Relicensing Pre-Examination for Drinking Problems: The Swedish Experience

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INTRODUCTION

In 1991, Sweden introduced requirements for drivers applying for licences after having been sentenced for having driven with more than 0.015 BAC (blood alcohol concentration). The driver is required to present to the licensing authority a certificate stating that he/she is not dependent upon alcohol or other drugs, this certificate can be obtained from a doctor but only after a minimum of three months observation. During this time, the applicant has to see the doctor on a number of occasions and liver enzyme testing will be applied. After this period - if no problems are found - the driver can obtain a conditioned license after passing the written and the practical driving test. The conditions last for at least 18 months during which he/she has to see the doctor at least three times to prove that a relapse has not occurred.

METHOD

In order to study and evaluate the effects of the new requirement, the following data were collected in two counties:

• the proportion of license applications after gross drunken driving (> 0.15%) which were turned down, prior to and after June 1st, 1991 (time of introduction of requirement), respectively.

• the proportion of applications which were turned down without administrative scrutiny, because of applicant’s failure to provide requested certification, prior to and after June 1st, 1991.

• the proportion of convicted drunken drivers with BAC’s > 0.15% who did not reapply - prior to and after June 1st, 1991.

The data was collected from 3754 cases in the two counties, June 1st, 1989 - May 31st, 1991 and June 1st, 1991 - May 31st, 1992.

The material was split into two sets:

A: in this set, action was taken after the revocation of the license.

B: in this set, no action was taken after the revocation of the license.

Set A was subdivided into eight subgroups in order to look at the proportion of licenses with specific conditions; the proportion of license applications, turned down and the reasons for this; the proportion of license applications with no administrative action and the reasons for this etc. Comparisons were made between before and after periods.
Set B was checked for presence in criminal registers. Those who had no criminal convictions, were checked for drunkenness in public during the last two years. Comparisons were made between before and after periods.

In addition to the study of the cases, the administrative court doctors in all of Sweden and the doctors who had signed the certificates in one of the counties, responded to a questionnaire regarding the requirement and its effects. This questionnaire was answered by 19 of the 24 administrative court doctors and by 59 of the 80 certifying doctors.

RESULTS

Cases

The first issue concerns whether the proportion of applications turned down without administrative scrutiny had been influenced by the introduction of the new requirement.

Prior to the requirement 6.9% of the applications were turned down and after the introduction 4.6%.

Most of these cases are related to the fact that the applicants had been convicted again. Thus, some cases may be unrelated to the introduction of the requirement.

The propensity to supply the administrative court’s request for additional certification was not changed by the introduction of the new requirement. Prior to as well as after the introduction, the proportion who failed to supply such certification was 11.6%.

The proportion of drunken drivers who chose not to reapply was 38.8% prior to the introduction and 21% after.

Questionnaire

The general impression from the administrative court doctors is that they find the new requirement to have improved the quality of the process. Despite the fact that they cannot observe, directly, the treatment and rehabilitation given to the applicants by the certifying doctors, they have the impression that the new requirement has meant earlier treatment and more dependency treatment by specialists. About 50% of the administrative court doctors have experienced an increased work load.

As for the certifying doctors, they claim that they now write more comprehensive and stringent certificates. Treatment regimens have become more conform and stricter and the new requirements have made it easy to get the applicants to accept these new routines.

Some 60% of the administrative court doctors would like to see the BAC level, at which the new requirement takes effect, lowered from the present 0.15% down to 0.10%. Only 15% of the certifying doctors shared this view. However, 40% of them wanted the requirement to apply to all drunken drivers.

CONCLUSIONS

There had been some misgivings that the requirement would possibly mean that a greater proportion of drunken drivers, who had had their licenses revoked, would refrain from
applying. The reason for this being that the new requirement would incur new costs for the applicants and also force them into treatment programs. Although the size of this study is limited, it indicates that these misgivings did not come true. Rather, we can see a tendency towards a smaller proportion of drunken drivers who fail to reapply for license.

We can also see that the doctors themselves and their patients, as indicated by the doctor, regard the new requirement as being beneficial.

We can find no contraindications relative to a lowering of the BAC limit, where the requirement takes effect, to 0.10%.