Road Deaths and Alcohol 2013-2017

Research Department
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Údarás Um Shábháilteacht Ar Bhóithre
Road Safety Authority

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Section 1. Executive summary

1.1 Background to report

The Health Research Board (HRB) collect Road Traffic Collision (RTC) fatalities data annually on behalf of the Road Safety Authority (RSA) from closed coronial files, using the National Drug-Related Deaths Index (NDRDI) methodology. To date, the RSA has access to data from closed coronial files for RTC fatalities that occurred in 2013-2017.

This report focuses on road user fatalities who had a positive toxicology for alcohol at the time of the fatal collision. This was confirmed where the deceased had a Blood Alcohol Concentration (BAC) >20mg alcohol per 100ml blood (or equivalent in urine).

There was a toxicology result available for 600 of the 705 RTC fatalities (85.1%) captured in the 2013-2017 coronial data. Of the 600 RTC fatalities with a toxicology result available, 36.5% (n = 219) had a positive toxicology for alcohol.

This report first focuses on the 219 road user fatalities with a positive toxicology for alcohol. It then examines driver and motorcycle driver ('driver') fatalities with a positive toxicology for alcohol (n = 135) in further detail.

1.2 Key findings

Of the 219 road user fatalities with a positive toxicology for alcohol:

- 86% were male
- 76% were <45 years of age
- 69% had a BAC >150mg/ml
- 65% took place between 9pm-6am
- 60% took place on Saturday-Monday
- 72% took place on rural roads (≥80km/h speed limit)

Of the 135 driver fatalities with a positive toxicology for alcohol:

- 77% were driving a car, 16% a motorcycle, and 7% a goods vehicle (heavy or light)
- 92% were male
- 82% were <45 years of age
- 69% had a BAC >150mg/ml
- 61% took place between 9pm-6am
- 64% took place on Saturday-Monday
- 79% took place on rural roads (≥80km/h speed limit)
- 70% were single vehicle collisions
- As a result of the 135 fatal collisions, 146 people died and 72 were injured

Of the driver fatalities with records available:

- 54% were not wearing a seatbelt
- 50% lost control, 44% went to the wrong side of the road and 33% exceeded a safe speed
- 17% had an issue with their vehicle's tyres reported on inspection

Section 2. Introduction

2.1 Background to report

During 2013-2017, 880 people were killed in 824 Road Traffic Collisions (RTCs) on Irish roads[1]. This report focuses on road user fatalities who had a positive toxicology for alcohol at the time of the fatal collision. It does so in order to enhance our understanding of the circumstances of such deaths, and so that further targeted road safety interventions can be developed to reduce the number of collisions on Irish roads.

This report adopts the Road Safety Authority's (RSA) definition of a RTC fatality: where the deceased was involved in a collision that occurred on a public road, that was investigated by or brought to the notice of An Garda Síochána, where the exact location of the collision could be determined, and the deceased died within 30 days of the RTC occurring.

A positive toxicology for alcohol was confirmed where the deceased had a Blood Alcohol Concentration (BAC) >20mg alcohol per 100ml blood (or equivalent in urine[2]). Toxicology data were obtained from ante-mortem toxicology results, or post-mortem toxicology results where the deceased died ≤1 calendar day of the collision occurring.

2.2 Data source

This report draws from coronial data provided to the RSA by the Health Research Board (HRB). The HRB manages and populates an epidemiological database called the National Drug-Related Deaths Index (the 'NDRDI'). This database records all deaths due to drug and alcohol poisoning, and all deaths among drug users and those who are alcohol dependent in Ireland. The HRB collect data from a number of sources to populate this database, including data from closed coronial files, stored in coroner's offices nationwide, following a completed coroner's inquest.

In 2012, the RSA contacted the HRB to explore whether they could extend their remit to collect data from all available coronial files involving persons killed in a RTC, identified according to the RSA definition of a RTC fatality, while collecting data for the NDRDI. This was captured in Action 120 of the 2013-2020 government Road Safety Strategy. A successful feasibility project to assess this was conducted in 2014/2015, and since then, while accessing coronial files to populate the NDRDI, the HRB has collected data for the RSA on all available RTC fatalities. To date, the RSA retains coronial data on RTC fatalities that occurred in 2013-2017, as provided by the HRB.

The HRB only collects data from closed coronial files. To allow time for inquests to be completed (which may be influenced by prosecutions), there is a lag in the time between year of death and year of data collection. In 2018/2019 for example, data collection on RTC fatalities occurring in 2017 took place. During annual data collection, the HRB also collects RTC fatalities data from previous years (e.g. 2016) which were not closed/available during the previous round of data collection. This improves overall coverage of RTC fatalities from the coronial data.

[1] RSA collision data for 2017 are considered provisional and subject to change.
[2] In a small number of cases where a BAC was not available, a Urine Alcohol Concentration (UAC) was converted to a BAC by the ratio 1.34 : 1, as per the Road Traffic Act.

Coronial files typically include: An Garda Síochána investigation report, Forensic Collision Investigation (FCI) Report, witness/deposition statement(s), autopsy report, toxicology report, death certificate and the Coroner's verdict. As such, valuable, detailed and definitive information on the characteristics and actions of road users involved in a RTC fatality, toxicology information, condition of the vehicle(s) involved, and other collision characteristics (e.g. timeframe and location) are available from the coronial data.

2.3 Fatalities examined

During 2013-2017, 880 people were killed in 824 RTCs on Irish roads. The RSA has coronial data for 705 of these fatalities, as provided by the HRB (80.1% coverage).

There was a toxicology result available for 600 of the 705 RTC fatalities (85.1%) captured in the coronial data. Of the 600 RTC fatalities with a toxicology result available, 36.5% (n = 219) had a positive toxicology for alcohol.

Section 3 of this report focuses on the 219 road user fatalities with a positive toxicology for alcohol. Section 4 then examines driver and motorcycle driver fatalities with a positive toxicology for alcohol (n = 135) in greater detail.

Section 3. Fatalities with a positive toxicology for alcohol

3.1 Overview

Section 3 of this report focuses on the 219 road user fatalities with a positive toxicology for alcohol (2013-2017) captured in the coronial data. Section 3.2 provides a profile of these fatalities (e.g. gender, age), while Section 3.3 provides a profile of the RTCs they were involved in (e.g. timeframe, location).

Table 1. below outlines the proportion of RTC fatalities with a positive toxicology for alcohol by road user type, during the 2013-2017 time period.

Table 1. *Proportion of fatalities with a positive toxicology for alcohol by road user type (2013-2017)*

Road user type	No. fatalities	No. fatalities with a tox result	No. fatalities with a positive tox for alcohol	% fatalities positive for alcohol, of those with a tox result
Driver[3]	328	292	114	39.0%
Motorcycle driver	91	87	21	24.1%
Passenger	113	84	28	33.3%
Pedestrian	129	107	49	45.8%
Cyclist	39	26	5	19.2%
Other[4]	5	<5	<5	

Pedestrian fatalities had the highest proportion of fatalities with a positive toxicology for alcohol of those with a toxicology result available (45.8%), followed by drivers (39%).

[3]'Driver' here refers to a car driver, light or heavy goods vehicle driver (e.g. a van), or driver other (e.g. a tractor).

[4]It is HRB policy not to publish field values <5 when reporting on fatalities data. As such, throughout this report, field values <5 have been omitted, combined with other categories, or incorporated into an 'Other' category, as necessary.

3.2 Fatality profile

3.2.1 Road user type

The majority of the 219 road user fatalities with a positive toxicology for alcohol were drivers[5] (52.1%, n = 114)[6].

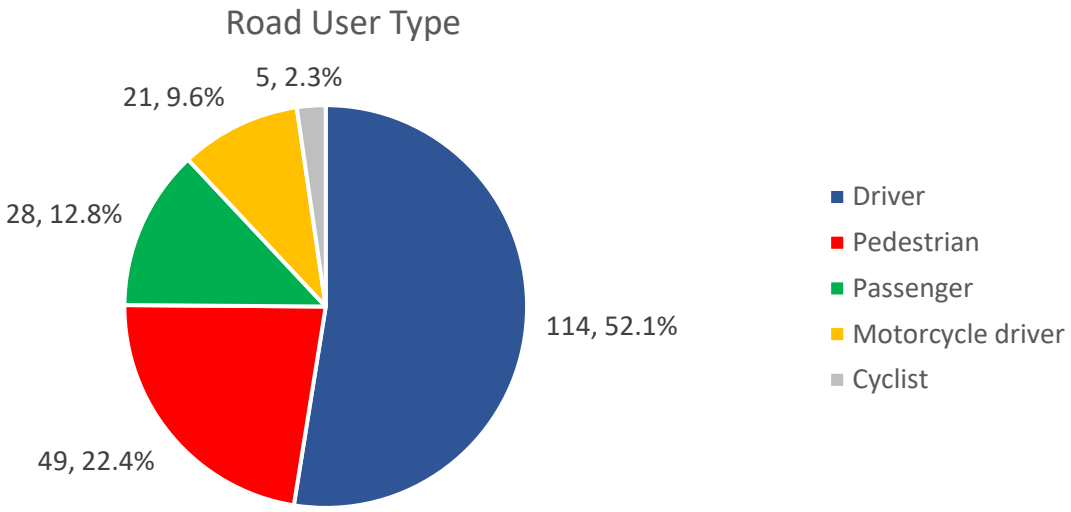

Figure 1. Fatalities with a positive toxicology for alcohol by road user type (2013-2017)

3.2.2 Age

The age category with the largest number of fatalities with a positive toxicology for alcohol was the 25-34 year group (27.4%, n = 60). Three quarters of the fatalities (75.8%, n = 166) were under the age of 45.

