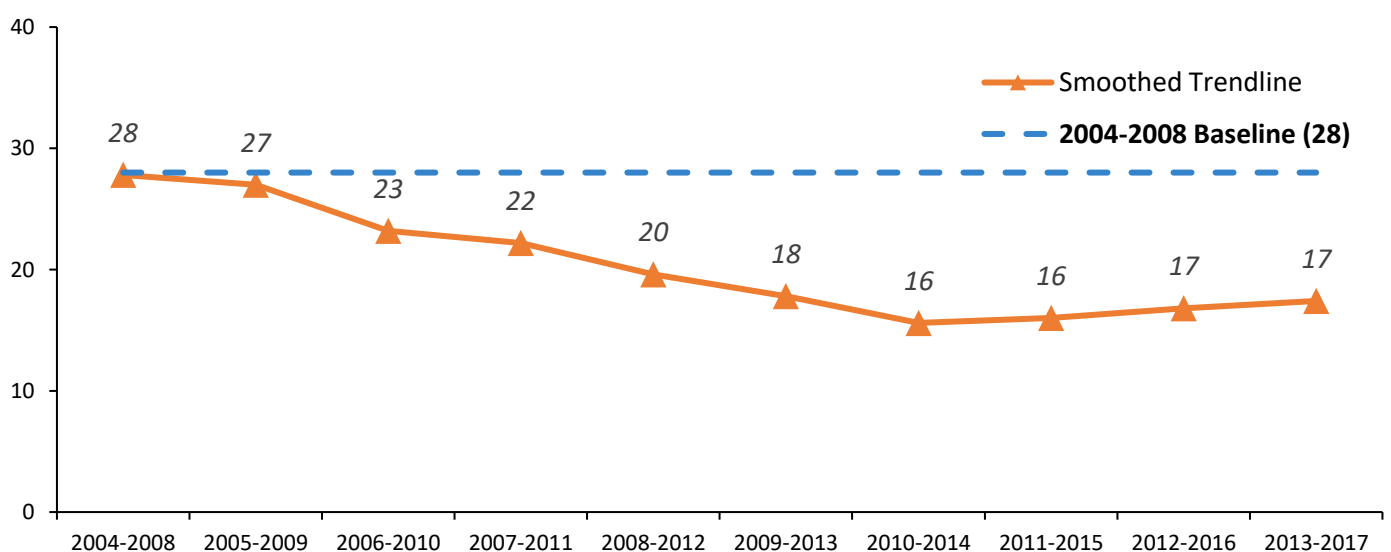
Table 5: Number of people killed where alcohol/drugs causation factor* was attributed 2004-2017 and five year rolling average 2004-2017

Year	Fatalities	% change from baseline (base=28)	Rolling Year	Fatalities	% change from baseline (base=28)
2004	37				
2005	32				
2006	24				
2007	23				
2008	23		2004-2008	28	
2009	33	19%	2005-2009	27	-3%
2010	13	-53%	2006-2010	23	-17%
2011	19	-32%	2007-2011	22	-20%
2012	10	-64%	2008-2012	20	-29%
2013	14	-50%	2009-2013	18	-36%
2014	22	-21%	2010-2014	16	-44%
2015	15	-46%	2011-2015	16	-42%
2016	23	-17%	2012-2016	17	-40%
2017	13	-53%	2013-2017	17	-37%

* Note that NIRSS Key Performance Indicator 11 uses all road deaths related to drugs and alcohol including those attributed to passengers and pedestrians. As well as principal factor it also uses any contributory factor where these causations have been assigned.

In 2017, there were 13 fatalities where alcohol or drugs was a causation - 53% below the 2004/2008 baseline of 28. The figure in 2017 matches that recorded in 2010, when there was an unprecedented drop of 61% from the 33 recorded in 2009. It is clear that the series has experienced significant rises and falls year-on-year making it hard to establish a clear trend across the full period, and for this reason, the five-year rolling average can be considered, presenting a smoothed trend line.

