

## Reducing Impaired Driving 2.0

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The National Highway Traffic Safety Administration (NHTSA) recently released [this report](#) on fatal motor vehicle crashes in 2018. The number of traffic fatalities nationwide decreased modestly last year as did the number of alcohol-impaired driving fatalities. In North Carolina, the number of fatalities in both categories modestly increased in 2018. In the aggregate, neither the national nor the state numbers reflect much change in the fatality rate associated with traffic crashes generally or impaired driving-related crashes specifically. While there were precipitous declines in alcohol-impaired driving fatalities from 1982 to 2000, since that time the number of impaired driving-related fatalities has remained rather constant. A similar plateau exists for all types of traffic fatalities, for which the fatality rate per 100 million vehicle miles traveled has remained relatively static for the last decade. This flat trend line has safety advocates wondering what they can do, particularly in the impaired driving context, to push the trend line toward zero.

**The numbers.** There were 36,560 people killed in traffic crashes in the United States in 2018, a 2.4 percent decrease from 2017. Twenty nine percent of those deaths (10,511) were alcohol-impaired-driving fatalities, a 3.6 percent decrease from 2017. In North Carolina, 1,437 people died in traffic crashes in 2018, a 1.8 percent increase from 2017. Twenty nine percent of those deaths were alcohol-impaired-driving fatalities, a 5 percent increase from 2017. Wondering just how impaired drivers involved in fatality crashes are? A [2014 NHTSA report](#) stated that among the 10,076 alcohol-impaired-driving fatalities the previous year, 68 percent were in crashes in which at least one driver in the crash had a BAC of .15 or higher. The most frequently recorded BAC among drinking drivers in fatal crashes in 2013 was .17.

**What can be done?** I spent this afternoon at a lunch and learn at the [UNC Highway Safety Research Center](#). The speaker was veteran highway safety researcher Dr. Robert Foss and the topic was "Reducing Impaired Driving 2.0: Foundational Considerations for Progress in North Carolina." Dr. Foss discussed what he had learned during thirty years of field research, academic study, and policy work focusing on the phenomenon of impaired driving and what his recommendations were for a strategy to further reduce deaths from impaired-driving crashes. Among his observations were that deterrence and controlling drinking drivers must be the focus. Foss opined that there simply are too many impaired drivers to ever catch and prosecute them all. And most impaired drivers who are involved in an alcohol-related crash have never (or at least have not recently) been charged with impaired driving. Dr. Foss had two central recommendations: (1) expand ignition interlock; and (2) conduct more high visibility enforcement. As for ignition interlock, Dr. Foss suggested that every driver charged with impaired driving be required to install ignition interlock. He further suggested that ignition interlock be required until the driver could demonstrate that he or she no longer had an alcohol problem. As for high visibility enforcement, Foss note that this type of enforcement does not stretch law enforcement resources too thin and also serves to counter the views of drinking drivers who believe, based on their past experiences of driving while impaired and not being stopped, that they will not be caught.

Foss's recommendations are not new to the field or this blog (see earlier posts [here](#) and [here](#)) and are supported by other experts. The National Academies of Sciences, Engineering, and Medicine published last year recommendations for "[Getting to Zero Alcohol-Impaired Driving Fatalities](#)." Among the recommendations were that states "enact all-offender ignition interlock laws to reduce alcohol-impaired driving fatalities," requiring ignition interlock for all offenders with a blood alcohol concentration (BAC) above the limit set by state law. The report also advised states to consider increased monitoring periods based on an offender's BAC or past recidivism, stating that a 2-year minimum interlock monitoring period is effective for a first offense, and 4 years is effective for a second offense. The report also recommended that states and localities "conduct frequent sobriety checkpoints in conjunction with widespread publicity" to promote awareness of their enforcement initiatives. The authors noted that low-staff checkpoints are effective and are useful in rural areas and in other circumstances when resources for full-scale checkpoints are not available.

The National Academies' other recommendations include increasing alcohol excise taxes, lowering state per se laws for alcohol-impaired driving to 0.05 BAC, preventing illegal alcohol sales to underage persons and to intoxicated adults, strengthening regulation of alcohol marketing, and implementing policies to reduce the physical availability of alcohol. The report also recommended that every state implement DWI courts that require offenders to be evaluated by an addiction-trained clinician, and, when medically indicated, place offenders in a program that includes relapse prevention medication and requires the offender to receive cognitive behavioral therapy.

**What do you think?** The most recent changes to North Carolina's impaired driving laws have, on the one hand, ratcheted up the punishment (by adding a [super-aggravating factor](#) and creating [Aggravated Level One](#) sentences) and on the other, reduced potential jail time for defendants who participate in [continuous alcohol monitoring](#). Neither effort has precipitated a significant reduction in alcohol-impaired-driving fatalities. Thus, researchers, advocates and policy makers continue to look for a solution. Have your own ideas? Use the comment feature to share them here.