

## EFFECTIVE STRATEGIES TO REDUCE DRUNK DRIVING



## OVERVIEW

- The facts
- Why do they do it?
- Who drives drunk?
- What can we do about it?
- Where do we start?
- About these brochures

## Progress has been achieved but there is more work to do

America has made significant progress in reducing drunk driving. The number of drunk driving road deaths – which peaked in 1982 at more than 21,000 and in recent years has held steady at between 13,000 and 14,000—declined to 10,839 in 2009, a record low level.<sup>1</sup>

Still, 32% of road deaths continue to involve a driver with a blood or breath alcohol concentration (BAC) of 0.08 or higher. The need for effective strategies to reduce drunk driving among these offenders remains a priority.

Many evidence-based interventions are available that have been proven by research to prevent and/or reduce drunk driving. By informing yourself about these tools, and implementing them wisely, you can help reduce preventable deaths in your community – and across the United States.

### THE FACTS:

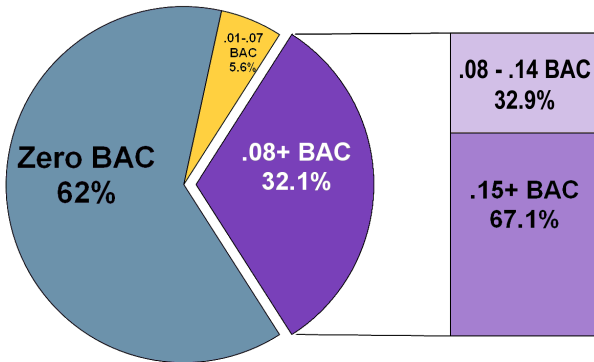
- 56% of all drivers involved in fatal crashes in the U.S. in 2009 who had been drinking had a BAC level at or above 0.15, nearly twice the per se limit and considered an aggravated offense in many States.<sup>2</sup>
- Approximately half of all drivers arrested and half of those convicted for DWI have BACs of 0.15 or above.
- A high BAC is associated with a higher probability of recidivism.

<sup>1</sup> National Highway Traffic Safety Administration (NHTSA) 2010  
<sup>2</sup> NHTSA 2010



- > The average BAC of drinking drivers in fatal crashes is 0.18.
- > A high proportion (up to 75%) of drivers who are suspended, revoked, or otherwise unlicensed, continue to drive.<sup>3</sup>

## 2009 Fatalities in Motor Vehicle Traffic Crashes by Driver BAC



Source: National Highway Traffic Safety Administration, U.S. Department of Transportation. Fatalities in motor vehicle traffic crashes by the highest driver BAC in the crash, 2009 Fatal Analysis Reporting System (FARS).

## Why do they do it?

Up to 75% of repeat offenders are diagnosed as alcohol abusers or alcohol dependent in need of treatment.<sup>4</sup> However, there is a chronic shortage of strategies and targeted programs in place to manage all of the drunk drivers in need of treatment services, particularly in rural areas.

## Who drives drunk?

It is important to recognize that drunk drivers are not all alike. These offenders are not a homogeneous group, and a “one-size-fits-all” policy may not be equally effective for everyone. Consider the following sub-groups of drivers:

<sup>3</sup> McCartt et al. 2003; Griffin III and DeLaZerda 2000

<sup>4</sup> Baker et al. 2003; Marques et al. 2003

## Offenders caught for the first time

Offenders might drive drunk between 200 and 2,000 times before being apprehended,<sup>5</sup> so “first offender” is often a misnomer. (During periods of high enforcement, this drops to as low as 1 in 80). The majority of drunk drivers are “first offenders”; in most jurisdictions 70% of convicted offenders have no prior DWI convictions.<sup>6</sup> Although some are true first offenders who rarely drive drunk, others frequently drive with high BACs (greater than 0.15).<sup>7, 8</sup>

Research suggests that many first offenders meet the criteria for alcohol dependence. One study revealed that 82% of first offenders were assessed as being problem drinkers and just 18% were social drinkers.<sup>9</sup> Screening and assessment of this group can help determine who will benefit from enhanced supervision and/or treatment protocols and who are better suited for lower levels of intervention.

## Repeat, high BAC offenders, or other high risk offenders

An estimated 30% of first offenders will become repeat offenders.<sup>10</sup> They drive drunk frequently, often at high BACs. They may have a history of prior impaired driving convictions and convictions for other crimes, and often have a drinking problem. Research shows that drivers with a BAC of 0.15 are about 150 times more likely to have a fatal crash than the average non-drinking driver. At a BAC of 0.20 or higher this risk increases to some 460 times.<sup>11</sup>

Repeat offenders are more difficult to deter using traditional penalties. They require a strategy that is anchored in a combination of punishment, surveillance, and treatment. Positive reinforcement is also needed to encourage behavior change.