Figure 27: Number of people killed where alcohol/drugs causation factor was attributed and five year rolling average 2004-2017



The numbers have decreased steadily since the baseline for the rolling five year average until a slight increase following 2011 to 2015. Nevertheless, the current average of 17 for 2013 to 2017 is more than a third less (down 37%) than the baseline figure.

APPENDIX

A1: Drink or drug driving casualties by severity of injury 2002-2017

Year	Killed	Seriously Injured	KSI Casualties	Slightly Injured	Total
2002	28	168	196	631	827
2003	37	148	185	550	735
2004	30	124	154	452	606
2005	24	95	119	410	529
2006	18	115	133	376	509
2007	18	113	131	436	567
2008	18	121	139	376	515
2009	21	115	136	408	544
2010	10	86	96	324	420
2011	9	87	96	357	453
2012	8	59	67	388	455
2013	10	40	50	344	394
2014	16	62	78	336	414
2015	8	64	72	369	441
2016	17	64	81	426	507
2017	8	76	84	382	466

Source: Police Service of Northern Ireland Road Traffic Collision Data

A2: Number of people killed or seriously injured by drink or drug driving 2002-2017 (5 year rolling average)

Year	Number of KSI casualties (5 year average)	% change from baseline (base=135.2)	% change from last period
2002-2006	157.4		
2003-2007	144.4		-8%
2004-2008	135.2		-6%
2005-2009	131.6	-3%	-3%
2006-2010	127.0	-6%	-3%
2007-2011	119.6	-12%	-6%
2008-2012	106.8	-21%	-11%
2009-2013	89.0	-34%	-17%
2010-2014	77.4	-43%	-13%
2011-2015	72.6	-46%	-6%
2012-2016	69.6	-49%	-4%
2013-2017	73.0	-46%	5%

Source: Police Service of Northern Ireland Road Traffic Collision Data

A3: Comparison of drink or drug driving KSI casualties against all causations and proportion of the total 2002-2017

Year	Drink and drug driving KSI Casualties		Total KSI casualties		% drink and drug driving KSI casualties of the total
	Number	% change from 2004-2008 baseline (135.2)	Number	% change from 2004-2008 baseline (1,236.4)	
2002	196	+45%	1,676	+36%	12%
2003	185	+37%	1,438	+16%	13%
2004	154	+14%	1,330	+8%	12%
2005	119	-12%	1,208	-2%	10%
2006	133	-2%	1,337	+8%	10%
2007	131	-3%	1,210	-2%	11%
2008	131	+3%	1,097	-11%	13%
2009	139	+1%	1,150	-7%	12%
2010	96	-42%	947	-23%	10%
2011	96	-29%	884	-29%	11%
2012	67	-50%	843	-32%	8%
2013	50	-63%	777	-37%	6%
2014	78	-42%	789	-36%	10%
2015	72	-47%	785	-37%	9%
2016	81	-40%	896	-28%	9%
2017	84	-38%	841	-32%	10%

Source: Police Service of Northern Ireland Road Traffic Collision Data

A4: Drivers responsible for drink driving KSI Collisions by age and gender and age group comparison vs all KSI collisions 2013 to 2017

Age group	Drink Driving KSI Collisions			All KSI Collisions
	Male (% male)	Female (% female)	Total (% by age group)	Total (% by age group)
Under 17	0 (0%)	0 (0%)	0 (0%)	49 (2%)
17-24	64 (91%)	6 (9%)	70 (28%)	653 (26%)
25-34	77 (96%)	3 (4%)	80 (32%)	546 (22%)
35-49	57 (90%)	6 (10%)	63 (26%)	504 (20%)
50-64	26 (87%)	4 (13%)	30 (12%)	406 (16%)
65+	4 (100%)	0 (0%)	4 (2%)	327 (13%)
Total	228 (92%)	19 (8%)	247¹	2,485²

¹ excludes 3 drivers of unknown age

² excludes 133 drivers of unknown age

Source: Police Service of Northern Ireland Road Traffic Collision Data

A5: Drivers responsible for drink driving KSI Collisions by age group and vehicle type 2013 to 2017

