

The Nation's Top Strategies to Stop Impaired Driving



Introduction

NHTSA addresses traffic safety problems with a comprehensive range of approaches, including a focus on education and advising families on risks and safe practices, promoting vigorous enforcement of traffic safety laws, and fostering the development of new safety technologies to reduce risk exposure.

Impaired driving is one of the most serious traffic risks facing the Nation, killing thousands every year. Significant reductions in the number of alcohol-related traffic deaths occurred in the 1980s and early 1990s, but progress has since been slow. More than 16,000 people were killed in alcohol-related crashes in 2005.

The impaired-driving problem is complex and requires the full range of countermeasures, such as involving the family in preventing underage drinking, creating a general deterrent with high-visibility law enforcement, and deploying impairment detection technologies in alcohol interlock devices.

Recognizing the challenges that States and communities face in making progress in each of these many areas, NHTSA is focusing on four strategies that are crucial to making further reductions in the number of annual alcohol-related traffic deaths. Specifically, NHTSA is encouraging implementation of high-visibility law enforcement, support for prosecutors and DWI courts, increased use of medical screening and brief intervention for alcohol-abuse problems, and enactment of primary seat belt laws.

Background

Traffic crashes are the leading cause of death in the United States for every age 4 through 34 years old and ranked third in years of potential life lost for all ages combined. In 2005, more than 43,000 people were killed and nearly 2.7 million people were injured in crashes. Traffic crashes result in costs to society of more than \$230 billion each year.

There were nearly two deaths every hour in alcohol-related traffic crashes in the United States in 2005. About 85 percent of drinking drivers in alcohol-related fatal crashes had a blood alcohol concentration (BAC) in excess of .08 grams per deciliter (g/dL). NHTSA's goal for 2008 is to reduce the fatality rate in crashes where BAC levels were .08+ g/dl to 0.48 fatalities per 100 million vehicle miles traveled.

An Agency Initiative

In an effort to achieve this goal, NHTSA convened an internal cross-agency team to study the issue and develop a set of recommendations. The full report of the IPT, which recommends 16 separate initiatives covering a range of strategies, is posted on the agency's Web site at www.nhtsa.gov/people/injury/alcohol/IPTReport/FinalAlcoholIPT-03.pdf. To regain momentum regarding this issue and achieve the greatest impact as quickly as possible, the agency identified its three priority initiatives to reduce impaired driving: (1) high-visibility enforcement, (2) support for prosecutors and DWI courts, and (3) alcohol screening and brief intervention. Recognizing the benefits of

seat belts to vehicle occupants in alcohol-related crashes, NHTSA added enactment of primary seat belt laws as another strategy to supplement the stop-impaired-driving strategy.

High-Visibility Enforcement

NHTSA's objective is to work with State Highway Safety Offices, national law enforcement organizations, and other Federal agencies to engage additional law enforcement agencies in both periodic impaired-driving crackdowns and sustained impaired-driving enforcement throughout the year, and to ensure that enforcement efforts are highly visible and well publicized through paid and earned media support.

Periodic high-intensity and sustained high-visibility enforcement efforts, supported by a coordinated media plan, are proven effective countermeasures for reducing impaired-driving fatalities. Checkpoint Tennessee, a year-long high-visibility enforcement effort conducted in the mid-1990s, resulted in a 20-percent reduction in alcohol-related crashes. Similar enforcement and media approaches applied to seat belt use have resulted, on average, in 8-percentage-point increases in seat belt usage following just two weeks of enforcement.

High-visibility enforcement programs, such as NHTSA's *Click It or Ticket* seat belt mobilization and the *Drunk Driving. Over the Limit. Under Arrest.* national impaired-driving crackdown campaigns, affect behavior through general deterrence, by increasing the public's perception that people who violate the law will be ticketed,

arrested, convicted, and punished, and thereby persuading them to adhere to the law. Moreover, these campaigns are more cost-effective when coordinated nationally, taking advantage of economies of scale from national media purchases and media events. Evaluation of the ***You Drink and Drive. You Lose.*** National impaired-driving campaign launched in 1994 showed a contribution to the decreases in alcohol-related fatalities in 2003 and 2004.

Re-energizing the enforcement efforts, in 2006, NHTSA launched a new tagline for the national impaired driving crackdown campaign: ***Drunk Driving. Over the Limit. Under Arrest.*** Campaign materials are available for download at www.stopimpaireddriving.org.

More than 10,000 law enforcement agencies across the Nation commit to participating in the seat belt enforcement mobilization and national impaired-driving enforcement crackdown campaigns each year. Special emphasis has been placed on conducting highly visible enforcement in States with especially high numbers and/or rates of alcohol-related traffic fatalities. These States have committed to conducting highly visible enforcement activities during crackdowns and on a sustained basis throughout the year.

Support for Prosecutors and DWI Courts

NHTSA's objective is to enhance DWI prosecution, by establishing Traffic Safety Resource Prosecutor positions and improving prosecutor technical support and training in additional States, and to apply the strategies used in drug courts to DWI cases in additional jurisdictions.

These initiatives build the capacity of prosecutors to successfully pursue DWI cases to ensure that court ordered sanctions of serious offenders are monitored and completed, to prevent further recidivism.

The success of enforcement activity is dependent on an effective adjudication system. If any part of the system breaks down, individual offenders will not be subject to consequences, which weakens general deterrence and serve as a disincentive to law enforcement. If DWI cases are not addressed effectively, offenders will be more likely to repeat their crimes. To ensure that the system works effectively, NHTSA is also focusing its efforts on supporting the criminal justice system by improving prosecution and establishing DWI courts.

