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Alcohol Impaired Fatalities

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Indicator Description

The alcohol-impaired fatalities indicator measures the rate of fatal traffic crashes that involve a driver who is impaired by alcohol. Alcohol-impaired driving is defined by National Highway Traffic Safety Administration (NHTSA) as the number of fatalities from vehicle crashes involving a person with a blood alcohol concentration (BAC) of at least 0.08 g/dL. "Driver" refers to the operator of any motor vehicle and fatalities can be those of the driver, occupant, or non-occupant. Data on fatalities come from the 2012 Fatality Analysis Reporting System (FARS). Population data come from the 2012 American Community Survey (ACS) 1-year estimates.

Related Strategies

- Health impact assessment (HIA)
- Health performance metrics
- Impaired driving laws
- Integrate health and transportation planning

Transportation and Health Connection

Driving while under the influence or while intoxicated impairs the driver's ability to drive safely. It puts everyone in the vehicle and others on the road at risk. This indicator shows a direct link between transportation and negative health outcomes. This is a strong measure of the efficacy of policies and laws against alcohol-impaired driving. The annual cost of alcohol-impaired motor vehicle crashes in the U.S. totals more than \$59 billion (Blincoe et al., 2014). In 2012, 10,322 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States (U.S. DOT, National Highway Traffic Safety Administration, 2012).

Strong policies, enforcement, and proven prevention strategies are key pieces in reducing the number of deaths from alcohol-related crashes. Drivers involved in fatal crashes with a BAC of 0.08% or higher are four times more likely to have a prior conviction than drivers involved in fatal crashes with no alcohol in their system (U.S. DOT, 2015).

About the Data

Data on alcohol-impaired fatalities are collected through FARS. This system measures alcohol-impaired fatalities as any crash that involves a motor vehicle traveling on a traffic way that results in the death of at least one person within 30 days of the crash involving a driver with a BAC of 0.08 or higher. The data collected through FARS provide a concrete measure of the effect of impaired driving. They can be used to ascertain the correlation between policies and deaths resulting from driving under the influence.

Moving Forward

The successes of policies and enforcement strategies to prevent alcohol-impaired driving have been widely studied. Such policies and strategies have decreased the number of alcohol-related fatalities and injuries, even though the proportion of fatal crashes has remained relatively stable in recent years.

Publicized sobriety checkpoint programs involve law enforcement officers stopping drivers systematically to assess their degree of alcohol impairment, and media efforts to publicize the enforcement activity are essential to these programs (Community Guide: Reducing Alcohol-Impaired Driving: Publicized Sobriety Checkpoint Programs, 2014). Public support for preventing alcohol-impaired driving is strong. According to the U.S. Department of Transportation, 75% of respondents in a survey endorsed weekly or monthly sobriety checkpoints; only 6% believed that sobriety checkpoints should not be used at all (Moulton, Peterson, Haddix, Drew, 2010).

Alcohol ignition interlocks reduce repeat offenses for driving while intoxicated (DWI) by about 70% while installed. An alcohol ignition interlock is a breath-test device connected to a vehicle's ignition. The vehicle will not start unless the driver blows into the interlock and has a blood alcohol concentration (BAC) below a pre-set low limit, usually 0.02 BAC. All states have implemented ignition interlock programs to manage interlock issues and monitor offenders who are required or eligible to install them. Despite these laws and programs, only about one-fifth of those arrested for DWI have interlocks installed.

An examination of each state's alcohol-impaired countermeasures found that stronger strategies are associated with lower rates of self-reported alcohol-impaired driving. Such strategies include lower BAC limits, graduated driver license systems, zero tolerance laws, and mandatory alcohol assessment and treatment for alcohol-impaired offenders (Shults et al., 2002). Restrictive graduated teen licenses and alcohol-impaired policies have been shown in other studies to significantly reduce traffic fatality rates (Traynor, 2009). Research shows that strengthening enforcement and establishing policies to support the existing minimum legal drinking age are effective approaches to lower alcohol-related injury and death among young people (Wechsler and Nelson, 2010).

The wide berth of research supports the notion that alcohol-related policies and strategies prevent or reduce fatalities and injuries. However, it is difficult to measure the success of any one policy and pinpoint a strategy that would work best for a specific state or region. Policy makers and decision makers are encouraged to review a myriad of prevention and enforcement strategies to develop a comprehensive and effective program that meets the specific needs and context of their state or region.

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* Indicates research that supports policies analyzed

†Indicates research that supports equity or vulnerable populations studied

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