

DUI/DWI Crashes: 1999-2001

This paper will address facts about crashes involving driving under the influence of alcohol or drugs.

Legal Status

1. The terms DWI and DUI are often used interchangeably, but in Texas there is a legal difference. The Texas legislature has specifically defined the term "*intoxication*" as it relates to DWI cases. There are two definitions
 - A. Not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body. It is no defense that the intoxicating substance was a prescribed drug; if any substance, legal or illegal, deprives a driver of the normal use of mental or physical faculties, the case may be prosecuted; or
 - B. Having a blood alcohol concentration (BAC) of 0.08 or more.
2. DWI is defined as having a BAC of 0.08 or higher and applies to persons of any age. Any driver who has been shown to have a BAC equal to or higher than this level can be arrested and subject to a fine or prison term and loss of license.
3. For minors, however, there is also an offense called Driving Under the Influence (DUI). There are two basic tracks.
 - A. The first track of DUI is administrative in nature and is the offense of driving with any (>.00) alcohol in the system for persons who are under 21. Licensing sanctions are applied administratively by the Department of Public Safety (DPS) and the procedures have been rolled into the existing administrative license revocation (ALR) procedure.
 - B. There also is a criminal track for the DUI offense which is tried in the justice or municipal courts. It is a Class C misdemeanor and carries other sanctions such as fines and community service. There is no additional license suspension upon conviction of DUI. There are also several underage alcohol possession, consumption and purchase criminal offenses which now also carry licensing sanctions which are triggered by notification of DPS of the conviction by the courts and in general are referred to as *zero tolerance* violations.

4. Penalties for DWI vary according to the number of previous violations and other conditions. The following information is from the web site <http://www.1800duilaws.com/states/tx.asp>. DWI or DUI is treated by Texas courts as either a misdemeanor or a felony, depending upon the circumstances of the DWI case, and the prior record of the accused.
 - A. DWI for a first offense is a Class B Misdemeanor.
 - B. There is a fine not to exceed \$2,000.00.
 - C. There is confinement in the County Jail for a term of not less than 72 hours nor more than six (6) months.
 - D. If there was an open container of alcohol in the car when arrested, the minimum term of confinement is six (6) days in the county jail.
 - E. Absent unusual facts, most persons convicted of a first offense DWI are granted community supervision (*probation*). The general length of DWI probation is two years
 - G. There are also conditions of community supervision ordered that are fairly standard in most courts. Typical conditions imposed are drug/alcohol evaluation, alcohol education, or attendance at a MADD Victim Impact Panel.
 - H. If the case presents unusual facts (e.g., an accident, a demonstrable alcohol problem, prior alcohol contacts, bad driving record etc.), the court has discretion to order additional conditions such as an ignition interlock device.

The Problem for Our Region

5. Between 1999 and 2001 (the latest year for which data are available from the Crash Records Bureau of the Department of Public Safety – DPS), there were 16,389 crashes in which alcohol or drugs was identified by the investigating police officer as a contributing factor in the crash. In these crashes, 16,623 drivers were identified as being DWI by the investigating officer.
 - A. In the three year period, 606 of the crashes involved fatalities with 698 persons being killed and 9,790 crashes involved injuries with 17,789 persons being injured.
 - B. The 16,389 crashes in the eight county region accounted for 21% of all DWI crashes in the State of Texas during the three year period.
 - C. Nominally, the 698 persons who died in DWI crashes between 1999 and 2001 represented 37.1% of all fatalities recorded from motor vehicle

crashes in the region. However, the percentage is probably higher due to underreporting of alcohol and other drug results on crash reports.¹