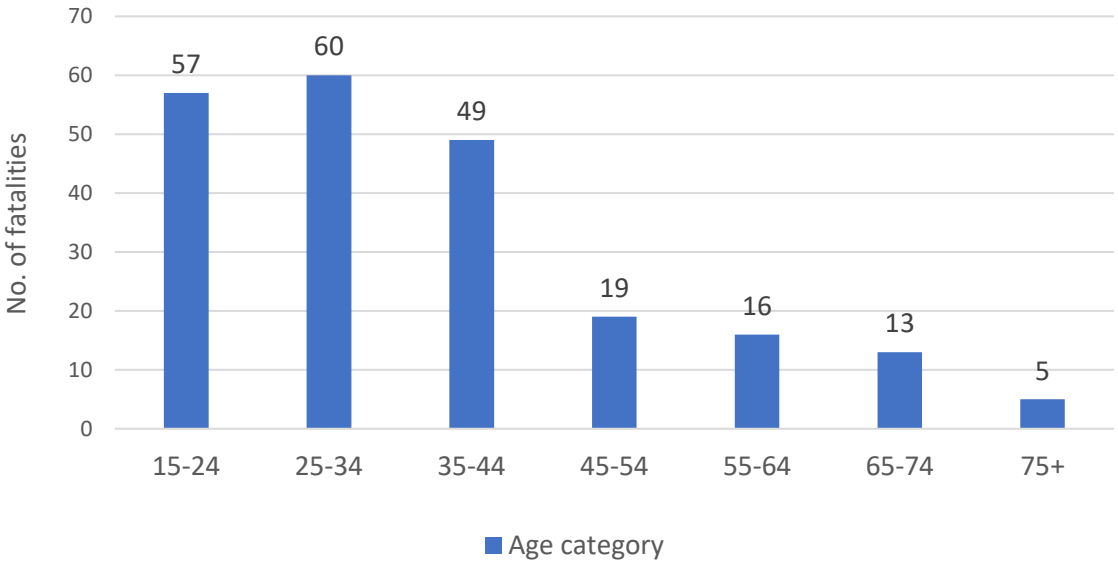

Figure 2. Fatalities with a positive toxicology for alcohol by age category (2013-2017)

[5] 'Driver' here refers to a car driver, light or heavy goods vehicle driver (e.g. a van), or driver other (e.g. a tractor).

[6] It is HRB policy not to publish field values <5 when reporting on fatalities data. As such, throughout this report, field values < 5 have been omitted, combined with other categories, or incorporated into an 'Other' category, as necessary.

Figure 3 below compares the age trend of the fatalities with a positive toxicology for alcohol, versus the age trend of all the road user fatalities captured in the coronial data for 2013-2017 (n = 705).

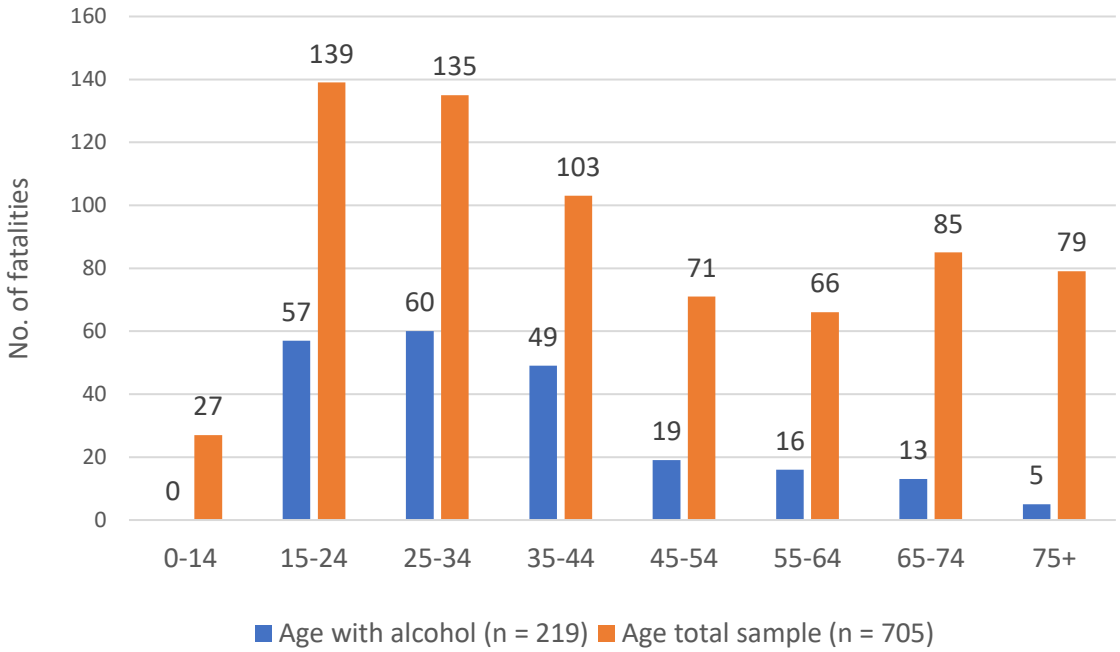

Figure 3. Fatalities with a positive toxicology for alcohol and total fatalities by age category (2013-2017)

Fatalities aged 65+ years accounted for 23.3% (n = 164) of the total road user fatalities during this time period, however they accounted for 8.2% (n = 18) of fatalities with a positive toxicology for alcohol.

3.2.3 Gender

Almost 9 in 10 of the fatalities with a positive toxicology for alcohol were male (86.3%, n = 189). 13.7% (n = 30) were female.

3.2.4 Gender and age

Of the 189 male fatalities with a positive toxicology for alcohol, the majority of these were under the age of 35 (54.5%, n = 103). Of the 30 female fatalities with a positive toxicology for alcohol, the majority of these were aged 35 and above (53.3%, n = 16).

Table 2. *Distribution of age categories of fatalities with a positive toxicology for alcohol (2013-2017)*

Age category	N Males	% Males	N Females	**%** Females
15-24	48	25.4%	9	30.0%
25-34	55	29.1%	5	16.7%
35-44	41	21.7%	8	26.7%
45+	45	23.8%	8	26.7%
Total	**189**	**100%**	**30**	**100%**

3.2.5 BAC level[7]

The largest number of fatalities with a positive toxicology for alcohol was in BAC category 151-200mg/ml (22.8%, n = 50). Almost seven in ten of the fatalities with a positive toxicology for alcohol had a BAC level >150mg/ml (69.4%, n = 152).

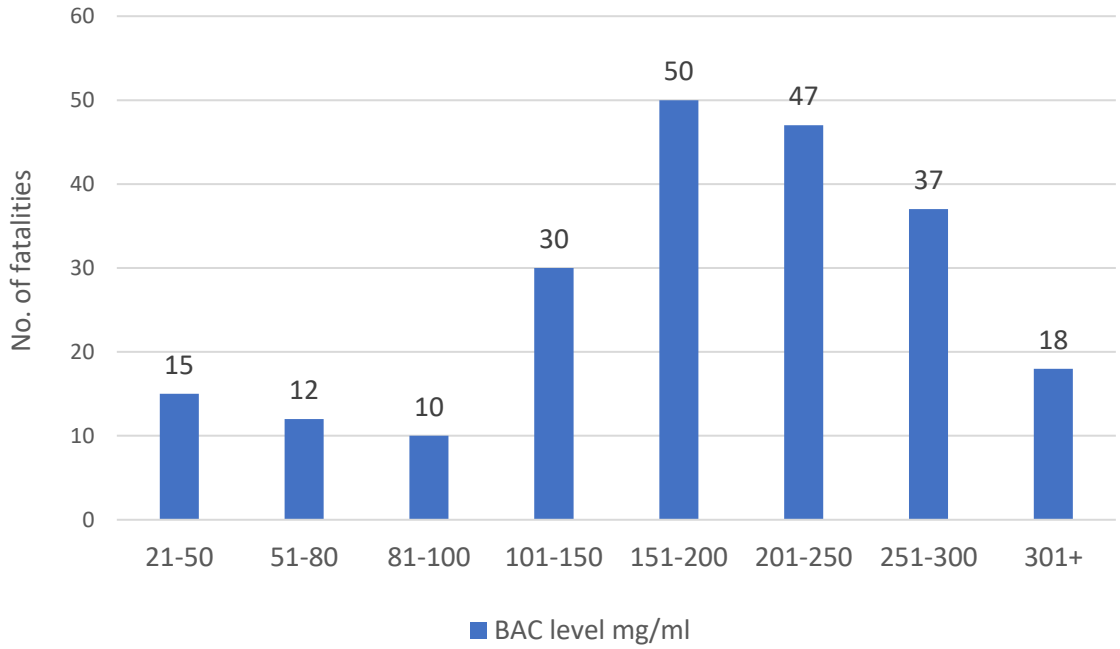

Figure 4. Fatalities with a positive toxicology for alcohol by BAC category (2013-2017)

As shown in Table 3 below, the 35-44 year age category (n = 49) had the highest proportion of fatalities with a BAC >150mg/ml (83.7%, n = 41).