Age group	Car	Motorcycle	Other	Total
17-24	66	3	1	70
25-34	70	9	1	80
35-49	47	12	4	63
50-64	26	1	3	30
65+	4	0	0	4
Total	213	25	9	247¹

¹ excludes 3 drivers of unknown age

Source: Police Service of Northern Ireland Road Traffic Collision Data

A6: Drink drive KSI casualties by age group and gender 2013 to 2017

Age group	Drink Driving KSI Casualties			All KSI Casualties
	Male (% male)	Female (% female)	Total (% by age group)	Total (% by age group)
Under 16	0 (0%)	2 (100%)	2 (1%)	365 (9%)
16-24	81 (75%)	27 (25%)	108 (33%)	985 (24%)
25-34	78 (82%)	17 (18%)	95 (29%)	675 (17%)
35-49	61 (86%)	10 (14%)	71 (22%)	786 (19%)
50-64	33 (80%)	8 (20%)	41 (13%)	685 (17%)
65+	4 (44%)	5 (56%)	9 (3%)	586 (14%)
Unknown	1	0	1	6
Total	258 (79%)	69 (21%)	327	4,088

Source: Police Service of Northern Ireland Road Traffic Collision Data

A7: Drink drive KSI casualties by road user split by age group 2013 to 2017

Age group	Pedestrian	Car Drivers	Car Passengers	Motorcyclists ¹	Other ²	Total
Under 16	0	0	2	0	0	2
16-24	4	53	45	5	1	108
25-34	2	53	30	9	1	95
35-49	2	46	8	12	3	71
50-64	1	26	10	1	3	41
65+	1	4	3	0	1	9
Unknown	0	0	1	0	0	1
Total	10 (3%)	182 (56%)	99 (30%)	27 (8%)	9 (3%)	327

¹ includes pillion passengers ² includes pedal cyclists & drivers of other motor vehicles, HGVs, buses & tractors

Source: Police Service of Northern Ireland Road Traffic Collision Data

A8: Drink drive KSI casualties by road user split by responsibility 2013 to 2017

Road User class	Casualty not responsible for collision	Casualty responsible for collision	Total
Pedestrian	10	0	10
Car Driver	36	146	182
Car Passenger	99	0	99
Motorcyclist ¹	3	24	27
Pedal cyclist	0	2	2
Other ²	1	6	7
Total	149	178	327

¹ includes pillion passenger ² includes the drivers of other motor vehicles, HGVs, buses & tractors

Source: Police Service of Northern Ireland Road Traffic Collision Data

A9: Drink drive KSI casualties by age group split by responsibility 2013 to 2017

Age group	Casualty not responsible for collision	Casualty responsible for collision	Total
Under 16	2	0	2
16-24	58 (54%)	50 (46%)	108
25-34	38 (40%)	57 (60%)	95
35-49	23 (32%)	48 (68%)	71
50-64	19 (46%)	22 (54%)	41
65+	8	1	9
Unknown	1	0	1
Total	149 (46%)	178 (54%)	327

Source: Police Service of Northern Ireland Road Traffic Collision Data

A10: Drink driving collisions by age group of driver responsible by time of day & drink driving collisions vs non drink driving KSI collisions by time of day 2013 to 2017

Time	17-24	25-34	35-49	50-64	65+	Total ¹	Drink Driving KSI Collisions	Non drink driving KSI Collisions	Total KSI Collisions	% drink driving of total
0601-0700	3	4	0	0	0	7	7	52	59	12%
0701-0800	1	2	2	1	0	6	6	120	126	5%
0801-0900	5	0	0	0	0	5	5	166	171	3%
0901-1000	1	1	3	0	0	5	5	131	136	4%
1001-1100	2	1	3	0	0	6	6	128	134	4%
1101-1200	0	0	2	2	0	4	4	169	173	2%
1201-1300	1	0	4	2	0	7	7	177	184	4%
1301-1400	0	2	2	0	0	4	4	182	186	2%
1401-1500	1	1	2	0	0	4	4	217	221	2%
1501-1600	0	3	2	2	0	7	7	245	252	3%
1601-1700	0	0	1	0	1	2	2	259	261	1%
1701-1800	1	2	6	3	0	13	13	298	311	4%
1801-1900	1	4	2	2	1	10	9	204	213	4%
1901-2000	0	6	2	4	2	14	14	186	200	7%
2001-2100	0	1	5	3	0	9	9	137	146	6%
2101-2200	7	8	9	2	0	27	24	114	138	17%
2201-2300	2	7	4	1	0	14	14	93	107	13%
2301-2400	3	5	4	3	0	15	15	59	74	20%
0001-0100	7	5	3	2	0	17	17	53	70	24%
0101-0200	8	7	1	1	0	17	17	54	71	24%
0201-0300	8	7	5	1	0	21	21	57	78	27%
0301-0400	10	9	1	1	0	21	21	34	55	38%
0401-0500	5	4	0	0	0	10	10	12	22	45%
0501-0600	4	1	0	0	0	5	5	26	31	16%
Total	70	80	63	30	4	250	246	3,173	3,419	7%

