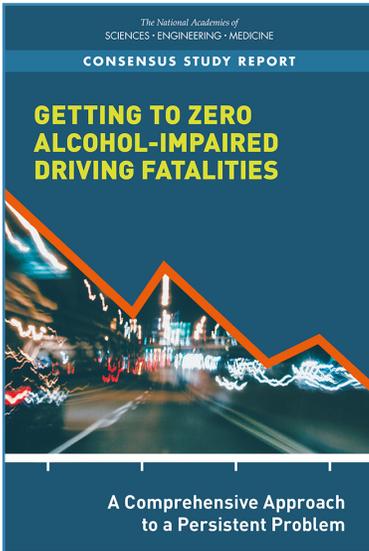


KEY FACTS and RECOMMENDATIONS



Getting to Zero Alcohol-Impaired Driving Fatalities

A Comprehensive Approach to a Persistent Problem

Despite years of progress, alcohol-impaired driving remains the deadliest and costliest danger on U.S. roads today. The causes of alcohol-impaired driving are complex and multifaceted, but these deaths are entirely preventable.

A report from the National Academies of Sciences, Engineering, and Medicine offers a blueprint to solving the problem by identifying numerous evidence-based and promising policies, programs, and systems changes to accelerate national progress in reducing alcohol-impaired driving fatalities.

Read the report at nationalacademies.org/StopDWIdeaths.

KEY FACTS ABOUT ALCOHOL-IMPAIRED DRIVING

- On average since 1982, **one-third of all traffic fatalities** were alcohol-impaired driving fatalities, with **10,497 people** killed in 2016.
- There are **more** alcohol-impaired driving deaths per year than deaths attributable to certain **cancers, HIV/AIDS, and drownings**.
- Each day, **29 people** in the United States die in an alcohol-impaired driving crash; that is one person every **49 minutes**.
- Almost **40 percent** of alcohol-impaired driving fatalities are victims other than the drinking driver.
- In 2016, **214 children** aged 14 years or younger died in alcohol-impaired driving crashes.
- **Rural areas** are disproportionately affected by alcohol-impaired driving crashes and fatalities (nearly **50 percent** of such fatalities occur in rural areas).
- The total economic cost of alcohol-impaired driving crashes was **\$121.5 billion** in 2010 (including medical costs, earnings losses, productivity losses, legal costs, and vehicle damage).
- Drivers ages 21–25 are involved in more fatal alcohol-impaired driving crashes than any other age group. In 2015, this group accounted for **28 percent** of alcohol-impaired driving crashes.
- **Binge drinking** among the general population is strongly associated with alcohol-impaired driving.
- At the population level, alcohol consumption and hazardous drinking have been **on the rise**.

THE COMMITTEE'S RECOMMENDATIONS

Federal and state governments should increase alcohol taxes significantly.

State and local governments should take appropriate steps to limit or reduce alcohol availability, including restrictions on the number of on- and off-premises alcohol outlets, and the days and hours of alcohol sales.

Federal, state, and local governments should adopt and/or strengthen laws and dedicate enforcement resources to stop illegal alcohol sales (i.e., sales to already-intoxicated adults and sales to underage persons).

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 countermarketing campaigns.

State governments should enact per se laws for alcohol-impaired driving at 0.05% blood alcohol concentration (BAC). The federal government should incentivize this change, and other stakeholders should assist in this process. The enactment of 0.05% per se laws should be accompanied by media campaigns and robust and visible enforcement efforts.

States and localities should conduct frequent sobriety checkpoints in conjunction with widespread publicity to promote awareness of these enforcement initiatives.

When the Driver Alcohol Detection System for Safety (DADSS) is accurate and available for public use, **auto insurers** should provide policy discounts to stimulate the adoption of DADSS. Once the cost is on par with other existing automobile safety features and the technology is demonstrated to be accurate and effective, **the National Highway Traffic Safety Administration (NHTSA)** should make DADSS mandatory in all new vehicles.

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

Every state should implement DWI courts, guided by the evidence-based standards set by the National Center for DWI Courts, and all DWI courts should include available consultation or referral for evaluation by an addiction-trained clinician.

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, cognitive behavioral therapy, and medication-assisted therapy.

All states should enact all-offender ignition interlock laws to reduce alcohol-impaired driving fatalities. An ignition interlock should be required for all offenders with a BAC above the limit set by state law. To increase effectiveness, states should consider increased monitoring periods based on the offender's BAC or past recidivism.

NHTSA 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; ensure that data from other government agencies and private organizations are included as needed; and explore the usefulness of big data for inclusion in alcohol-impaired driving information strategies.

To facilitate surveillance of alcohol-impaired driving that is timely, ongoing, concise, and actionable, **NHTSA** should convene a diverse group of stakeholders that includes academic researchers, law enforcement, city and state public health, transportation sector, and other federal agency representation to create and maintain a metrics dashboard, and publish brief, visually appealing quarterly and annual national and state-by-state reports that analyze and interpret progress in reducing alcohol-impaired driving.

NHTSA, other federal partners, and private funding sources free of conflicts of interest should support training, technical assistance, and demonstration projects in the implementation of effective strategies, including policy changes, for reducing alcohol-impaired driving.

NHTSA should create a federal interagency coordinating committee to develop and oversee an integrated strategy for reducing alcohol-impaired driving, ensure collaboration, maintain accountability, and share information among organizations committed to reducing alcohol-impaired driving.

The National Conference of State Legislatures should draft model legislation to provide benchmarks for states that seek to reduce alcohol-impaired driving fatalities.