Table 3. *Proportion of fatalities with a BAC >150mg/ml by age category (2013-2017)*

Age category	No. fatalities	No. fatalities with a BAC >150mg/ml	% fatalities with a BAC >150mg/ml
15-24	57	34	59.6%
25-34	60	43	71.7%
35-44	49	41	83.7%
45-54	19	15	78.9%
55-64	16	11	68.8%
65+	18	8	44.4%
Total	**219**	**152**	**69.4%**

Pedestrians (n = 49) were the road user group with the highest proportion of fatalities with a BAC >150mg/ml (81.6%, n = 40). Almost two in five pedestrian fatalities with a positive toxicology for alcohol had a BAC >250mg/ml (38.8%, n = 19).

[7] The legal alcohol limit for driving in the Republic of Ireland (2011 to present) is 50mg alcohol per 100ml blood, and 20mg alcohol per 100ml blood for learner permit, novice and professional drivers.

3.2.6 Trip purpose

There was a record of trip purpose for 188 of the 219 fatalities with a positive toxicology for alcohol. Of the 188 fatalities with a record of trip purpose, the majority were on a social/leisure trip (89.4%, n = 168), followed by a work-related trip (5.3%, n = 10)[8].

3.3 Collision profile

3.3.1 Time of day

The time category with the largest number of fatalities with a positive toxicology for alcohol was between 1am-2am (11%, n = 24). Almost two thirds of the fatalities occurred between 9pm-6am (64.8%, n = 142).

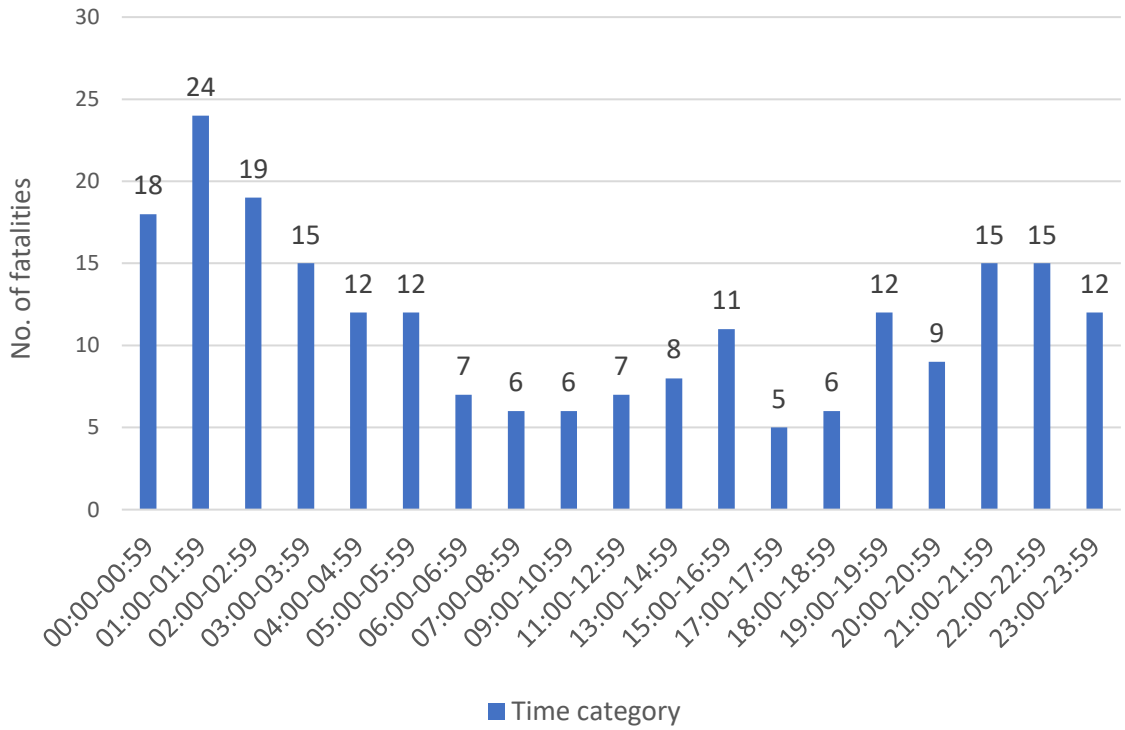

Figure 5. Fatalities with a positive toxicology for alcohol by time category (2013-2017)

[8] A 'work-related' trip incorporates driving for work or driving to/from work.

3.3.2 Day of week

The day of the week with the largest number of fatalities with a positive toxicology for alcohol was Sunday (26%, n = 57). Three in five fatalities took place over Saturday to Monday (60.3%, n = 132).

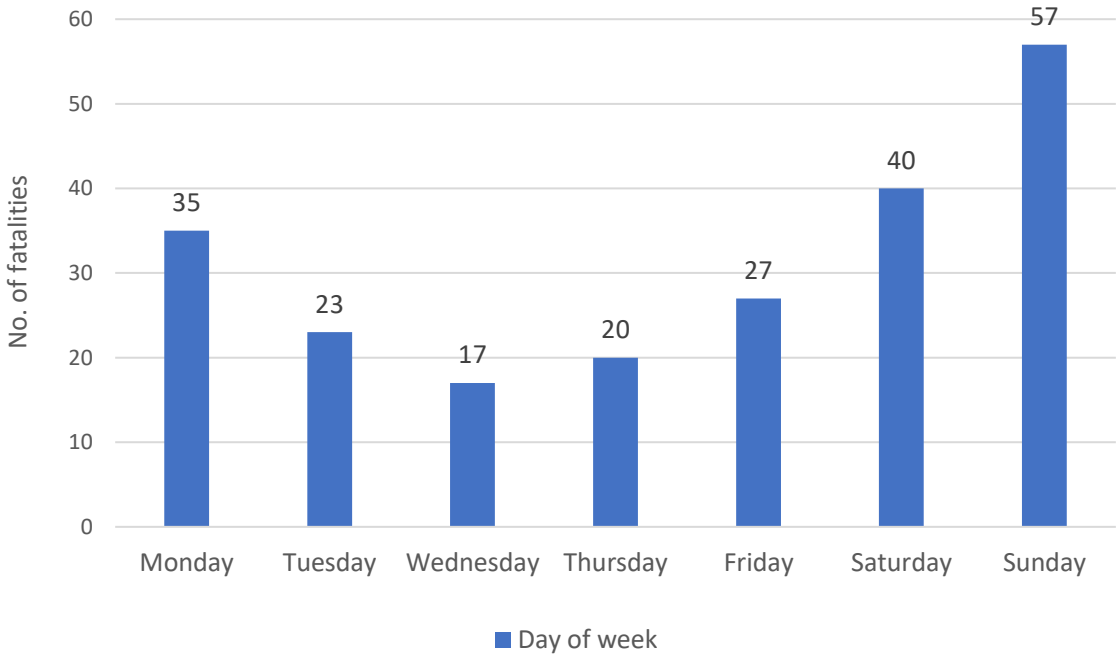

Figure 6. Fatalities with a positive toxicology for alcohol by day of week (2013-2017)

Of the 57 fatalities with a positive toxicology for alcohol that occurred on a Sunday, half occurred between 12am-7am (50.9%, n = 29). 57.5% (n = 23) of the 40 fatalities that occurred on a Saturday, and 62.9% (n = 22) of the 35 fatalities that occurred on a Monday, occurred during that same time period.

Driver fatalities with a positive toxicology for alcohol most commonly occurred on a Sunday (26.3%, n = 30), as did motorcycle driver fatalities with a positive toxicology for alcohol (42.9%, n = 9).

3.3.3 Month of year

The month of the year with the largest number of fatalities with a positive toxicology for alcohol was July (11.4%, n = 25). Almost two in five fatalities took place between June-September (38.4%, n = 84).