¹ includes 3 drivers of unknown age

Source: Police Service of Northern Ireland Road Traffic Collision Data

A11: Drink driving KSI collisions by month of year 2013 to 2017

Month	2013	2014	2015	2016	2017	Total
January	4	6	1	4	11	26
February	3	1	2	2	2	10
March	4	6	7	2	3	22
April	3	3	8	3	10	27
May	4	5	2	5	3	19
June	5	4	4	3	3	19
July	3	3	3	4	4	17
August	3	1	4	6	1	15
September	4	5	3	8	6	26
October	3	5	2	11	4	25
November	2	4	4	5	5	20
December	0	4	4	8	4	20
Total	38	47	44	61	56	246

A12: Drink driving casualties by severity of injury and speed limit of road 2013 to 2017

Severity of Injury	Urban	%	Rural	%	Motorway/ Dual C'way	%	Total
Killed	12	23%	37	71%	3	6%	52
Seriously Injured	100	36%	163	59%	12	4%	275
KSI Casualties	112	34%	200	61%	15	5%	327
Slightly Injured	867	54%	661	41%	80	5%	1,608
Total Casualties	979	51%	861	44%	95	6%	1,935

Source: Police Service of Northern Ireland Road Traffic Collision Data

A13: Drink driving KSI collisions vs all collisions by speed limit of road 2013 to 2017

KSI Collisions	Urban	%	Rural	%	Motorway/ Dual C'way	%	Total
Drink Driving	83	34%	151	61%	12	5%	246
All	1,560	46%	1,684	49%	175	5%	3,419

A14: Top 10 principal causation factors for single vehicle collisions 2013 to 2017

Principal Causation Factor	KSI Collision	Killed	Seriously Injured	KSI casualties
Excessive speed having regard to conditions	166	27	201	228
Inattention or attention diverted	160	17	160	177
Impaired by alcohol - driver/rider	147	34	137	171
Ice, frost or snow	43	2	44	46
Slippery road due to factors other than the weather	31	0	35	35
Other driver/rider factor	27	2	31	33
Inexperience with type of vehicle	24	2	23	25
Physical/mental illness or injury - driver/rider	21	0	24	24
Animal on carriageway (other than dog)	21	1	23	24
Fatigue	16	2	14	16
Other Factors	162	13	166	179
Total	818	100	858	958

Source: Police Service of Northern Ireland Road Traffic Collision Data

A15: Proportion of drink driving single vehicle collisions vs all causations 2013 to 2017

Principal Causation Factor	Single vehicle KSI Collision	KSI Collision	%
Impaired by alcohol - driver/rider	147	246	60%
All	818	3,419	24%

Source: Police Service of Northern Ireland Road Traffic Collision Data

A16: Drink driving KSI casualties per 100,000 population by District Council 2013-2017