DWI cases are complex and in many jurisdictions are assigned to inexperienced prosecutors. Moreover, the turnover rate among prosecutors is high. According to a 2001 Bureau of Justice Statistics (BJS) survey, 58 percent of prosecutor offices in large districts report problems recruiting staff attorneys and 72 percent report problems retaining them. A 2002 study by the Traffic Injury Research Foundation (TIRF) reports that 48 percent of prosecutors surveyed believe the training they receive prior to assuming their positions is inadequate. Encouraging jurisdictions to assign cases to more experienced prosecutors, and an infrastructure that ensures adequate training and sharing of knowledge among all prosecutors who handle DWI cases, are critical elements in the effective prosecution and disposition of these cases.

In addition, many sentences are not completed and there is a high rate of recidivism among DWI

offenders. Drug courts have been established to closely supervise drug offenders after sentencing to ensure compliance with sanctions, and they have been successful in reducing recidivism rates. Similar findings have begun to be observed in DWI courts, which employ for DWI offenders the same type of close supervision used by drug courts.

More than half of the States in the Nation have traffic safety resource prosecutors and more than 300 DWI courts have been established nationwide. Contact your State Highway Safety Office, NHTSA Regional Office, or NHTSA's Enforcement and Judicial Services Division for information on your State's traffic safety resource prosecutor. Contact information can be found on the NHTSA Web site. For information on starting a DWI court, go to the National Drug Court Institute Web site at www.ndci.org or call 703-575-9400. A copy of the National Report Card on Drug Courts and Other Problem Solving Court Programs in the United States can be downloaded from the National Drug Court Institute Web site at www.ndci.org/publications/10697_PaintPict_fnl4.pdf.

Screening and Brief Intervention (SBI)

NHTSA's objective is to foster widespread adoption of screening and brief intervention (SBI) by educating the public on its need and expectations during health care visits; educating health care providers on the benefits and methods of SBI; promoting adoption of SBI policies by health care institutions; and removing the barriers to conducting SBI such as alcohol exclusion laws that permit withholding of insurance coverage for alcohol-related injuries.

Impaired driving is often a symptom of a larger problem: alcohol misuse. There is compelling evidence, detailed in scientific and medical literature, that screening and brief intervention is effective in reducing drinking and subsequent impaired-driving behaviors among problem drinkers.

Alcohol screening and brief intervention is a structured set of questions and a brief follow-up discussion between a patient and a health care provider designed to address alcohol use problems. Several widely used sets of questions (screening instruments) are available to ask patients (after they agree to be questioned) how much and how often they drink. Health providers (and others trained in ASBI techniques) evaluate answers to see if they indicate an alcohol misuse or abuse problem. If the patient screens positively, the health professional can share the screening results and their significance with the patient. Brief interventions are short, 10-to-15-minute motivational interviews that encourage patients to create a plan of action – from reducing their drinking to seeking substance abuse treatment – based on their willingness to change their drinking behavior.

More than 107 million people seek care in emergency departments (EDs) every year. Substantial numbers of those coming to the ED with injuries have alcohol use problems. Almost one in six people treated in EDs for crash injuries is alcohol positive, and one third or more of those people admitted to trauma centers – those with the most serious crash injuries – test positive for alcohol. These patients pose not only a public health problem, but also an opportunity for intervention.

The agency has worked closely with many national organizations and other Federal agencies to identify, develop, and promote material and provide technical assistance as needed to establish screening and brief intervention as standard medical practice. SBI tools are being developed and promoted for use with specific populations and settings such as college students and the workplace. NHTSA supports technical workshops on SBI. NHTSA is assisting Level I and II trauma centers to meet the new requirements established by the American College of Surgeons' Committee on Trauma to screen patients for alcohol and/or drug use problems. For more detailed information on the SBI efforts, go to www.stopimpaireddriving.org.

Primary Seat Belt Laws

NHTSA's objective is to help States enact primary seat belt laws.

Although national seat belt use rate increased from 61 percent in 1996 to 82 percent in 2005, use among fatally injured motor vehicle occupants is far lower. An even lower proportion of those killed in alcohol-related crashes wear seat belts. In 2004, seat belts were used by only 28 percent of fatally injured drivers with a BAC of .08+ compared to 57 percent of fatally injured drivers with no alcohol (BAC of .00). Nearly 8,000 unbelted occupants of passenger vehicles died in alcohol-related crashes in 2004.

Wearing a seat belt is the best defense for an occupant in a motor vehicle crash. When used, seat belts reduce the risk of fatal injury to front-seat passenger vehicle occupants by 45 percent. NHTSA seeks to increase the national belt use

rate to more than 90 percent, as seen in many other countries.

A primary seat belt use law permits law enforcement officers to stop a vehicle and issue a citation for a seat belt violation, even if this is the only violation the officer notices. Secondary laws allow the officer to issue a seat belt citation to a motorist only after the officer stops the driver for another violation.

Primary seat belt use laws cannot be expected to change drinking and driving behavior, but can substantially reduce death and injuries in alcohol-related crashes.

Twenty-five States, Puerto Rico, and the District of Columbia have primary seat belt laws. On average, these jurisdictions had seat belt use rates about 10 percentage points higher than States without primary laws in 2005. Research has demonstrated that primary seat belt laws, if highly publicized, increase seat belt usage in the general population. If every state with a secondary seat belt law upgraded to primary enforcement, about 1,000 lives and \$4 billion in crash costs could be saved each year.

Summary

Sustained high-visibility enforcement, use of traffic safety resource prosecutors and DWI courts, widespread adoption of screening and brief intervention, and enactment of primary seat belt laws have contributed to greater reductions in alcohol-related traffic fatalities. Further implementation of these strategies may help us achieve our national goal of 0.48 fatalities in .08+ BAC crashes per 100 million vehicle miles traveled by 2008.

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