## Youth

Youth are both inexperienced drinkers and inexperienced drivers. Uniform Crime Reports from the Federal Bureau of Investigation (FBI) reveal that 300,091 youth aged 16–24 were charged with impaired driving in 2009 with 10,712 of these charges involving youth under age 18.<sup>12</sup> Even when sober, 16–19 year olds have a fatal crash rate more than four times higher than drivers aged 25–34, and nine times higher than drivers aged 45–54. Drivers under 20 years with a zero BAC have a crash risk equivalent to older drivers with a BAC between 0.05 and 0.08.<sup>13</sup>

Common penalties for this group include fines, probation, and, in some cases, treatment. Not much is known about effective strategies for these young offenders. However, components of graduated driver licensing programs, such as passenger restrictions and night-time driving restrictions, have been shown to help protect youth from crashes.

---

5 Borkenstein 1975; Jones and Joscelyn 1978; Voas and Hause 1987; Hingson 1995; ICADTS Working Group on Alcohol Ignition Interlocks 2001.

6 Voas and Fisher 2001

7 Rauch 2005

8 Beck et al. 1999

9 Rauch 2005

10 NHTSA 2004

11 Simpson et al. 1996

12 Federal Bureau of Investigation 2010

13 Mayhew et al. 1986; Blomberg et al. 2005

## What can we do about it?

While there is increased use of effective strategies in the justice system to deal with impaired driving offenders, there are still some tough challenges to overcome:

- > **Proven technologies** (alcohol interlocks, etc.) to supervise offenders are not consistently or uniformly applied.
- > **Frontline professionals** may not receive the necessary training and education opportunities to effectively implement proven strategies.
- > **Communication** across agencies involved in the management of drunk drivers is inadequate in some instances, allowing offenders to “slip through the cracks.”
- > **Drunk driving legislation** is complex and/or created without enough input from frontline practitioners, making it challenging to implement.
- > **Data systems** are often not automated or well connected, making tracking, treating, and monitoring of offenders difficult.

However, there has been promising progress. Fifty states have alcohol interlock legislation and/or a program, 38 states use sobriety checkpoints, 172 DWI courts have been established, and 46 jurisdictions now have a traffic safety resource prosecutor (TSRP).

The ongoing challenge is to ensure these strategies have the tools, resources, and trained staff to deliver them.

## Where do we start?

Available information has primarily focused on research demonstrating the effectiveness of tools. Less attention has been paid to how these tools are best implemented, the barriers that may be encountered, or the ways that these challenges can be overcome. These include the need for adequate staffing, training and education of professionals, data and communication linkages across agencies, and adequate resources.

It is critical that legislative and policy initiatives are informed by operational practices and are sensitive to the broader systems (e.g., justice, licensing, treatment) in which programs are located. The public must also be educated about why initiatives are applied and how they work so that they can offer informed support.



## About these brochures

This series of brochures from the *Working Group on DWI System Improvements*<sup>14</sup> was designed to provide a comprehensive and balanced understanding of effective interventions for drunk drivers and what it takes to make them work.

Each brochure highlights one intervention and describes:

- > The research surrounding the intervention
- > Information relating to the implementation and use of the intervention
- > Barriers that may be encountered and how they can be overcome
- > The costs and benefits associated with its use

Highlighted strategies include:

- > Alcohol monitoring technologies
- > Screening, assessment, and treatment
- > DWI courts
- > Traffic safety resource prosecutors (TSRPs)

---

<sup>14</sup> For more information on this project and previous initiatives of the Working Group on DWI System Improvements, please visit [www.dwiwg.tirf.ca](http://www.dwiwg.tirf.ca).

## About this series

This brochure is one in a series from the *Working Group on DWI System Improvements*, a coalition of influential organizations representing front-line professionals in all phases of the criminal DWI system. The series is designed to inform decision-makers and the public about proven strategies to reduce drunk driving and ways to maximize their effectiveness to reduce alcohol-related deaths on American roadways.

## Resources

Full references available online at <http://alcoholstats.com/>.

Download the full report at [http://turf.ca/publications/publications\\_show.php?pub\\_id=264](http://turf.ca/publications/publications_show.php?pub_id=264).

---

This initiative was made possible by a charitable contribution from Anheuser-Busch.



The knowledge source for safe driving

**Traffic Injury Research Foundation**  
171 Nepean St., Suite 200  
Ottawa, Ontario  
Canada K2P 0B4

**[www.turf.ca](http://www.turf.ca)**

**T:** 613-238-5235

**F:** 613-238-5292

**Toll free:** 1-877-238-5235

Registered Charity No. 10813 5641 RR0001