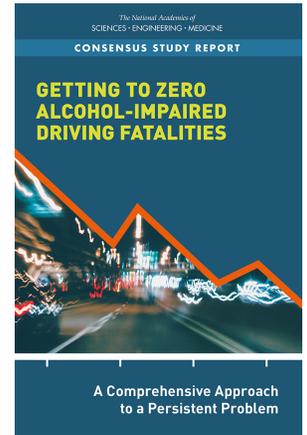




GETTING TO ZERO ALCOHOL-IMPAIRED DRIVING FATALITIES

CLINICIANS CAN HELP REDUCE ALCOHOL-IMPAIRED DRIVING



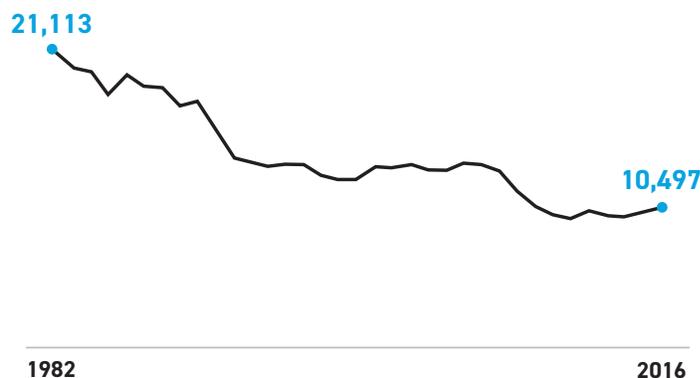
Alcohol-impaired driving is the deadliest and costliest danger on roads in the United States. It's also preventable. Promising technologies and policies can be leveraged to reach a bold goal: zero deaths from drinking and driving.

While the causes of alcohol-impaired driving are complex and multifaceted, there are opportunities to stem the resulting injuries and deaths.

The report *Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem* explores clinical solutions, among others, to accelerate national progress in reducing alcohol-impaired driving fatalities.

What role can clinicians play?

Alcohol-Impaired Driving Fatalities in the United States, 1982–2016



Number of Fatalities

The plateauing fatality rates indicate that progress has stagnated and even reversed.

A PERSISTENT PROBLEM

Binge drinking (consuming 4-5 alcoholic drinks over 2 hours) accounts for roughly **88 percent** of all alcohol-impaired driving episodes.

In 2016, alcohol-impaired driving fatalities accounted for 28 percent of traffic deaths with a total of **10,497 lives lost.**

The most recent available data show that in one year, the societal cost of alcohol-impaired driving crashes, including medical costs, legal expenses, property damages, productivity losses, and more was **\$121.5 billion.**

SPOTLIGHT ON: SCREENING OPPORTUNITIES

Screening of patients for binge drinking or symptoms of an alcohol use disorder (AUD) serves as an important intervention opportunity for clinicians to make an impact on alcohol-impaired driving.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) can serve to identify hazardous and harmful drinking and provide an opportunity for swift intervention as well as referral to treatment if necessary. DWI offenders are an important population to screen for binge drinking and AUD, but the general population would also benefit from SBIRT as well. In fact, the U.S. Preventive Services Task Force recommends that all adults receive SBIRT at primary care visits. While there is strong evidence that brief interventions can effectively decrease harmful alcohol consumption, SBIRT is not administered universally. Leveraging advances in technology can bypass some of the logistical barriers to administering SBIRT in many settings. For example, screening and brief interventions could be conducted using computer kiosks, tablets, or smartphone devices. Additionally, SBIRT can be performed by many members of a health care team who have been trained in its use (e.g., nurses, social workers, and health educators).

SPOTLIGHT ON: TREATMENT OPPORTUNITIES

Another important intervention opportunity is treating patients who screen positive for dangerous drinking behaviors.