6. Driving under the influence of alcohol or drugs is a particularly dangerous behavior. It is involved in at least 6.6% of the region's serious crashes. Nationally, alcohol is the single largest factor in fatal crashes.
7. The interaction of alcohol and speed is particularly dangerous. In the region, 3.6% of DWI crashes involve fatalities and 61.3% involve injuries (with 9.6% being incapacitating injuries). Of these, 37.5% also involved speeding. Similarly, 29.5% of fatal crashes involved speeding; of these, 46.0% also involved alcohol or drugs.
8. Nationally, there has been a consistent decrease in the number of fatalities attributed to alcohol and drugs since the 1970s. However, the problem seems to be getting worse in our region, at least for the data that are available.
 - A. In 1999, there were 5,136 crashes in which alcohol or drugs was identified as a factor by the investigating police officers; of these, 180 involved fatalities. As mentioned above, these figures are probably underestimates.
 - B. Still, by 2000, the number of DUI crashes reported in the database had increased to 5,599 and the number of those involving obvious fatalities was 209.
 - C. By 2001, the number of DUI crashes had increased to 5,654 with the number of DUI fatal crashes being 217.
9. Of the 16,389 DWI crashes that occurred between 1999 and 2001, the type of object hit was recorded for 93.8%. Of these, 52.8% involved a collision with another motor vehicle, 34.2% involved a collision with a fixed object, 5.8% involved a collision with a parked car, 0.7% involved a collision with a pedestrian, and 0.7% involved a collision with another object (bicycle, animal, railroad train). DWI drivers are much more likely to run off the road and hit a stationary object.

¹ The National Highway Traffic Safety Administration (NHTSA) estimates that alcohol was a factor in 46% of the fatal crashes in Texas. Yet, the BAC results were reported for only about one-fourth of all fatally injured and surviving drivers involved in fatal crashes in Texas from 1999 to 2001 (Becky T. Davies. "Impediments to Efforts to Reduce Impaired Driving in Texas". Center for Transportation Safety: Texas Transportation Institute, 2003).

