**Introduction**

The Transport Accident Commission (TAC) works with VicRoads, Victoria Police and the Department of Justice to implement Victoria’s Road Safety Strategy 2013-2022, which seeks to reduce death and serious injury on roads by more than 30% by 2022. The aim is to have safer drivers, safer cars and safer roads. As part of this work, TAC funds various initiatives to educate the community on how to be a safer driver, including campaigns on driving under the influence of alcohol and drugs, driver distraction and the dangers of speeding.

Since 2008 the TAC has provided funding through the Community Road Safety Grants Program (CRSGP) to community groups (usually VicRoads Registered Community Road Safety Groups) and Rotary Clubs across Victoria to purchase breathalyser machines for installation in licensed premises or for use at community events to encourage patrons to check their Blood Alcohol Content (BAC) before driving a vehicle.

To date, the TAC has funded 43 grants totalling $784,765 for breath testing programs across Victoria (2007/08 to 2012/13). Data supplied by the TAC indicates a total of 150 breathalyser devices have been funded through the CRSGP with the majority (137) being fixed wall devices purchased by Rotary Clubs (123).

The breathalyser program responds to the overall objectives of the CRSGP - to:

* Encourage community involvement in local road safety programs that are consistent with Victoria’s Road Safety Strategy 2013-2022; and to
* Provide opportunities for local community groups to develop and implement effective road safety projects targeting specific local road safety issues.

**Program partnerships/stakeholders**

Organisations funded under the CRSGP are expected to partner with other community groups, local councils and road safety stakeholders so the road safety project draws on a broad range of local knowledge and is supported on a local level. Partnerships developed between community groups, the local Liquor Accord, local government and the local police appear to be the strongest indicator of a robust ongoing program. Where the police are actively engaged and driving the choice of venues for installation of breathalysers, positive outcomes have been achieved. Victoria Police are regarded as a most influential partner in successful projects, promoting cohesiveness within the local group and assisting to identify and fast-track installations.

When compared with breathalyser projects conducted by other community groups, some Rotary Clubs appeared to have fewer partners at the community level and less well developed connections as the basis for embedding the project as part of a community-wide local road safety strategy.

The Rotary Clubs of Victoria have been a significant player within the breathalyser component of the CRSGP and have an expressed interest in promoting road safety. The availability of grants to fund breathalyser machines has been heavily promoted to Rotary Clubs by Breathometer Corporation, who have supplied and maintain all the fixed wall devices funded under the CRSGP. Numerous Rotary Club applications are very similar and appear to have been heavily influenced by Breathometer Corporation, raising concerns about whether the project is genuinely community-based.

The current funding model is based on the community group owning the breathalyser device. No formal provision is made for ongoing technological advancements, replacement of obsolete machines or for the requirement for devices to be in service for minimum periods. This matter should be further reviewed by TAC to capitalise on funds invested and potentially extend the impact of the program.

**Program benefits**

The single most positive outcome of having breathalysers installed in licensed venues from the perspective of community group representatives and licensees was to provide a means for patrons to gain a better understanding of the impact of alcohol on them individually. This view was echoed by most expert stakeholders interviewed.

There was general consensus across the community groups and licensees that the main benefits of the breathalysers are:

* To assist individuals to understand how much they can drink to remain under 0.05 BAC, and to help them make informed decisions about whether to drive
* Providing an objective measure of BAC rather than relying on opinion
* Encouraging individuals to exercise responsibility in their drinking behaviour.

Some licensees listed additional benefits:

* To help meet RSA requirements - these venues frequently used the breathalysers for managing patron behaviour including requesting patrons to take a reading if they were insisting on being served when clearly intoxicated
* Promoting their venue as family friendly (i.e. not tolerating excessive consumption of alcohol) and a means of attracting more patrons or members.

Other stakeholders saw the potential to use machine data to target drink driving campaigns to problem areas, however this view was not shared by all interviewed.

Breathalyser project objectives noted in CRSGP applications reflect program intent and support the overall strategic direction established by TAC. However, some objectives are not well supported in implementation of some projects. While offering the drinking public a way to gauge their BAC and providing information as a basis for driving choice (which is positive), placing a breathalyser unit in a licensed venue alone does not constitute a road safety campaign.

The most common connection between the breathalyser projects and local road safety campaigns was utilising the revenue to support other initiatives. Community road safety groups and several Rotary Clubs reported using the funds for Looking After Our Mates, Fit2Drive, funding older driver assessments tests (where referred by a medical practitioner), funding a car for a L2P program, teaching migrants how to drive and heavy vehicle driving programs. Other Rotary Groups indicated they put the revenue back into programs that had a community benefit, e.g. support for a PhD scholarship to study organ donation, supporting a young child with cancer, assisting Rotary International’s fight to eradicate polio.

All groups indicated that acceptance of the breathalyser devices and getting approval to install them was the biggest obstacle to the success of the program. Some venue owners and operators were identified as resistant. These venues were frequently the ones identified by police as a high priority. Other constraints included licensee concerns the machines would reduce patron attendance and revenue. Grant recipients should be encouraged to have active strategies to engage with hotels, clubs and other venues, using the leverage of the local partnership.

If breathalyser projects are considered worthwhile and remain a component of the CRSGP, there may also be benefit in reviewing the promotional strategy in particular the involvement of TAC and Victoria Police in pushing the program to licensed venues, encouraging machine use in appropriate ways and in building connections to assist Rotary Clubs to fully integrate as part of local road safety strategies.

**Use of data to inform local drink driving campaigns**

A review of CRSGP applications indicates that ownership of the data generated by the machines rests with the community group receiving the grant, and that it will be shared with the TAC and other relevant groups (for example, local government, community road education groups).

However, very few groups shared the data with the venues or others and there is only limited evidence of data from breathalyser units being used to inform local drink driving campaigns. Expectations that projects use the breathalysers and data received as a lever for other campaigns have not been realised (although many groups utilise revenue from the machines to fund other road safety initiatives or good works).

Anecdotal reports of patrons changing their drink and/or driving behaviour are limited, although broad observations of a desire to use the breathalysers as an educative device are more widespread. The potential use of data generated from the devices to identify problem areas and target road safety initiatives is a significant opportunity; however, it is the very issue that may inhibit machine installations.

**Usage of and/or perceived value of breathalysers units**

No data is available on the age, gender or other demographic composition of breathalyser users across Victoria from the installations. The reports provided by the fixed wall breathalysers are limited to the number of uses and the BAC reading. No demographic data is collected by these devices.

Most licensees interviewed however indicated that young males overall are the highest users and are also the group most likely to use the machines inappropriately, i.e. using mouth alcohol to obtain high readings in ‘challenge’ games.

Those groups most likely to use breathalysers responsibly and for the intended purpose were identified as being 30+ years. The age of highest use patrons was also influenced by the type of venue, i.e. golf and bowling clubs had older users, while football clubs were generally younger people.

Most licensees indicated they did not know what action people took once they blew into the devices. However, some positive reports included:

* Patrons who intended driving called a cab when readings exceeded 0.05
* Patrons being surprised with readings that showed under or over 0.05 BAC being at odds with their own BAC assessment
* One sports club kept car keys behind the bar to make sure their members got home safely after they blew more than 0.05
* A group of people made the designated driver pay for a cab home for everyone when his BAC was shown to be over 0.05
* Drivers expressing gratitude for the machine after blowing over 0.05, deciding to call a taxi and then seeing a police breath testing station near the premises. These patrons indicated the breathalyser had saved their licence
* Parents at football clubs expressing gratitude that an instrument was available to enable their adult children to test their BAC so they would not drive home.