



Alcohol ▲ Concern

ALCOHOL CONCERN is the national agency on alcohol misuse, working to reduce the level of alcohol misuse and to develop the range and quality of helping services available to problem drinkers and their families. We are England's primary source of information and comment on a wide range of alcohol-related matters.

The Alcohol Concern Information and Communications Team provides a range of services including: producing its research bulletin *Acquire* and the *Alcohol Magazine* and website, and collating and interpreting the latest research in order to produce factsheets. The team also provides a telephone information line and a unique library of alcohol related literature.

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ALCOHOL CONCERN

Drink-Drive accidents

Factsheet: SUMMARY

- In 2004, over 17,000 people were killed or injured in a drink-drive accident.
- In 2003 it is estimated that 7% of all road casualties and 17% of road deaths occurred when someone was driving whilst over the legal limit for alcohol.
- The legal limit for driving in the United Kingdom is 80 milligrams of alcohol per 100 millilitres of blood (blood alcohol concentration - BAC).
- The relative risk of a drink-drive accident increases significantly after 50 mg /100 ml blood alcohol concentration (BAC). Alcohol Concern is campaigning to lower the limit from 80mg to 50 mg/100ml BAC.
- In 2004 over 362,000 drivers and riders were involved in road accidents where an injury was sustained. Of these, over half, 212,700, were breath tested, of whom one in 27 failed the test
- Convictions for drink-driving, where no death has occurred, can carry a custodial sentence of up to six months and a fine of up to £5000. This sentence almost invariably results in disqualification for at least a year.
- The Department of the Environment, Transport and the Regions introduced Drink-Drive Rehabilitation Schemes in 1993. Their research shows people who have attended the courses are three times less likely to re-offend than those who do not.
- Alcohol Concern is urging the Government to adopt a wide-ranging approach to tackling drink-driving including:
 - a lower permissible BAC
 - introduction of random breath-testing
 - more thorough assessments of drivers as a pre-condition of re-gaining their licences
 - extended public education campaigns to target young drink-drivers
 - improved public transport to discourage drink-driving
 - promotion of cheaper soft drinks.

Introduction

Alcohol misuse plays a significant role in drink-drive accidents affecting all types of road-users, including drivers, passengers and pedestrians. Drink-drive accidents can cause long-term physical and psychological harm to everyone involved. A combination of law enforcement and sustained publicity campaigns has substantially reduced the number of these accidents over the past twenty years. Yet one in seven people killed on roads in the UK die in drink-drive accidents and around one in twenty of those injured are involved in drink-drive accidents.

This fact sheet aims to give up-to-date information about drinking and road accidents in the United Kingdom, and to suggest ways in which this harm can be prevented.

Accidents, casualties and deaths

The most up-to-date source of statistical information on drinking and driving is the Department for Transport (DfT) annual report "*Road accidents Great Britain, the casualty report (DfT, 2004)*¹. The current edition was published in 2005, and covers the years up to and including 2004. For the purposes of drink-drive statistics the DfT defines a drink-drive accident as being:

"an incident on a public road in which someone is killed or injured and where one or more of the motor vehicle drivers or riders involved either refused to give a breath test specimen when requested by the police (other than when incapable of doing so for medical reasons) or one of the following:

- *failed a roadside breath test by registering over 35 microgrammes of alcohol per 100 millilitres of breath;*
- *died and was subsequently found to have more than 80 milligrammes of alcohol per 100 millilitres of blood.*

Drink drive casualties are defined as all road users killed or injured in a drink-drive accident." (DTLR, 2004)²

There are 3 main sources of data:

- Coroners' data on the level of alcohol in the blood of road fatalities over the age of 16
- STATS 19 breath test data
- Police force screening breath test data.