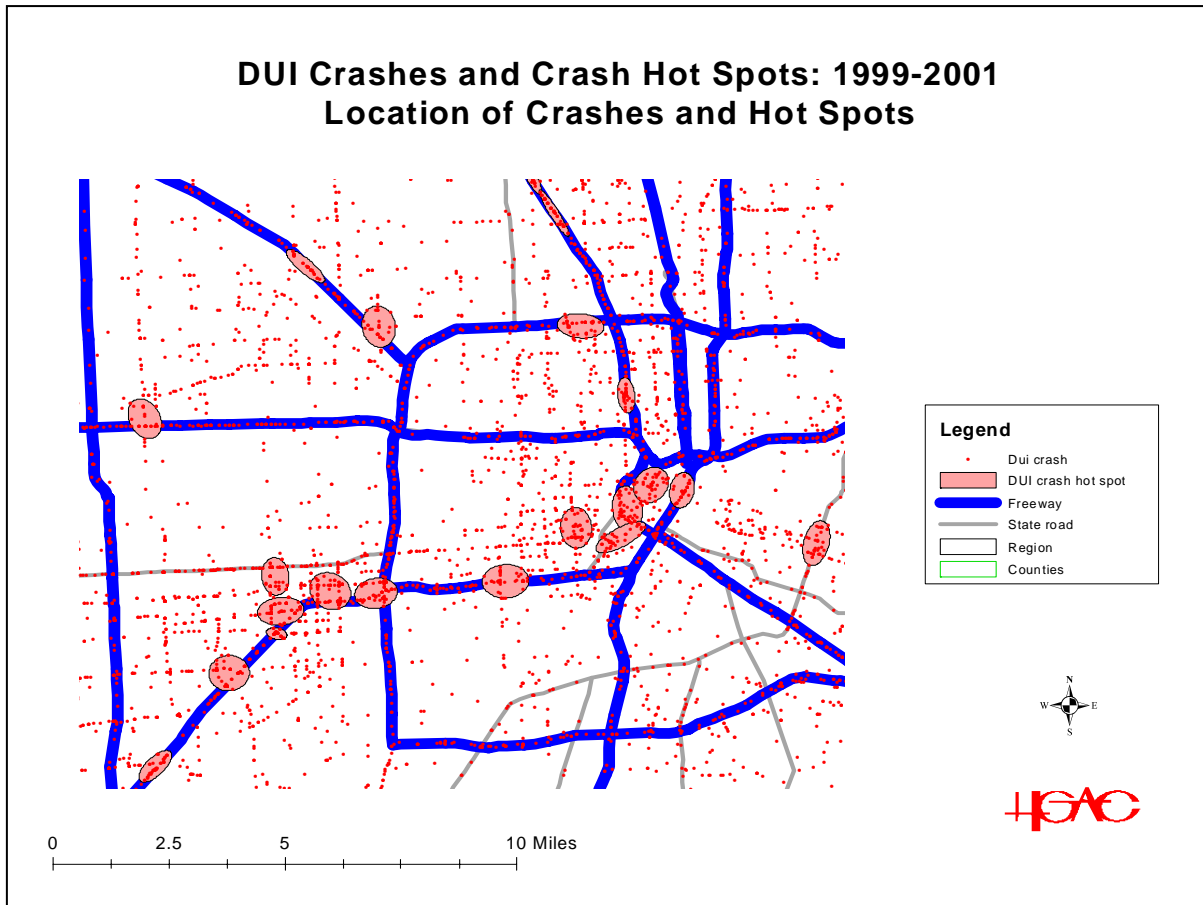
10. The known characteristics of drivers involved in DWI crashes that were identified on the crash report were examined:
 - A. By type of drug: of the drugs that were a factor in DWI, alcohol was the predominant one being used by 92.4% of the drivers. There were no specifics for the other drugs involved (7.6% of the drivers).
 - B. By gender: of the DWI drivers, 82.0% were males and 18.0% were females. There is some evidence nationally that the percentage of DWI drivers who are female has been increasing. However, our data are for too short a time period to determine that.
 - C. By race: the crash report form indicates the race of the drivers, but only defined by 'White', 'Black' and 'Other'. Of the DWI drivers, 88.1% were White, 10.8% were Black, and 1.2% were 'Other Race'. Clearly, the lack of identification of persons of Hispanic or Asian heritage makes these data less clear.
 - D. By drinking age status: of the DWI drivers, 8.2% were minors under age 21 and 87.0% were of legal drinking age. There was no information about the drinking age status for 4.8% of the drivers.
 - E. By age group: of the DWI drivers, 8.0% were teenagers (under age 20), 34.8% were in their twenties, 26.0% were in their thirties, 17.9% were in their forties, 5.9% were in their fifties, and 2.7% were age 60 or older. There was no information about the age group for 4.8% of the drivers.
 - F. By driver license: of the DWI drivers, 9.4% had no license, 81.1% had a Texas license, and 1.6% had a license from another state. There was no license information for 7.9%.
 - G. By insurance status: of the DWI drivers, their insurance status was known for 95.3% of them. Of these, 57.4% had insurance while 42.6% did not. The percentage of the driving age population who has insurance is not known, but the insurance status for all drivers involved in crashes between 1999 and 2001 can be used for comparison (N=485,648). Of all drivers involved in crashes in which their insurance status was known, 83.8% had insurance while 16.2% did not. Thus, DWI drivers are much more likely to not have insurance than other drivers involved in crashes, though the majority of them do have insurance.
11. Drinking by pedestrians is known to be a factor in DWI crashes. Lindsey Griffin has estimated that 37% of pedestrians killed in fatal crashes had BAC levels in excess of 0.08, though the method he used depended on imputing

BAC levels. Unfortunately, our data is missing a lot of information that prevents an estimate from being made.

12. An analysis was conducted of the locations where DWI crashes occurred in the eight county area (Figure 1):
 - A. By road class: 52.6% occurred on local roads (city streets, county roads, tollways, or alleys) while 46.1% occurred on state roads (Interstate, US, SH, FM) with no information being provided for 1.3%. Considering that some state roads are actually local arterials (e.g., Westheimer, Wayside, Old Spanish Trail), it is clear that the majority of DWI crashes occur on local roads.
 - B. However, due to the higher volume of traffic, most of the major hot spots occur on the freeways.
 - C. Major DWI crash hot spots were determined using the *CrimeStat* nearest neighbor hierarchical clustering algorithm (figure 1).² The top five hot spots were:
 - a. The intersecting roads of Westpark and Hillcroft (101 DWI crashes between 1999 and 2001)
 - b. The intersecting freeways of US 59 S and IH 610 W (74 crashes)
 - c. A small area from US 59 S on the southside to Winsome on the north side, and from Chimney Rock on the eastside to Fountain View on the Westside (67 DWI crashes between 1999 and 2001).
 - d. A small area around Bellaire and US 59 S (64 DWI crashes between 1999 and 2001).
 - e. A stretch along IH 45 N in downtown (the “Pierce Elevated”) from Caroline on the southside to Allen Parkway on the northside (54 DWI crashes between 1999 and 2001).