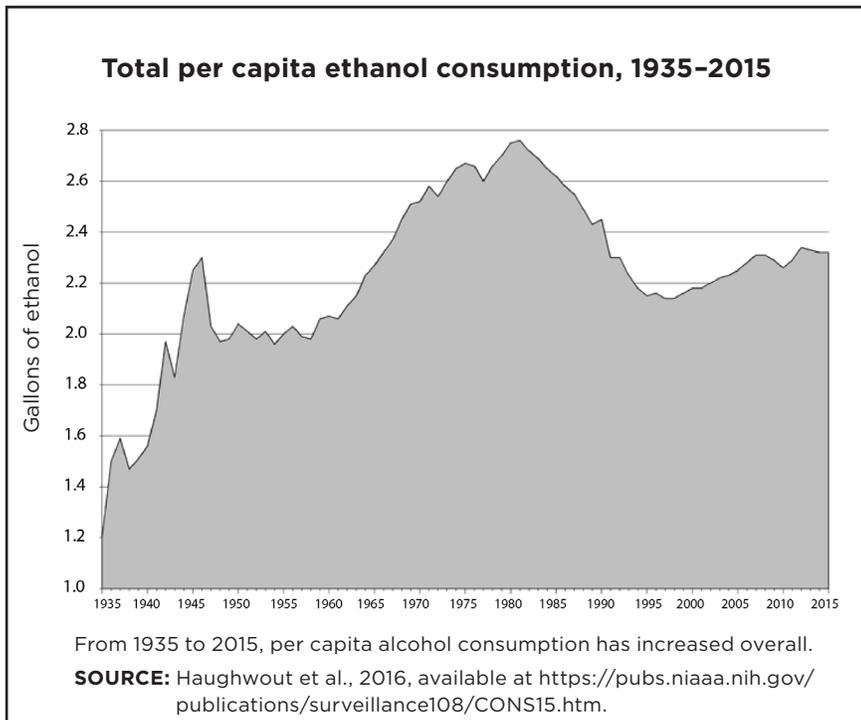
The provision of evidence-based, tailored treatment for patients who meet the criteria for AUD can take on many forms.

Options for treatment can include:

- *Medication-assisted therapy*: Medications in combination with other treatment modalities can reduce alcohol-impaired driving recidivism among people with AUD who have been convicted of DWI.
- *Cognitive behavioral therapy (CBT)*: There are several effective approaches to CBT in addressing AUD, including motivational interviews, contingency management, community reinforcement approaches, and behavioral couple's therapy. In addition, CBT can be made available through online or communication technological platforms.

Recommendation

To enable the assessment, treatment, and monitoring of alcohol-impaired driving offenders, **all health care systems and health insurers** should cover and facilitate effective evaluation, prevention, and treatment strategies for binge drinking and AUD including SBIRT, cognitive behavioral therapy, and medication-assisted therapy.



DID YOU KNOW?

Like smoking, there are secondhand effects of alcohol-impaired driving. In 2015, almost 40 percent of those who died in alcohol-impaired driving incidents were victims other than the drinking driver. For comparison, in the same year, about 8.5 percent of smoking-related deaths were due to secondhand smoke.

CONCLUSION

Through the integration of screening for and treatment of alcohol-related problems into health care delivery, and by taking action in their communities, clinicians can take on an expanded role to reduce alcohol-impaired driving. To achieve zero alcohol-impaired driving fatalities, a systematic, multipronged approach with clear roles and accountabilities across all sectors (including clinical care, transportation, and law enforcement) is needed to renew progress on this persistent problem.

To download a free copy of the full report and other resources, please visit nationalacademies.org/endDWIdeaths

WHAT YOU CAN DO

How can clinicians work to prevent alcohol-impaired driving in their communities?

- Clinicians can support evidence-based policy interventions to reduce binge and harmful drinking (e.g., increased alcohol taxes, addressing physical availability of alcohol, and reducing illegal alcohol sales).
- Clinicians can promote sobriety checkpoints in local communities.
- Clinicians can provide information on the effects of alcohol impairment to civic entities such as schools, employers, and faith-based institutions to increase community awareness of the associated risks.
- Clinicians can form or join a community coalition to prevent alcohol-impaired driving injuries and deaths.
- Health systems can share and link alcohol-related injury data with public health agencies to identify high-risk or vulnerable groups.

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