

# Accelerating progress to reduce alcohol-impaired driving fatalities

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Despite progress in recent decades, more than 10,000 alcohol-impaired driving fatalities occur each year in the U.S. To address this persistent problem, stakeholders—from transportation systems to alcohol retailers to law enforcement—should work together to implement policies and systems to eliminate these preventable deaths, says a new report from the National Academies of Sciences, Engineering, and Medicine. The committee that conducted the study and wrote the report recommended a number of actions, such as lowering state laws criminalizing alcohol-impaired driving from 0.08 to 0.05 percent blood alcohol concentration (BAC), increasing alcohol taxes significantly, strengthening policies to prevent illegal alcohol sales to people under 21 and to already-intoxicated adults, enacting all-offender ignition interlock laws, and providing effective treatment for offenders when needed.

"While getting to zero [alcohol](#)-impaired driving deaths sounds like an overly ambitious goal, it builds on the momentum of Vision Zero, an approach that recognizes that traffic-related fatalities are not just 'accidents,' but rather are embedded in a network of events and circumstances with causal links that can be averted," said committee chair Steven Teutsch, adjunct professor at UCLA Fielding School of Public Health, senior fellow at the Public Health Institute, and senior fellow at the Leonard D. Schaeffer Center for Health Policy and Economics at the University of Southern California. "The plateauing fatality rates indicate that what has been done to decrease deaths from alcohol-impaired driving has been working but is no longer sufficient to reverse this growing public health problem. Our report offers a

comprehensive blueprint to reinvigorate commitment and calls for systematic implementation of policies, programs, and systems changes to renew progress and save lives."

On average since 1982, one-third of all traffic fatalities are due to alcohol-impaired driving, and nearly 40 percent of alcohol-impaired driving fatalities are victims other than the drinking driver, the report says. In 2010, the total economic cost of these crashes was \$121.5 billion, including medical costs, earnings losses, productivity losses, legal costs, and vehicle damage. Rural areas are disproportionately affected by alcohol-impaired driving crashes and fatalities.

It can be difficult for individuals to understand how many alcoholic beverages it will take for them to be impaired. Individuals differ in their degree of impairment due to several factors such as weight, age, gender, race, and ability to metabolize alcohol, the report says. In addition, inconsistent serving sizes and the combination of alcohol with caffeine and energy drinks, among other factors, undermine individuals' ability to estimate their level of impairment.

Most strategies to reduce alcohol-impaired driving have focused on decreasing the likelihood that someone will drive after they are already impaired by alcohol through traditional enforcement and criminal justice approaches; however, broadening the focus to also encompass reducing drinking to the point of impairment is critically important, the report says.

## **Blood Alcohol Concentration Laws**

In all 50 states, drivers age 21 or older are prohibited from driving with a BAC at or above 0.08 percent. However, the committee found that an individual's ability to operate a motor vehicle (including a motorcycle) begins to deteriorate at low levels of BAC, increasing a driver's risk of

being in a crash. In addition, studies from countries that have decreased their BAC laws to 0.05 percent, such as Austria, Denmark, and Japan, demonstrate that this is an effective policy. Therefore, state governments should enact laws criminalizing alcohol-impaired driving at 0.05 percent BAC, the federal government should incentivize this change, and enacting the new BAC limit should be accompanied by media campaigns and robust and visible enforcement efforts.

## **Alcohol Taxes**

Federal and state governments should increase alcohol taxes significantly, the report says. Strong evidence shows that higher alcohol taxes reduce binge drinking and alcohol-related motor vehicle crash fatalities, yet [alcohol taxes](#) have declined in inflation-adjusted terms at both federal and state levels, and taxes do not cover the costs attributable to alcohol-related harms. The report notes that in December 2017, Congress passed a tax bill that would decrease federal alcohol excise taxes by about 16 percent.

## **Sale and Availability of Alcohol**

State and local governments should take appropriate steps to limit or reduce alcohol availability, including restrictions on the number of on- and off-premise outlets and the days and hours of alcohol sales, the report says. Off-premise outlets are establishments where alcohol can be sold but not consumed, such as supermarkets, and on-premise outlets are establishments where alcohol can be sold and consumed, such as bars and restaurants. In addition, federal, state, and local governments should adopt or strengthen laws and dedicate enforcement resources to stop illegal alcohol sales to already-intoxicated adults and people under 21. This includes strong penalties for licensed retailers or purveyors who engage in illegal alcohol sales to already-intoxicated adults, high-quality,

mandatory training in responsible beverage service for managers, and compliance checks using underage decoys.