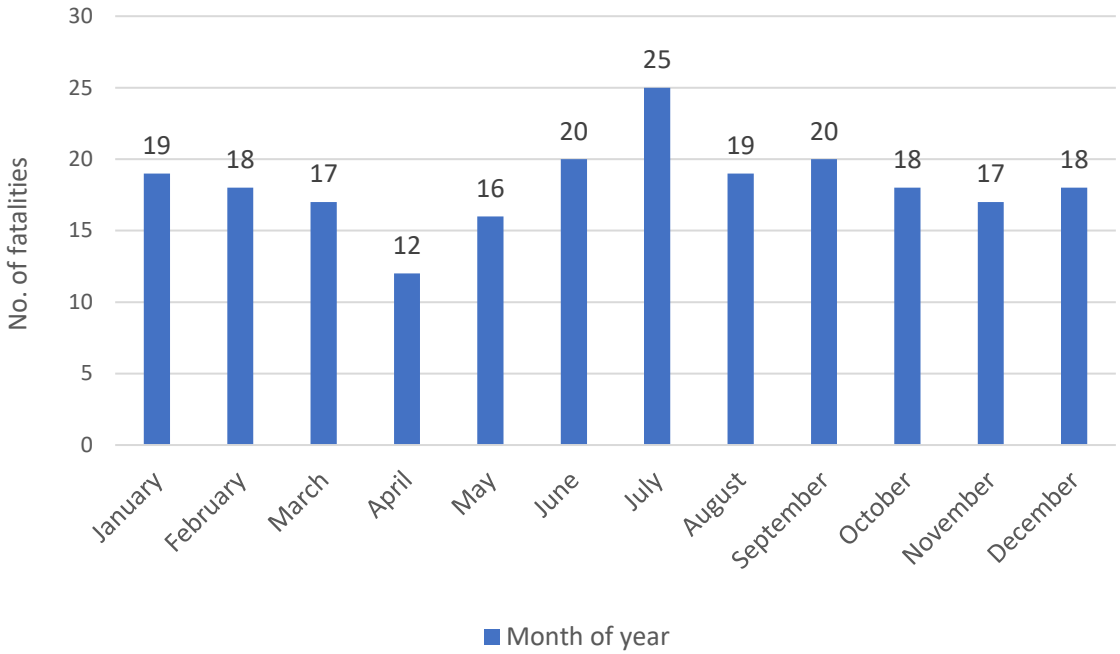

Figure 7. Fatalities with a positive toxicology for alcohol by month of year (2013-2017)

In line with this, summer was the season with the highest proportion of fatalities with a positive toxicology for alcohol (29.2%, n = 64). Spring was the season with the lowest proportion of these fatalities (20.5%, n = 45).

3.3.4 County

The county with the largest number of fatalities with a positive toxicology for alcohol was Dublin (13.2%, n = 29). Twenty-five counties in Ireland had at least one fatality with a positive toxicology for alcohol.

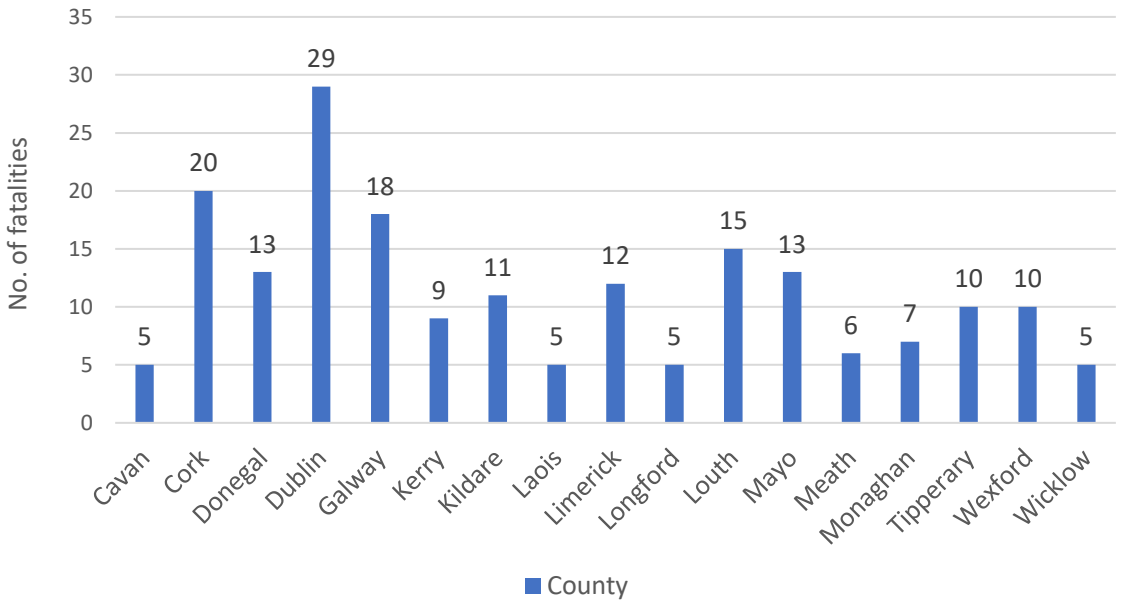

Figure 8. Fatalities with a positive toxicology for alcohol by county (2013-2017)

3.3.5 Speed limit

The majority of the fatalities with a positive toxicology for alcohol took place on rural roads[9] (71.7%, n = 157).

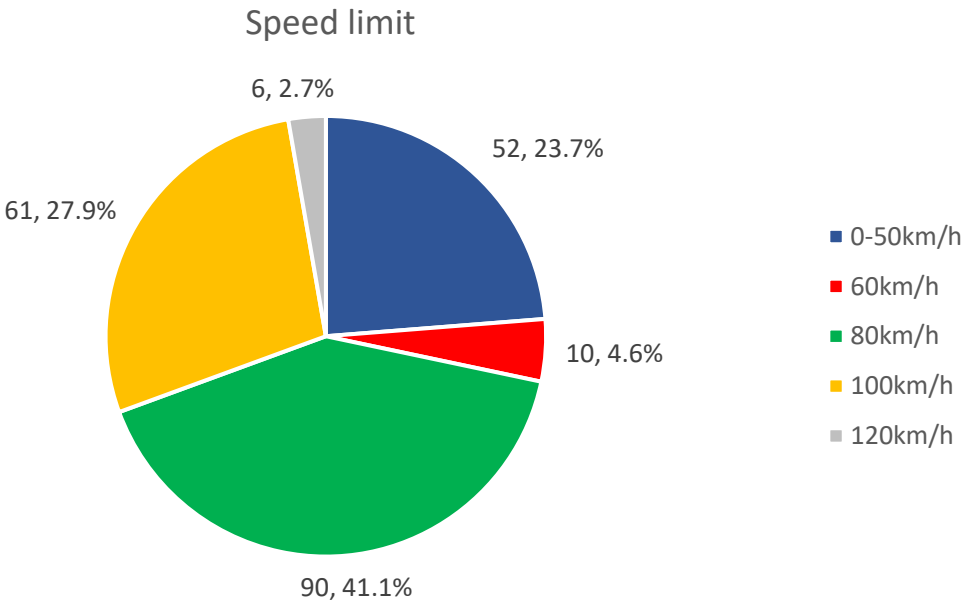

Figure 9. Fatalities with a positive toxicology for alcohol by speed limit (2013-2017)

The largest proportion of fatalities with a positive toxicology for alcohol took place on 80km/h roads (41.1%, n = 90).

[9] A 'rural road' is defined as one with a speed limit ≥80km/h.

Section 4. Driver fatalities with a positive toxicology for alcohol

4.1 Overview

During 2013-2017, 494 drivers and motorcycle drivers (henceforth 'drivers') were killed in RTCs on Irish roads[10]. The RSA has coronial data for 419 of these driver fatalities (84.8% coverage) as provided by the HRB.

There was a toxicology result available for 379 of the 419 driver fatalities (90.5%) captured in the coronial data. Of the 379 driver fatalities with a toxicology result available, 35.6% (n = 135) had a positive toxicology for alcohol.

Section 4 of this report focuses on these 135 driver fatalities with a positive toxicology for alcohol. Section 4.2 provides a profile of these fatalities (e.g. gender, age), while Section 4.3 provides a profile of the RTCs they were involved in (e.g. timeframe, location).

Table 4 below outlines the proportion of driver fatalities with a positive toxicology for alcohol by driver type, during the 2013-2017 time period.

Table 4. *Proportion of fatalities with a positive toxicology for alcohol by driver type (2013-2017)*

Road user type	No. fatalities	No. fatalities with a tox result	No. fatalities with a positive tox for alcohol	% fatalities with a tox result, positive for alcohol
Car driver	287	257	104	40.5%
Motorcycle driver	91	87	21	24.1%
Goods vehicle driver[11]	32	29	10	34.5%
Driver other	9	6	0	0%
Total	**419**	**379**	**135**	**35.6%**

[10] RSA collision data for 2017 are considered provisional and subject to change.
[11] Goods vehicle driver includes light and heavy goods vehicles (e.g. a van).