Note that not all drink-drive accidents can be detected in the way described above and some data sources are incomplete, so the DfT statistics are adjusted to provide a more accurate estimate of accidents and casualties

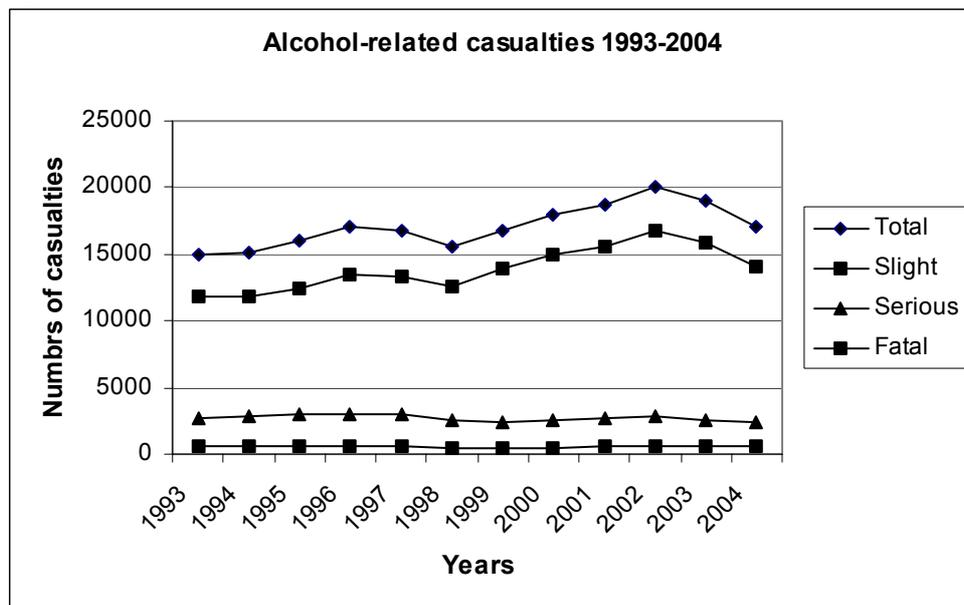
However, the DfT annual report on accidents provides the most comprehensive set of available statistics.

Trends in alcohol-related mortality and casualties on the roads

Since 1979 the overall number of deaths and casualties in alcohol-related road accidents

has reduced significantly. Figure 1 indicates how many people are killed or injured as a result of drink-driving and shows some worrying trends in the rising numbers of fatalities and casualties since the mid 1990s.

Figure 1 Alcohol-related road casualties



Source DfT: Road casualties Great Britain: 2004

The figures indicate

- On average 3,000 people are killed or seriously injured each year as a result of drink-drive accidents.
- One in six deaths on the road involve drivers who are over the legal alcohol limit.
- In 2004 there 11,220 accidents involving drivers and riders who had drunk over the legal limit for alcohol. This number has significantly decreased over the past twenty years from 19,470 in 1979 to a low of 9,480 in 1993. However, this trend has altered over the past 5 years with the number of accidents **increasing** from around 11,000 in 1999 to 13,150 in 2002 but dropping again in 2004.
- Of the 11,220 alcohol-related accidents in 2004, 530 involved fatalities, under half of the 1,380 fatalities recorded in 1979.
- Overall casualties numbered 17,000 in 2004, a decrease of 45% from the 31,430 casualties in 1979.

However, the most recent statistics show that there are no grounds for complacency:

- The estimated number of alcohol-related fatalities rose from 420 in 1999 to 590 in 2004 – a 40% rise.
- While the overall number of casualties has fallen since 1979 (see above), over the last 6 years the number of casualties actually increased from 15,590 in 1998 to a peak of 20,100 in 2002 but dropped back in 2004 to 17,000 casualties.