Local Government District	Fatal Collisions (deaths)	KSI Collisions (KSI casualties)	Annual Average KSI Casualties (deaths)	2017 Mid-Year Population Estimate	Rate [^] KSIs/ (deaths) per 100,000 population [^] of yearly average
Antrim & Newtownabbey	2 (2)	12 (19)	3.8 (0.4)	141,697	2.7 (0.3)
Armagh City, Banbridge & Craigavon	3 (3)	19 (20)	4.0 (0.6)	211,898	1.9 (0.3)
Belfast	5 (5)	30 (37)	7.4 (1.0)	340,220	2.2 (0.3)
Causeway Coast & Glens	8 (10)	20 (28)	5.6 (2.0)	143,920	3.9 (1.4)
Derry City & Strabane	4 (4)	16 (23)	4.6 (0.8)	150,497	3.1 (0.5)
Fermanagh & Omagh	10 (11)	27 (43)	8.6 (2.2)	116,289	7.4 (1.9)
Lisburn & Castlereagh	1 (1)	20 (26)	5.2 (0.2)	142,640	3.6 (0.1)
Mid & East Antrim	1 (1)	21 (27)	5.4 (0.2)	138,152	3.9 (0.1)
Mid Ulster	6 (7)	28 (37)	7.4 (1.4)	146,427	5.1 (1.0)
Newry, Mourne & Down	4 (4)	35 (46)	9.2 (0.8)	178,996	5.1 (0.4)
Ards & North Down	4 (4)	18 (21)	4.2 (0.8)	160,098	2.6 (0.5)

A17: Number of preliminary breath tests by year 2013 to 2017

Year	Total number of PBTs	Number of failures or refused to provide PBTs	%
2013	29,439	3,292	11
2014	29,005	3,252	11
2015	27,446	3,386	12
2016	34,420	3,675	11
2017	43,712	3,940	9
Total	164,022	17,545	11

Source: Police Service of Northern Ireland Motoring Offence Data

A18: Number of preliminary breath tests by month 2013 to 2017

Year	Total number of PBTs	Number of failures or refused to provide PBTs	%
January	13,008	1,278	10%
February	11,173	1,236	11%
March	11,501	1,378	12%
April	10,687	1,408	13%
May	10,975	1,466	13%
June	10,268	1,444	14%
July	10,701	1,601	15%
August	10,428	1,408	14%
September	10,381	1,350	13%
October	11,741	1,464	12%
November	13,014	1,438	11%
December	40,145 ¹	2,074	5%
Total	164,022	17,545	11%

¹ Large spike due to PSNI carrying out their annual Christmas drink/drug drive campaign

Source: Police Service of Northern Ireland Motoring Offence Data

A19: Number of preliminary breath tests by day of week 2013 to 2017

Year	Total number of PBTs	Number of failures or refused to provide PBTs	%
Monday	19,046	1,971	10%
Tuesday	18,603	1,680	9%
Wednesday	20,508	1,589	8%
Thursday	21,779	1,956	9%
Friday	24,490	2,253	9%
Saturday	31,152	3,743	12%
Sunday	28,444	4,353	15%
Total	164,022	17,545	11%

Source: Police Service of Northern Ireland Motoring Offence Data

A20: Number of preliminary breath tests by time of day 2013 to 2017

Year	Total number of PBTs	Number of failures or refused to provide PBTs	%
0600 - 0859	10,629	1,021	10%
0900 - 1159	22,780	1,475	6%
1200 - 1459	20,225	1,248	6%
1500 - 1759	23,652	1,661	7%
1800 - 2059	23,153	2,113	9%
2100 - 2359	27,779	3,055	11%
0000 - 0259	27,921	4,620	17%
0300 - 0559	7,883	2,352	30%
Total	164,022	17,545	11%

Source: Police Service of Northern Ireland Motoring Offence Data

A21: Gender and age breakdown of those failing an evidential breath test 2013 to 2017

Age group	Male (%Male)	Female (%Female)	Total ¹
Under 25	1,667 (86%)	281 (14%)	1,949
25-34	2,424 (86%)	389 (14%)	2,815
35-44	1,480 (77%)	439 (23%)	1,919
45-54	1,211 (78%)	333 (22%)	1,544
55-64	629 (81%)	144 (19%)	744
65+	252 (92%)	23 (8%)	275
Total	7,663 (83%)	1,609 (17%)	9,276