4.2 Driver fatality profile

4.2.1 Driver type

The majority of the 135 driver fatalities with a positive toxicology for alcohol were car drivers (77%, n = 104).

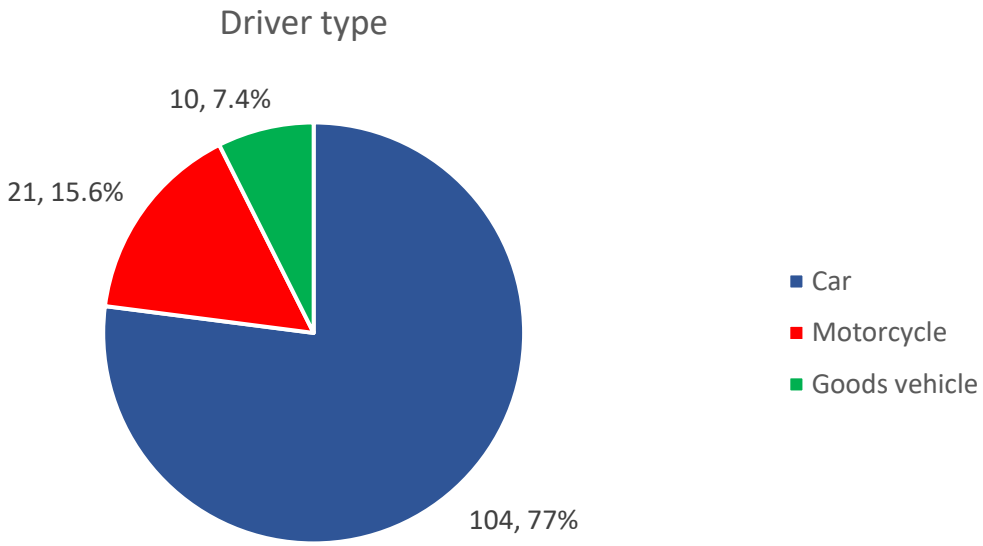

Figure 10. Driver fatalities with a positive toxicology for alcohol by driver type (2013-2017)

4.2.2 Gender

Over nine in ten of the driver fatalities with a positive toxicology for alcohol were male (91.9%, n = 124). 8.1% (n = 11) were female.

4.2.3 Age

The age category with the largest number of driver fatalities with a positive toxicology for alcohol was the 25-34 year group (29.6%, n = 40). Over four in five of the driver fatalities were under the age of 45 (82.2%, n = 111).

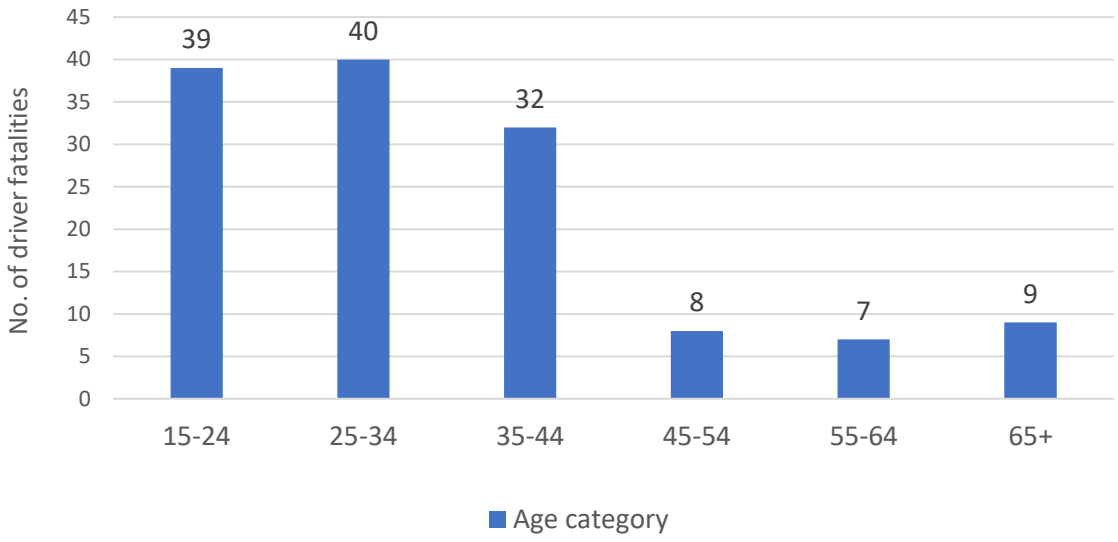

Figure 11. *Driver fatalities with a positive toxicology for alcohol by age category (2013-2017)*

Figure 12 below compares the age trend of the driver fatalities with a positive toxicology for alcohol, versus the age trend of all driver fatalities captured in the coronial data for 2013-2017 (n = 419).

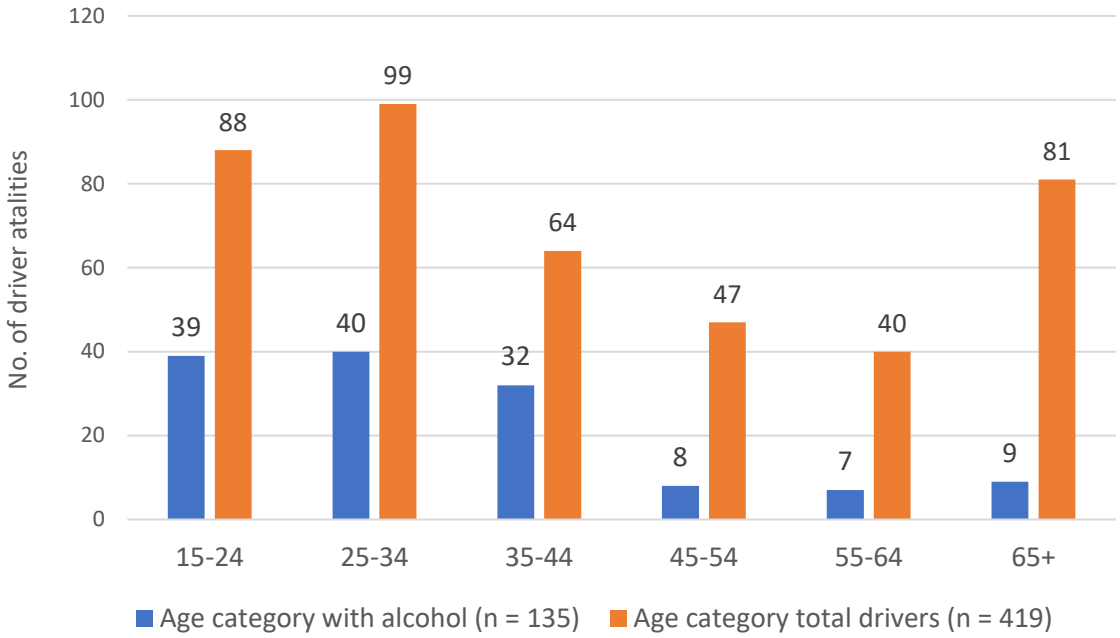

Figure 12. Driver fatalities with a positive toxicology for alcohol and total driver fatalities by age category (2013-2017)

Driver fatalities aged 65+ accounted for 19.3% (n = 81) of the total driver fatalities during this time period, but accounted for only 6.7% (n = 9) of the driver fatalities with a positive toxicology for alcohol.

In contrast, driver fatalities aged 35-44 accounted for 15.3% (n = 64) of the total driver fatalities during this time period, however they accounted for 23.7% (n = 32) of the driver fatalities with a positive toxicology for alcohol.

4.2.4 BAC level

The largest number of driver fatalities with a positive toxicology for alcohol was in BAC category 201-250mg/ml (22.2%, n = 30). Almost seven in ten of the driver fatalities with a positive toxicology for alcohol had a BAC level >150mg/ml (68.9%, n = 93).