(DfT, 2005)³

Testing for alcohol in the body

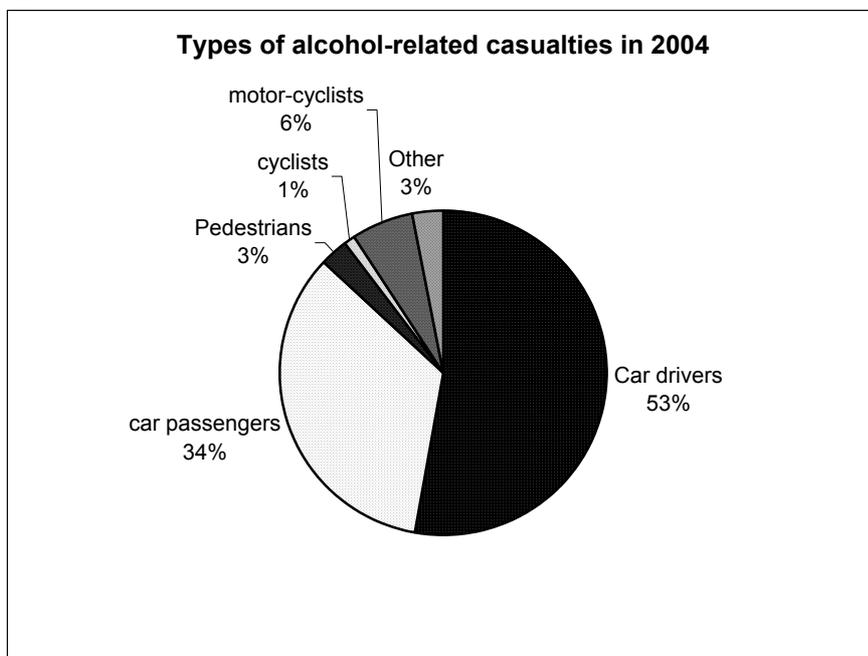
As early as 1927, in the USA, it was discovered that tests on breath samples were a reliable guide to blood alcohol levels. The first practical roadside breath test instrument became available in 1938, but safer more reliable measures were not developed until the 1950s in Germany, leading to the tube and bag equipment we came to know as the Breathalyser, first introduced in the UK in 1967.

Developments in technology are leading to ever more accurate and sophisticated devices, including those that can detect the presence of drugs other than alcohol. Blood alcohol level may also be measured using samples of blood itself, or urine. Since the latter is less reliable, and a blood sample cannot be taken until at least an hour has elapsed after the last drink, breath measurement has become the standard roadside test (*Denney, 1997*)⁴

Legal levels

So which level of blood alcohol concentration (BAC) should be the legal borderline between committing an offence and remaining within the law? The easiest solution would be to opt for a zero limit, i.e. if a person is driving, they should have no alcohol in their system at all. However, the body itself produces small amounts of alcohol and

Fig.2. Casualties in drink-drive accidents



(Source: DTLR: Road Accidents Great Britain 2004)

some food products also contain alcohol so the body is never completely alcohol-free.

The legal BAC limit in the United Kingdom is 80 milligrams of alcohol for every 100 millilitres of blood in the body.

While having a BAC of 80mg or under may mean the driver is not committing an offence, it does not necessarily mean that he/she is capable of driving safely. At 60mg, a driver is twice as likely to have an accident than a driver who has not drunk alcohol, and even at 40mg, his/her judgement is starting to be impaired. At the legal limit, 80mg, the likelihood of having an accident, is 4 times greater than that of fellow road-users who have not drunk alcohol.

- At 20-50mg alcohol/100ml blood, the ability to see or locate moving lights correctly is diminished, as is the ability to judge distances. The tendency to take risks is increased.
- At 50-80mg alcohol/100ml blood, the ability to judge distances is reduced, so is the adaptability of the eyes to changing light conditions. Sensitivity to red lights is also impaired. Reactions are slower and concentration span is shorter. By the time the legal limit is reached, drinkers are 5 times more likely to have a driving accident than before starting drinking.
- At 80-120mg alcohol/100ml blood, euphoria sets in and with it an over-estimation of one's abilities, leading to reckless driving. The driver will begin to suffer impairment of peripheral vision, impairment of perception of obstacles and of ability to assess spatial dimensions such as distance and size of vehicle. At 120 mg alcohol/100ml blood the driver is 10 times as likely to have an accident as someone who has not drunk alcohol (*Denney, 1986*)⁵

There is no failsafe guide for how much a person can drink and stay under the limit. The ratio of alcohol to blood varies considerably from person to person depending on body size, gender, food intake and metabolism.

Alcohol Concern recommends that people should not drink any alcohol before driving or riding a motor vehicle.