² Ned Levine, *CrimeStat III: A Spatial Statistics Program for the Analysis of Crime Incident Locations*. National Institute of Justice: Washington, DC. November 2004. <http://www.icpsr.umich.edu/crimestat>.

Figure 1:



Actions That Can Be Taken
Summary Recommendations from Two National Reports

Countermeasures That Work – Alcohol-Impaired Driving

From *Countermeasures That Work: A Highway Safety Countermeasure Guide For State Highway Safety Offices*, Governors Highway Safety Association, Washington, DC, 2005, p. 3-3

Countermeasures to reduce alcohol-impaired driving are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure’s effectiveness, use, cost, and time required for implementation. The terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Laws

| Countermeasure | Effectiveness | Use | Cost | Time |
|--------------------------------|----------------------|------------|-------------|-------------|
| 1.1 ALR/ALS | Proven | High | High | Medium |
| 1.2 BAC test refusal penalties | Proven | Unknown | Low | Short |
| 1.3 High BAC sanctions | Uncertain | Medium | Low | Short |
| 1.4 Open containers | Uncertain | High | Low | Short |
| 1.5 DWI code review | Likely | Low | Medium | Medium |

2. Enforcement

| Countermeasure | Effectiveness | Use | Cost | Time |
|-------------------------------------|----------------------|------------|-------------|-------------|
| 2.1 Sobriety checkpoints | Proven | Medium | High | Short |
| 2.2 Saturation patrols | Proven | High | Medium | Short |
| 2.3 Integrated enforcement | Likely | Unknown | Low | Short |
| 2.4 Preliminary Breath Test Devices | Proven | High | Medium | Short |
| 2.5 Passive sensors | Proven | Unknown | Medium | Short |

3. Prosecution and Adjudication

| Countermeasure | Effectiveness | Use | Cost | Time |
|---|----------------------|------------|-------------|-------------|
| 3.1 Sanctions | Varies | Varies | Varies | Varies |
| 3.2 Diversion and plea agreement restrictions | Proven | Medium | Low | Short |
| 3.3 DWI courts | Likely | Low | High | Medium |
| 3.4 Court monitoring | Proven | Unknown | Low | Short |

4. DWI offender treatment, Monitoring, and Control

| Countermeasure | Effectiveness | Use | Cost | Time |
|---|----------------------|------------|-------------|-------------|
| 4.1 Alcohol problem assessment, treatment | Proven | High | Varies | Varies |
| 4.2 DWI offender monitoring | Proven | Unknown | High | Medium |
| 4.3 Alcohol interlocks | Proven | Medium | Medium | Medium |
| 4.4 Vehicle and license plate sanctions | Varies | Medium | Varies | Medium |
| 4.5 Lower BAC limit for repeat offenders | Uncertain | Low | Low | Short |

5. Prevention, Intervention, Communications, and Outreach

| Countermeasure | Effectiveness | Use | Cost | Time |
|---|---------------|---------|--------|--------|
| 5.1 Responsible beverage service | Likely | Medium | Medium | Medium |
| 5.2 Alternative transportation | Unknown | Unknown | Medium | Short |
| 5.3 Designated drivers | Unknown | Medium | Low | Short |
| 5.4 Alcohol screening and brief interventions | Proven | Medium | Medium | Short |
| 5.5 Mass media campaigns | Proven | High | High | Medium |

6. Underage drinking and alcohol-related driving

| Countermeasure | Effectiveness | Use | Cost | Time |
|--------------------------------|---------------|---------|--------|--------|
| 6.1 Age 21 enforcement | Varies | Varies | Varies | Varies |
| 6.2 Zero-tolerance enforcement | Likely | Unknown | Medium | Short |
| 6.3 School education programs | Uncertain | Unknown | Low | Long |
| 6.4 Youth programs | Uncertain | High | Varies | Medium |

Key to Criteria

Effectiveness:

Proven: demonstrated by several high-quality evaluations with consistent results.

Likely: balance of evidence from high-quality evaluations.