¹ includes unknown gender

Source: Police Service of Northern Ireland Motoring Offence Data

A22: Gender and age breakdown of those referred for prosecution 2013 to 2017

Age group	Male (%Male)	Female (%Female)	Total ¹
Under 25	2,783 (88%)	386 (12%)	3,170
25-34	3,959 (86%)	621 (14%)	4,580
35-44	2,370 (78%)	650 (22%)	3,020
45-54	1,717 (75%)	576 (25%)	2,293
55-64	873 (78%)	250 (22%)	1,123
65+	394 (87%)	60 (13%)	454
Total	12,096 (83%)	2,543 (17%)	14,640

¹ includes unknown gender

Source: Police Service of Northern Ireland Motoring Offence Data

A23: Gender and age breakdown of drink driving defendants convicted in the Magistrates and Crown Courts 2013 to 2017

Age group	Male (%Male)	Female (%Female)	Total ¹
Under 25	1,926 (87%)	278 (13%)	2,204
25-34	2,952 (86%)	493 (14%)	3,445
35-44	1,818 (77%)	533 (23%)	2,351
45-54	1,430 (76%)	447 (24%)	1,877
55-64	701 (78%)	202 (22%)	903
65+	327 (88%)	45 (12%)	372
Unknown	97	18	115
Total	9,251 (82%)	2,016 (18%)	11,267

¹ includes unknown gender Source: Northern Ireland Courts & Tribunals Service (NICTS) Statistics and Research Unit

A24: Would you travel as a passenger in a car in which the driver has had one drink? 2016/17 (Base N=3,250)

Age group	Yes (%)	No (%)	Total (count)
Male	41%	59%	1,394
Female	30%	70%	1,856
16-24	29%	71%	211
25-34	38%	62%	460
35-44	39%	61%	524
45-54	36%	64%	653
55-64	35%	65%	544
65 or over	30%	70%	858
Total	35%	65%	3,250

Source: Continuous Household Survey 2016/17

A25: Passengers who were injured while travelling with a drink driver 2013-2017

Age group	Killed	Seriously Injured	Slightly Injured	Total
Male	5	31	110	146
Female	1	20	82	103
Under 16	0	1	15	16
16-24	4	24	102	130
25-34	1	21	49	71
35-44	0	3	16	19
45-54	0	2	6	8
55-64	0	0	2	2
65 or over	1	0	0	1
Unknown	0	0	2	2
Total	6	51	192	249

Source: Police Service of Northern Ireland Road Traffic Collision Data

A26: Do you think that it is acceptable to drive after one drink (e.g. a pint of beer, one glass of wine or a measure of spirits?)

(Base N=3,242)

Age group	Yes (%)	No (%)	Total (count)
Male	35%	65%	1,392
Female	22%	78%	1,850
16-24	29%	71%	209
25-34	32%	68%	460
35-44	31%	69%	521
45-54	28%	72%	653
55-64	25%	75%	543
65 or over	24%	76%	856
Total	27%	73%	3,242

Source: Continuous Household Survey 2016/17

A27: Would you normally drive after one drink e.g. a pint of beer, one glass of wine or a measure of spirits? By age group

(Base N=1,881)

Age group	Yes (%)	No (%)	Total (count)
Male	24%	76%	907
Female	15%	85%	974
16-24	17%	83%	89
25-34	21%	79%	305
35-44	22%	78%	357
45-54	16%	84%	442
55-64	16%	84%	315
65 or over	23%	77%	373
Total	19%	81%	1,881

Source: Continuous Household Survey 2016/17

A28: Would you normally drive the morning after an evening on which you had been drinking 4 (for women) or 5 (for men) or more alcoholic drinks?

(Base N=1,880)

Age group	Yes (%)	No (%)	I don't drink that amount (%)	Total (count)
Male	24%	47%	29%	907
Female	19%	45%	36%	973
16-24	34%	46%	20%	89
25-34	30%	48%	22%	305
35-44	30%	47%	23%	357
45-54	17%	51%	32%	441
55-64	18%	44%	37%	315
65 or over	9%	40%	51%	373
Total	21%	46%	33%	1,880

Source: Continuous Household Survey 2016/17