It takes approximately one hour for the body to excrete 1 unit of alcohol and it is impossible to speed up this process. If a person has been drinking heavily in the previous evening, they may still be unfit to drive or over the legal limit in the morning even if they feel sober.

Breath test procedures

Under the Road Traffic Act 1988, the police can ask someone to be tested if they have reasonable cause to suspect that:

- the person has been driving (or attempting to drive) with alcohol in their body; or
- that a moving traffic offence has been committed
or
- that the person has been involved in an accident.

In these circumstances an officer may require a motorist to provide a specimen of breath for a "roadside breath test".

Note that a roadside breath test measures microgrammes of alcohol per 100 millilitres of breath. A positive test would measure over 35 mgs of alcohol per 100 ml of breath – equivalent to a BAC limit of over 80 mg of alcohol to 100 ml of blood.

Failure to provide a specimen or testing positive for an illegal BAC allows a police officer to arrest a motorist without a warrant unless he/she is in hospital as a patient. At present roadside breath test results are not admissible evidence in court. The second stage of the investigative procedure usually takes place in a police station where the motorist is required to provide two specimens of breath for immediate analysis by the breathalyser machine. In certain prescribed circumstances a blood or urine sample can be taken. Testing procedures are all contained in s4 to s11 of the Road Traffic Act 1988 (RTA 1988). Failure to inform the motorist of the options at each stage can invalidate the procedure.

Breath test failures

In 2004 over 362,000 drivers and riders were involved in road accidents where an injury was sustained. Of these, around half – 183,972 - were breath tested, of whom, around 4% failed the test. The proportion of drivers and riders failing tests fell between 1993 and 1999, reflecting the fact that the smaller number of tests in previous years were targeted at those believed to have been drinking. Since 1999 the proportion of drivers and riders who fail the test has been rising from around 3.5% in 1999 to 4% in 2003, and has since dropped to 4% in 2004.

In 2003 approximately 534,000 roadside breath tests were undertaken. Of these

- 106,000 were either positive, or refused by the driver, or the police were unable to obtain a specimen. These roadside breath tests resulted in 94,000 convictions.

Current breath test data shows that:

- Young male drivers and riders (i.e. those between twenty and thirty), who have been involved in accidents, are more likely to fail a breath test than other road users, with 5.7% of males drivers aged 20-24 failing tests compared to the average 3.1% of men of all ages.
- The failure rate for women is about a third of that of male drivers, a difference that is not accounted for by the slightly lower rates of testing for females drivers.

(DfT, 2004)⁶

Pedestrian accidents and alcohol

In 2003 pedestrian casualties accounted for 12% of all road casualties and 21% of road deaths. A significant proportion of these were children and elderly people, and are unlikely to have been affected by alcohol. Nevertheless, in 38% of pedestrian fatalities, their own drinking is likely contributed to the accident as they had drunk over BAC 80mg /100 ml *(DfT 2004)⁷*

Recent figures from a number of linked DTLR studies show that the problem of drinking pedestrians remains a problem to be tackled:

- A 7 year study (1990-1996) of pedestrian fatalities in the West Midlands showed that of the 204 fatalities who died within 12 hours of the accident, blood alcohol concentrations were known for 66%. Of these cases, 40% of males and 13% of women had been drinking before the accident (BAC >9mg/100ml). Two thirds of alcohol-related pedestrian fatalities occurred between 10 pm and 8 am but with no significant differences between days of the week or times of the year.
- A two year (1997-99) study of casualties in an accident & emergency department in Cardiff found that, of those adult pedestrians tested for alcohol (a quarter of attendees), 40% had been drinking (BAC >9mg/100ml) and some at very high levels.

The DTLR has concluded from this series of linked studies that, although the overall number of adult pedestrian casualties was declining, the blood alcohol distribution for tested fatalities had not significantly altered since an earlier study undertaken in the mid 1970s. The DTLR casualty reports record that between 1990 and 1999 the percentage of pedestrian fatalities with BAC of 9mg/100ml and over has varied between 40-49%. Of these, the percentage of those with a BAC of 80mg/100 ml or over has varied between 30%

and 39%. (DTLR, 2001)⁸. The DTLR recommends regular monitoring of drinking behaviour in pedestrians.