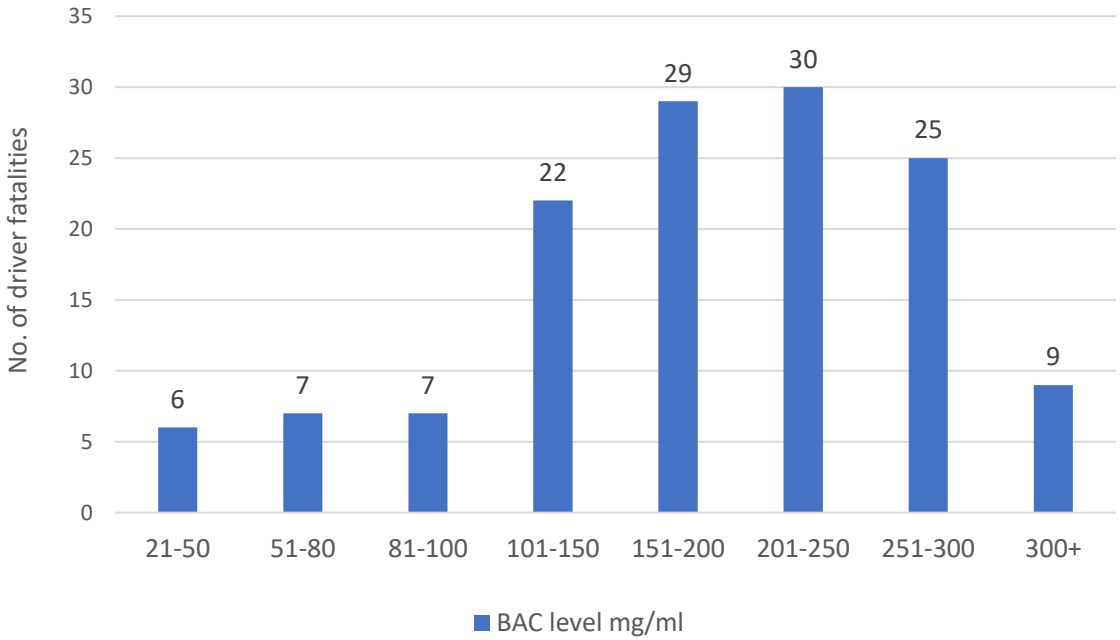

Figure 13. Driver fatalities with a positive toxicology for alcohol by BAC category (2013-2017)

As shown in Table 5 below, the 35-44 year driver age category (n = 32) had the highest proportion of fatalities with a BAC >150mg/ml (84.4%, n = 27).

Table 5. *Proportion of driver fatalities with a BAC >150mg/ml by age category (2013-2017)*

Age category	No. fatalities	No. fatalities with a BAC >150mg/ml	% fatalities with a BAC >150mg/ml
15-24	39	24	61.5%
25-34	40	27	67.5%
35-44	32	27	84.4%
45-54	8	6	75%
55+	16	9	56.3%
Total	**135**	**93**	**68.9%**

4.2.5 Licence type

There was a record of driver licence type for 108 of the 135 driver fatalities with a positive toxicology for alcohol. Of the 108 driver fatalities with a record of driver licence type, three quarters had a full licence (75.9%, n = 82)[12].

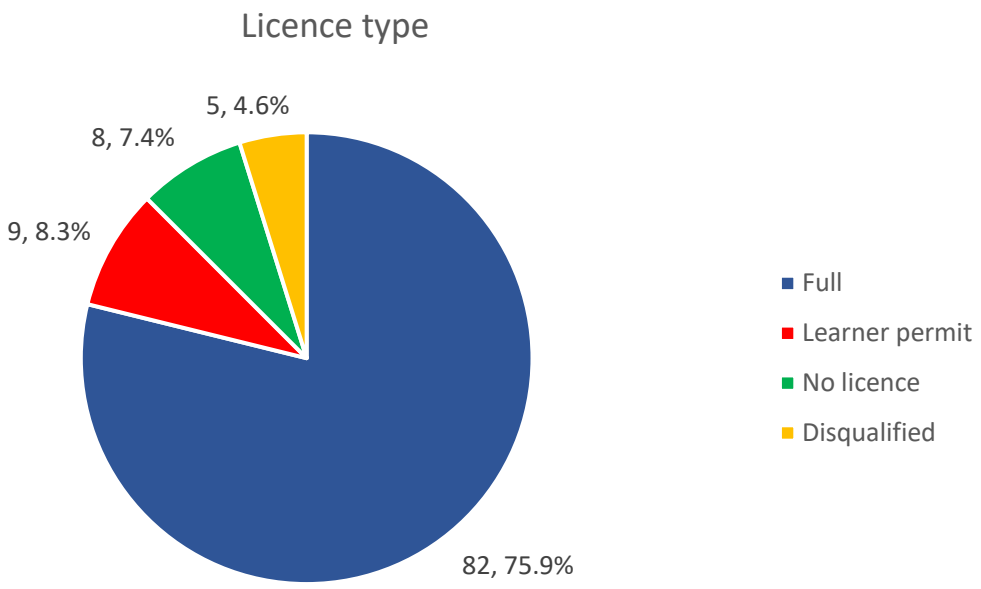

Figure 14. Driver fatalities with a positive toxicology for alcohol by licence type (2013-2017)

4.2.6 Seatbelt wearing

114 of the 135 driver fatalities with a positive toxicology for alcohol were driving a vehicle with seatbelts installed. Of these 114 driver fatalities, 105 had a record of whether they were wearing a seatbelt.

Of the 105 driver fatalities with a record of whether they were wearing a seatbelt, over half were not wearing a seatbelt (54.3%, n = 57).

In comparison, of the 295 total driver fatalities captured in the coronial data for 2013-2017, who were driving a vehicle with seatbelts installed and had a record of whether they were wearing one, almost two in five were not wearing a seatbelt (39.0%, n = 115).

4.2.7 Trip purpose

116 of the 135 driver fatalities with a positive toxicology for alcohol had a record of their trip purpose. Of the 116 driver fatalities with a record of their trip purpose, the majority were on a social/leisure trip (90.5%, n = 105), followed by a work-related trip[13] (5.2%, n = 6).

[12] It is HRB policy not to publish field values <5 when reporting on fatalities data. As such, throughout this report, field values <5 have been omitted, combined with other categories, or incorporated into an 'Other' category, as necessary.
[13] A 'work-related' trip incorporates driving for work or driving to/from work.

4.2.8 Driver actions

120 of the 135 driver fatalities with a positive toxicology for alcohol had a record of their actions before the fatal collision occurred[14]. Of the 120 driver fatalities with a record of their actions, half lost control of their vehicle before the fatal collision occurred (50%, n = 60).

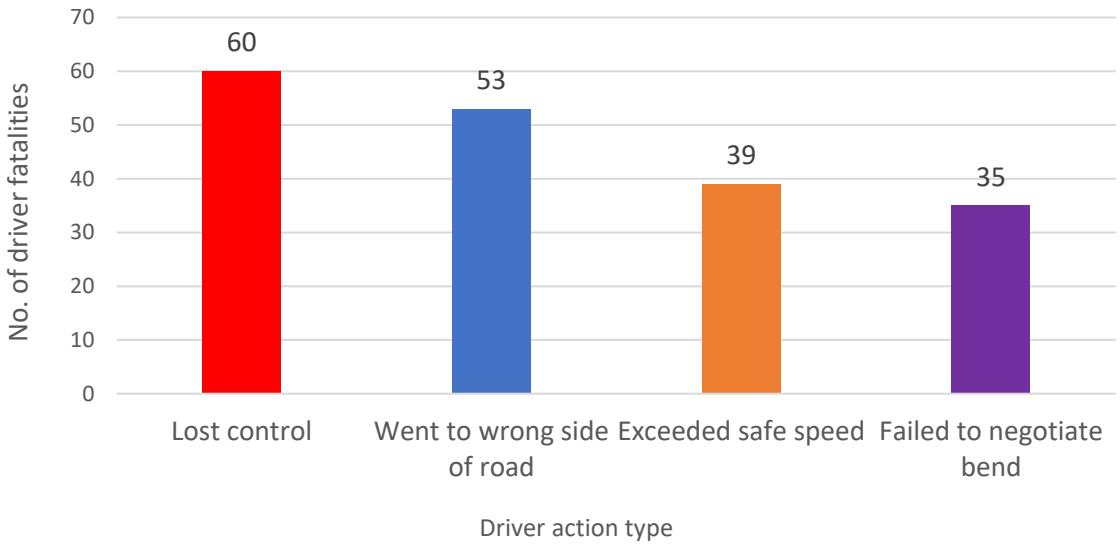

Figure 15. Driver fatalities with a positive toxicology for alcohol by driver actions[13] (2013-2017)

A fifth (20%, n = 24) of these driver fatalities with a positive toxicology for alcohol lost control and went to the wrong side of the road. 17.5% (n = 21) lost control and exceeded a safe speed, and 16.7% (n = 20) lost control and failed to negotiate a bend.

4.3 Driver fatalities collision profile

4.3.1 Total killed and injured

As a result of the 135 fatal collisions where 135 driver fatalities had a positive toxicology for alcohol, 146 people died and 72 were injured.

4.3.2 Collision type

The majority of the 135 collisions where 135 driver fatalities had a positive toxicology for alcohol were single vehicle collisions (70.4%, n = 95). A quarter involved two vehicles (24.4%, n = 33), and 5.2% (n = 7) involved three or more vehicles.

[14] Driver fatalities can have up to five actions recorded in the coronial data provided by the HRB.

4.3.3 Time of day

The time categories with the largest number of driver fatalities with a positive toxicology for alcohol were between 11pm-12am and 2am-3am (both 8.9%, n = 12). Over three in five of the driver fatalities took place between 9pm-6am (61.5%, n = 83).