## **Alcohol Advertising and Marketing**

Federal, state, and local governments should use their existing regulatory powers to strengthen and implement standards for permissible alcohol marketing content and placement across all media, establish consequences for violations, and promote and fund counter-marketing campaigns, the report says. Young people are at higher risk of alcohol-impaired driving and are influenced by alcohol marketing. In addition, the alcohol industry's self-regulation of its marketing is ineffective and insufficient because the voluntary standards are permissive and vague, not consistently followed, and without penalties for violations.

## **Sobriety Checkpoints**

Sobriety checkpoints aim to identify and arrest alcohol-impaired drivers as well as increase the perceived risk of arrest to deter driving while impaired. Given strong evidence of the effectiveness of highly publicized sobriety checkpoint programs to reduce alcohol-impaired driving fatalities in urban and rural areas, the report says, states and localities should conduct frequent sobriety checkpoints in conjunction with widespread publicity of these initiatives.

## **Ignition Interlocks**

There were more than 1 million arrests for driving under the influence in 2015, and while about 20 percent to 28 percent of first-time DWI offenders will repeat the offense, reoffenders are 62 percent more likely to be involved in a fatal crash. Strong evidence from the U.S. and other countries, such as Canada, shows that individuals convicted of alcohol-

impaired driving who have ignition interlocks installed on their vehicles are less likely than others to be rearrested for alcohol-related driving or to crash while the device is installed. Therefore, all states should enact laws to require ignition interlocks—breath alcohol analyzers connected to the ignition system of a vehicle—for all offenders with a BAC above the limit set by state law, the report says. Evidence shows that a minimum monitoring period of two years for interlock devices is effective for a first offense, and four years is effective for a second offense.

## **DWI Courts and Treatment**

Every state should implement DWI courts—specialized courts aimed at changing DWI offenders' behavior through comprehensive monitoring and substance abuse treatment—guided by the evidence-based standards set by the National Center for DWI Courts. In addition, an arrest for DWI or admission to the hospital for an alcohol-impaired driving injury presents the opportunity to screen and treat individuals who engage in hazardous drinking. Therefore, all health care systems and health insurers should cover and facilitate effective evaluation, prevention, and treatment strategies for binge drinking and alcohol use disorders including screening, brief intervention, and referral to treatment (SBIRT), cognitive behavioral therapy, and medication-assisted therapy.

## **Alternative Transportation**

Municipalities should support policies and programs that increase the availability, convenience, affordability, and safety of transportation alternatives for drinkers who might otherwise drive, the report says. This includes permitting smartphone-enabled ride sharing, enhancing public transportation options (especially during nighttime and weekend hours), and boosting or incentivizing transportation alternatives in rural areas.

## In-Vehicle Technologies

The Driver Alcohol Detection System for Safety (DADSS) program is a cooperative research partnership between the National Highway Traffic Safety Administration (NHTSA) and the Automotive Coalition for Traffic Safety to develop noninvasive, in-vehicle technology that prevents drivers from operating vehicles when their BAC exceeds the limit set by state law. Given strong public support and endorsement from various sectors, once DADSS is accurate and available for public use, auto insurers should provide policy discounts to stimulate its adoption. Once the cost is on par with other existing automobile safety features and is demonstrated to be accurate and effective, NHTSA should make DADSS mandatory in all new vehicles.

In order to ensure coordination across federal agencies, NHTSA should create a federal interagency coordinating committee to develop and oversee an integrated strategy, assure collaboration, maintain accountability, and share information among organizations committed to reducing alcohol-impaired driving, the report says.

Data collection and reporting of high-risk intersections, outlets, drinking behaviors before driving, risk factors, place of last drink data, and demographic trends are needed to measure, evaluate, and accelerate progress in reducing risk of fatalities. To fill data gaps and better integrate datasets, NHTSA also should ensure that timely standardized data on alcohol-impaired driving, crashes, serious injuries, and fatalities are collected and accessible for evaluation, research, and strategic public dissemination.

**More information:** Download the report at [www.nationalacademies.org/StopDWIdeaths](http://www.nationalacademies.org/StopDWIdeaths)

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