When do alcohol-related accidents occur?

Drinking and driving is a year-round problem. DfT figures for show that that there are generally few drink-drive accidents in the winter –around 900-100 per month between January to April but rising to 12,00 in the last 3 months of the year. (DfT 2004)⁹

The six hours from ten in the evening to four in the morning account for far more drink-drive fatalities than the remaining eighteen hours. In 2002, around half of the drivers killed between 10 pm and 4 am were over the legal limit, compared to 13% over the limit between 4 am and 10 pm at night.

Combating drink-driving

Penalties for drink-driving

Penalties for drink-driving offences are imposed on a hierarchical scale depending on the seriousness of the offence. Conviction for drink-driving, where no death has occurred, can carry a custodial sentence of up to six months and a fine of up to £5,000. This sentence almost invariably results in disqualification for at least a year. The Road Traffic Act 1991 created a new offence, causing death by careless driving while above the legal limit or while unfit through drink or drugs. Under the Act this carried a maximum prison sentence of five years, but the Criminal Justice Act 1993 increased the maximum to ten years. However, in March 2001 a driver responsible for the deaths of six people received a sentence of five years for the deaths of the passengers in his own car and a further ten for the passengers in the car he collided with – a full fifteen years.

Figure 3: Penalties for drink-driving offences (Road Traffic Offenders Act 1988)

Offence	Penalty		
	Driving ban	Fine	Custodial sentence
Being in charge of a vehicle whilst above the legal limit or unfit through drink or drugs	Discretionary	Maximum fine: £2,500	Maximum sentence: 3 months
Driving or attempting to drive whilst unfit through drink or drugs	12 months minimum driving ban	Maximum fine: £5,000	Maximum sentence: 6 months
Driving or attempting to drive whilst above the legal limit	12 months minimum driving ban	Maximum fine: £5,000	Maximum sentence: 6 months
Refusing to give a test	12 months minimum driving ban if an individual had been driving or attempting to drive Discretionary ban if a person was in charge of a vehicle	Maximum fine: £5,000	Maximum sentence: 6 months
Causing death by dangerous driving	2 years minimum driving ban and mandatory extended retest	Unlimited maximum fine	Maximum sentence: 14 years
Subsequent driving offence (following return of licence)	3 years minimum driving ban	Sentence depends on the type of offence and discretion of the court.	Sentence depends on the type of offence and discretion of the court.

Drink-drive rehabilitation schemes

The Road Traffic 1991 Act introduced the use of rehabilitation courses for offenders. The Drink-Drive Rehabilitation Scheme ran on an experimental basis from 1993. It became permanent throughout Great Britain in January 2000 (*DETR, 1999*)¹⁰, allowing people convicted of drink-driving offences to lessen their period of disqualification by up to a quarter on completing a course of re-education at a rehabilitation centre. The DTLR claims that its research shows people who have attended the courses are three times less likely to re-offend than those who have not. Up to March 2000, twenty-nine organisations had been approved to administer courses, 5152 courses had been run and these were attended by 59,000 offenders seeking to re-gain their licences.

Public education campaigns

The DTLR has for the last twenty to thirty years run regular television campaigns aimed at deterring drink-driving, often using hard-hitting images or scenarios to shock viewers. These have tended to be run during the summer and at Christmas. The DTLR has also produced and made freely available linked posters and leaflets. The theory test, which now forms part of the driving test, contains a number of questions on the effects of alcohol on driving. Organisations such as The Campaign Against Drinking and Driving (CADD), formed in 1985 by and for the relatives of drink-drive victims have been influential in changing government policy and public opinion.

The experience of the drink-driving campaigns has been that, over time, public attitudes can be changed, leading to a change in behaviour. Over the years there has been a significant change in attitudes to drinking and driving due to the success of the government education campaigns but also due to stronger penalties and deterrents such as the perceived increase in risk of being breathalysed. The Portman Group's public opinion

survey, 'Alcohol and Society' (*Portman Group, 2001*)¹¹, found that 69% of those surveyed regarded drinking and driving as a major problem, although only 13% could correctly define the legal limit. Support for heavier penalties, more public campaigns, better enforcement of existing laws, the introduction of random breath-testing and lowering the limit was, in each case, expressed by over 80% of those surveyed.