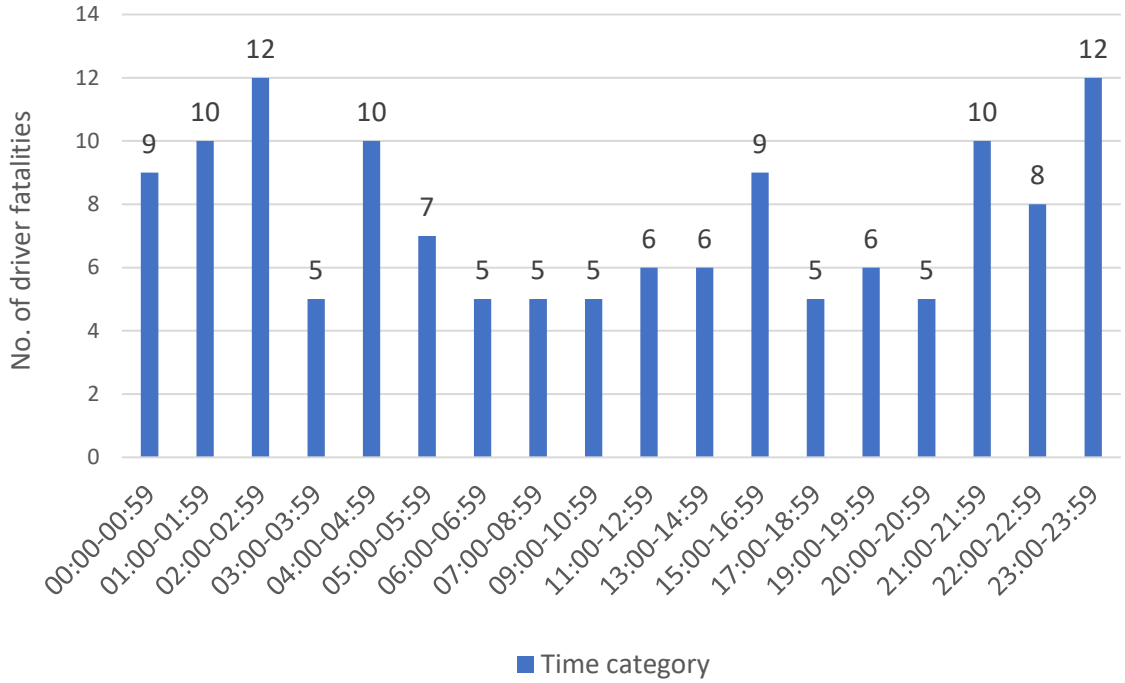

Figure 16. Driver fatalities with a positive toxicology for alcohol by time category (2013-2017)

4.3.4 Day of week

The day of the week with the largest number of driver fatalities with a positive toxicology for alcohol was Sunday (28.9%, n = 39). Almost two thirds of the driver fatalities took place over Saturday to Monday (64.4%, n = 87).

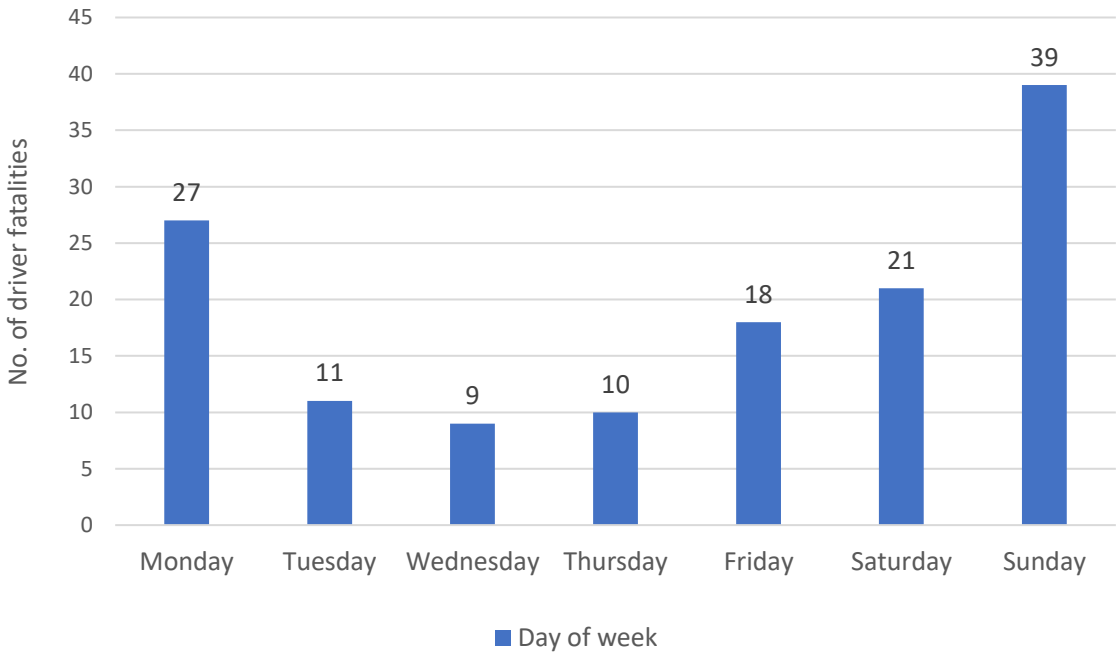

Figure 17. Driver fatalities with a positive toxicology for alcohol by day of week (2013-2017)

Of the 39 driver fatalities with a positive toxicology for alcohol that occurred on a Sunday, over two in five occurred between 12am-7am (41.0%, n = 16). 55.6% (n = 15) of the 27 fatalities that occurred on a Monday, and 42.9% (n = 9) of the 21 fatalities that occurred on a Saturday, also occurred during this time period.

4.3.5 Month of year

The month of the year with the largest number of driver fatalities with a positive toxicology for alcohol was July (13.3%, n = 18). A quarter of the driver fatalities took place over June to July (25.2%, n = 34).

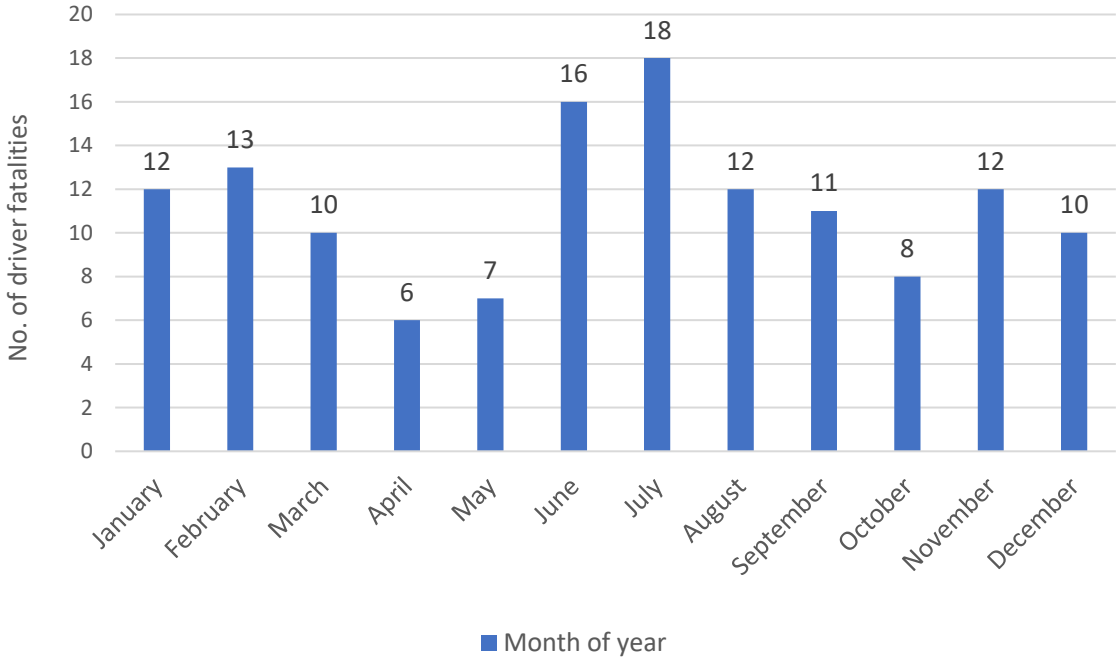

Figure 18. Driver fatalities with a positive toxicology for alcohol by month of year (2013-2017)

Summer was the season with the highest proportion of driver fatalities with a positive toxicology for alcohol (34.1%, n = 46). Spring was the season with the lowest proportion of these fatalities (17.0%, n = 23).

4.3.6 County

The county with the largest number of driver fatalities with a positive toxicology for alcohol was Dublin (11.1%, n = 15). Twenty-five counties had at least one driver fatality with a positive toxicology for alcohol.