Despite public opinion, recent figures from the DfT show the incidences of drink-driving are again on the increase, indicating that a plateau has been reached with current anti-drink-drive measures. It is clear that the Government needs to reinvigorate its approach to tackling drink-driving if the UK is not to lose the gains made over the last few decades.

What could be done

Alcohol Concern has consistently lobbied for additional measures to improve society's response to drink-driving based on international evidence of effectiveness in this area. Key measures include:

Lowering the legal BAC limit

One way of cutting the number of drink-drive accidents would be to lower the legal blood alcohol limit. More than half of European Union member states, including France, Holland, Belgium and Norway, have a limit of 50mg/100ml or less with some as low as 20mg. Along with other organisations, Alcohol Concern has long campaigned for the British limit to be reduced to 50mg on the grounds that drivers become more likely to be involved in an accident the higher their blood alcohol level. In addition, a harmonised level of 50mg or less across Europe would reduce confusion for drivers travelling between countries.

The DETR's March 2000 road safety strategy document 'Tomorrow's roads – safer for everyone' stated that lowering the limit "could save around 50 deaths and 250 serious injuries a year" (*DETR, 2000*)¹² In January 2001, the European Commission made a recommendation that both national and European action to reduce inappropriate drinking and driving within the EU is best served by a more harmonised regime of legal maximum limits. Having considered the evidence, which confirmed that the relative risk of accident involvement increased significantly above 50mg, the Commission recommended to all Member States that they should introduce a maximum limit of 50mg (*EU, 2001*)¹³. Unfortunately, this recommendation was not enforceable in the way that the hoped for Directive would have been.

In March 2002, the British government stated that it is unlikely to take up the European Commission's recommendation, concentrating instead on increasing police powers to be able to stop and breathalyse drivers, and increasing penalties for those convicted of drink-driving (*Home Office, DETR & Lord Chancellor's Office, 2002*)¹⁴

In January 2005 the Parliamentary Advisory Committee for Transport Safety published new evidence from the Centre for Transport Studies, University College London that reducing the permitted BAC level from 80mg to 50mg would save 250 lives per year and around 250 serious injuries (PACTS press release). Despite this new evidence lower the permitted BAC level is not one of the measures under consideration in the 2005 Road Safety Bill which is part-way through its passage through Parliament

Strengthening police breath-testing powers

In response to the DETR's consultation paper "Combating drink-driving – next steps" (*DLTR 1998*)¹⁵, Alcohol Concern proposed that police should be granted a general power to breathalyse motorists within Home Office guidelines. This would enable police officers to carry out breath tests, without suspicion that a person has been drinking within a certain

area and period of time, on the authority of a senior officer. It would include the option of random breath testing and targeting of events and individuals, but the powers would be time-limited and the police would have to be able to offer an explanation for their actions. (*Alcohol Concern, 1998*)¹⁶. This recommendation was accepted in principle by the Government – see above

Strengthening procedures for dealing with High Risk Offenders

Again in response to the DETR's 1998 Consultation *Alcohol Concern* focused on the need to target *high risk offenders* (HROs) who cause a disproportionately high number of accidents and proposed the following measures:

- Lowering the alcohol limit for the legal *high risk* classification from 200mg/100ml to 150mg/100ml. Research shows that driving impairment increases significantly at 150 mg (*Denney 1997*)¹⁷ and that over half of the drink-drive motorists who are killed have a blood alcohol level in excess of this level.
- Introducing more rigorous medical and psychological examinations for HROs as a pre-condition of their re-gaining their licences in line with practice in Germany and Sweden. The Driver and Vehicle Licensing Agency (DVLA) have voiced concern that 2% to 5% of HROs are re-licensed inappropriately because of the practice of conducting single session medical examinations, rather than a series of examinations.

Any new measures would need to be accompanied by greater publicity on penalties and highly visible enforcement to convince offenders that there is a realistic likelihood of being caught.

Although this proposal was not taken up, a further DETR consultation paper "Road Traffic Penalties" (Home Office, DETR & Lord Chancellor's Office, 2002)¹⁸ did suggest other changes. It did not propose changing the high risk classification mentioned above. However, it did propose a new penalty for a "higher level of alcohol" at 160mg/100 ml blood and above in respect of "driving or attempting to drive with this level of excess alcohol". The minimum period of disqualification would be extended beyond the period applying to the basic offence (see figure 3). Under these new regulations offenders would be required to undertake an extended retest before regaining their licence. The paper also proposed that for second drink-drive offences committed within 10 years of the first offence, the period of disqualification should be extended beyond the current minimum three years and offenders would be required to take an extended re-test in place of the ordinary test before regaining their licence.

These new proposals have yet to be agreed and implemented.

Forthcoming legislation

The Road Safety Bill was reintroduced to Parliament in May 2005. The measures under consideration are wide-ranging. In relation to drink-driving the measures include:

- Powers to allow offenders disqualified for 24 months or more to retake the driving test, this is intended to catch most high blood alcohol content and all repeat drink-drive offenders.
- Closure of the loophole whereby High Risk Offenders have cover to drive before completing a DVLA medical test The period for which a record of an offence under Section 7A of the Road Traffic Act 1988 (failing to allow laboratory analysis of a

specimen obtained whilst medically unable to consent) can be held by DVLA, will be brought into line with other drink-drive offences ie from 4 to 11 years.

- Various administrative changes to improve court arrangements and flexible payment of fees to improve the take-up of the Drink-drive Rehabilitation Scheme and provide for an experimental alcohol ignition interlock scheme

Conclusion

Alcohol-related fatalities and casualties remain a serious problem despite the significant reduction in numbers since the 1970s. These casualties are avoidable, yet there are still drivers who continue to put their lives and those of others at risk through excess drinking. It is vital that the government and the various law enforcement agencies make a concerted effort and use all options to halt and reverse the recent trend of rising trend in drink-drive casualties.

¹ Department for Transport (DfT.) (2005) *Road accidents Great Britain: 2004. The casualty report*. The Stationery Office: London.

² op cit. DfT (2005)

³ ibid.

⁴ Denney, R.C. (1997) *None for the road. Understanding drink-driving*. Shaw and Sons: Crayford.

⁵ Department for Transport, Local Government and the Regions (DTLR), (2001) *Alcohol and Pedestrians*, Road Safety Research Report no. 20. The Stationery Office: London.

⁶ op cit. DfT (2005)

⁷ ibid.

⁸ Department for Transport, Local Government and the Regions (DTLR), (2001) *Alcohol and Pedestrians*, Road Safety Research Report no. 20. The Stationery Office: London.

⁹ op cit. DfT (2005)

¹⁰ Department of the Environment, Transport and the Regions (DETR) (29th October 1999) *News release: Nationwide drink-drive rehabilitation scheme introduced*. DETR: London.

¹¹ Department for the Environment, Transport and the Regions (DETR), (2000) *Tomorrow's roads – safer for everyone*. DETR: London.

¹² Department for the Environment, Transport and the Regions (DETR), (2000) *Tomorrow's roads – safer for everyone*. DETR: London.

¹³ European Commission (2001) *White paper: European transport for 2010: Time to decide*, COM (2001) 370. European Commission: Brussels.

¹⁴ Home Office, DETR & Lord Chancellor's Office (2002) *Road traffic penalties: A consultation paper*. Home Office Communications Directorate: London

¹⁵ DTLR (1998) *Combating drink driving: next steps. A consultation paper*. DTLR: London

¹⁶ Alcohol Concern (1998) *Combating drink driving: next steps. Alcohol Concern's response to the consultation document*. Alcohol Concern: London

¹⁷ op cit. Denney (1997)

¹⁸ op cit. Home Office, DETR & Lord Chancellor's Office (2002).

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Useful organisations

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