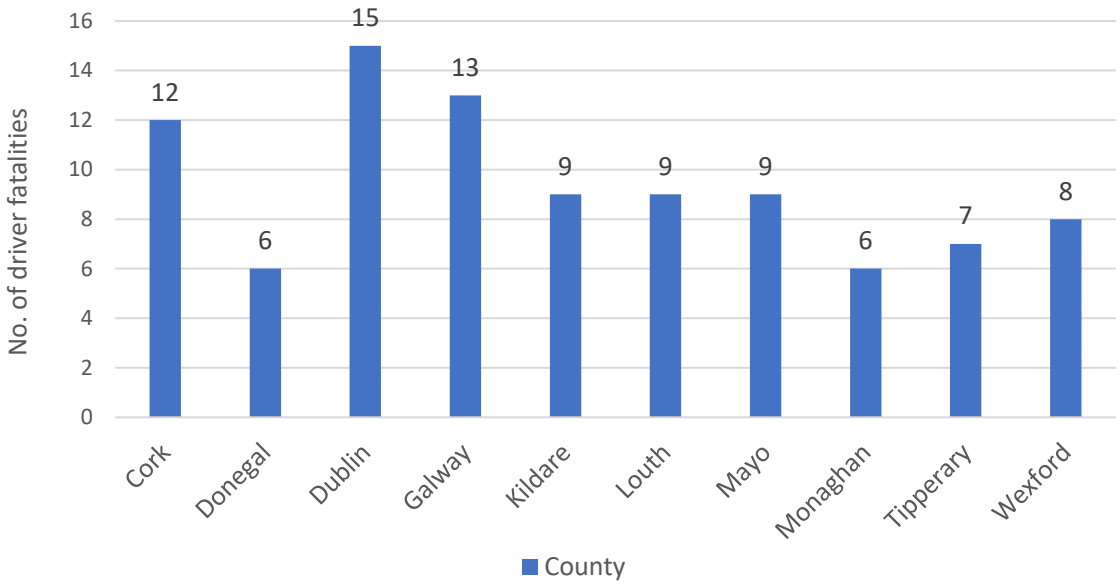

Figure 19. Driver fatalities with a positive toxicology for alcohol by county (2013-2017)

Figure 20 below compares the county driver fatalities with a positive toxicology for alcohol, versus those county fatalities for all driver fatalities captured in the coronial data for 2013-2017 (n = 419).

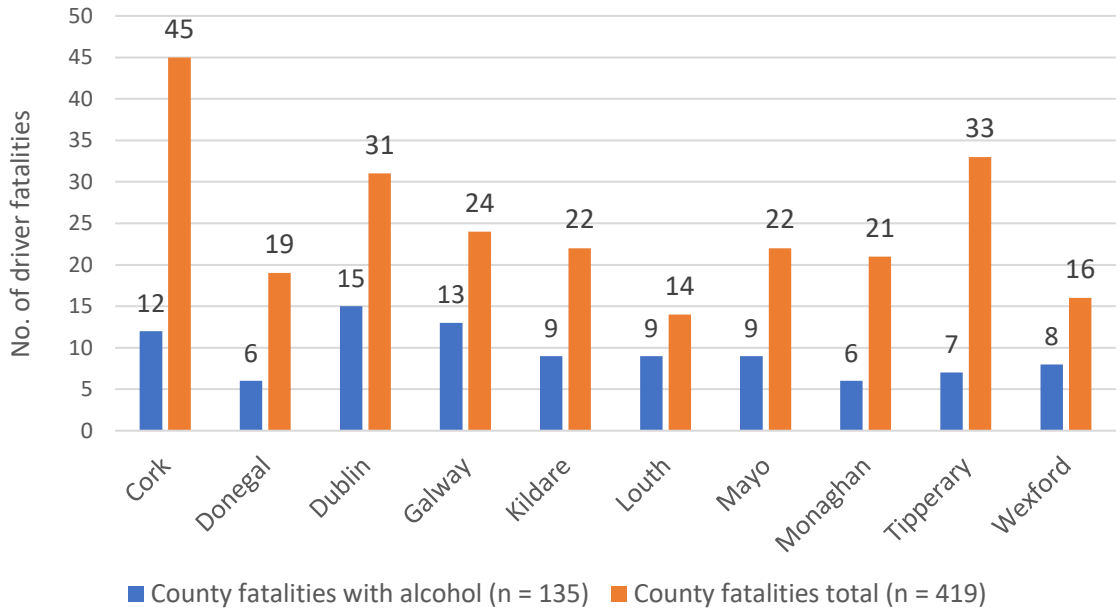

Figure 20. Driver fatalities with a positive toxicology for alcohol and total driver fatalities by county (2013-2017)

Louth had the highest proportion of driver fatalities with a positive toxicology for alcohol, relative to the total number of drivers killed in that county during the 2013-2017 time period (64.3%, n = 9), followed by Galway (54.2%, n = 13) and Wexford (50.0%, n = 8).

4.3.7 Speed limit

The majority of the driver fatalities with a positive toxicology for alcohol took place on rural roads[15] (79.3%, n = 107).

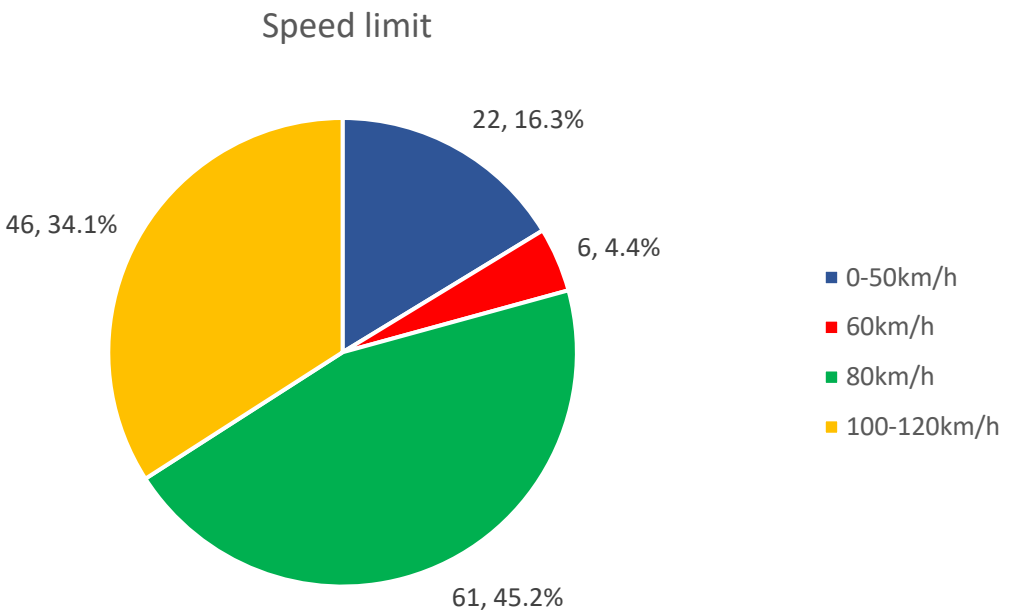

Figure 21. Driver fatalities with a positive toxicology for alcohol by speed limit (2013-2017)

The largest proportion of driver fatalities with a positive toxicology for alcohol took place on 80km/h roads (45.2%, n = 61).

4.3.8 Vehicle condition

For 124 of the 135 driver fatalities with a positive toxicology for alcohol, there was a record of the condition of their vehicle. Of the 124 driver fatalities with a record of vehicle condition, almost one in five (16.9%, n = 21) had an issue with their vehicle's tyres, and 4.8% (n = 6) had an issue with their vehicle's brakes, reported on inspection[16].

[15] A 'rural road' is defined as one with a speed limit ≥80km/h.
[16] Please note that these vehicle factors may or may not have contributed in full or in part to the collision occurring.

Section 5. Conclusions

Over a third of road user fatalities with a toxicology result available, killed between 2013-2017, on Irish roads had a positive toxicology for alcohol. These fatalities were typically male, and under the age of 45. The majority had a high BAC (e.g. seven in ten had a BAC >150mg/ml).

These fatalities typically occurred in the late evening/early hours of the morning, and over the weekend. The majority took place on rural roads (particularly 80km/h roads).

For driver fatalities with a positive toxicology for alcohol, the majority were driving a car. They too were primarily male, under the age of 45, with high BACs.

Of those driver fatalities with a record of whether they were wearing a seatbelt, over half were not. Where a record of driver actions was available, half of the drivers with a positive toxicology for alcohol lost control of their vehicle in the lead-up to the collision, and four in ten went to the wrong side of the road.

Seven in ten of the driver fatalities with a positive toxicology for alcohol died in single vehicle collisions. They primarily took place in the late evening/early hours of the morning, and over the weekend. The majority occurred on rural roads (particularly 80km/h roads).

The findings of this report demonstrate that alcohol is still a significant factor in RTC fatalities in Ireland. This report will be used, in conjunction with additional national and international evidence, to inform the design of targeted road safety interventions, enforcement strategies and education initiatives to prevent further alcohol-related RTCs on Irish roads.

Working To Save Lives

Údarás Um Shábháilteacht Ar Bhóithre
Road Safety Authority

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