Uncertain: limited and perhaps ambiguous evidence.

Unknown: no high-quality evaluation evidence.

Varies: different methods of implementing this countermeasure produce different results.

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise.

See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

High: more than two-thirds of the States, or a substantial majority of communities.

Medium: between one-third and two-thirds of States or communities.

Low: fewer than one-third of the States or communities.

Unknown: data not available.

Cost to implement:

High: requires extensive new facilities, staff, or equipment, or makes heavy demands on current resources.

Medium: requires some additional staff time, equipment, and/or facilities.

Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities.

Time to implement:

Long: more than one year.

Medium: more than three months but less than one year.

Short: three months or less.

These estimates do not include the time required to enact legislation or establish policies.

NCHRP REPORT 500

**Guidance for Implementation of the
AASHTO Strategic Highway Safety Plan**

***Volume 16: A Guide for Reducing
Alcohol-Related Collisions***

ARTHUR GOODWIN

ROBERT FOSS

University of North Carolina Highway Safety Research Center
Chapel Hill, NC

JAMES HEDLUND

Highway Safety North
Ithaca, NY

JAMIE SOHN

University of North Carolina Highway Safety Research Center
Chapel Hill, NC

RONALD PFEFER

Zikhron Yaacov, Israel

TIMOTHY R. NEUMAN

KEVIN L. SLACK

KELLY K. HARDY

CH2M HILL

Herndon, VA

SUBJECT AREAS

Safety and Human Performance

Research Sponsored by the American Association of State Highway and Transportation Officials
in Cooperation with the Federal Highway Administration

TRANSPORTATION RESEARCH BOARD

WASHINGTON, D.C.

2005

www.TRB.org

Summary

The Problem

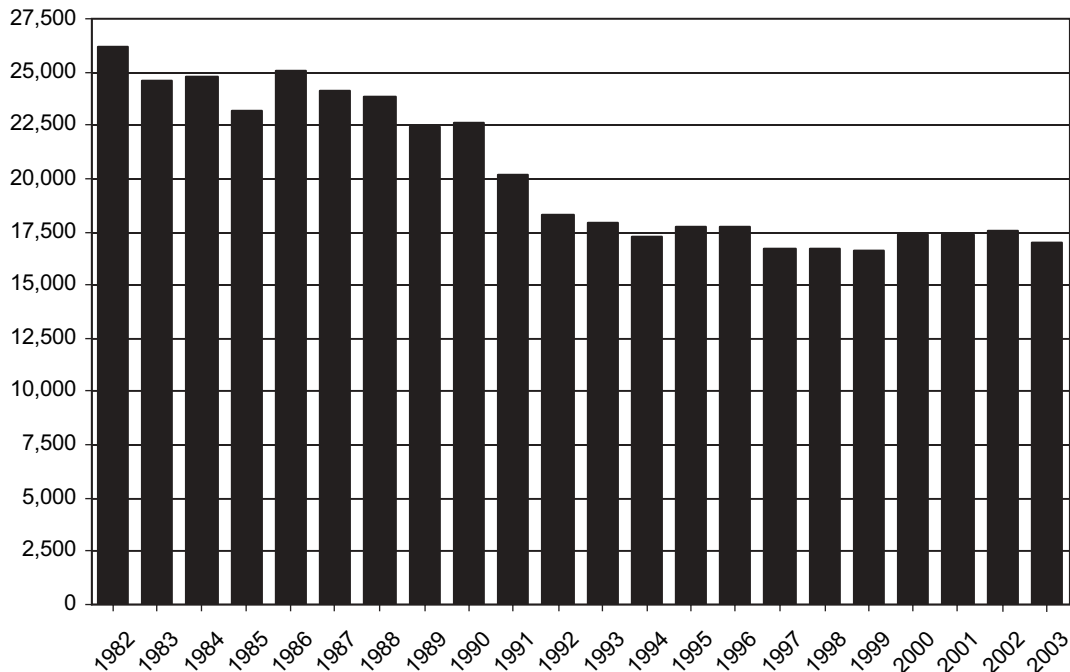
Alcohol-impaired driving is among the most common contributors to motor vehicle crashes in the United States. In 2003, 17,013 individuals were killed in a motor vehicle crash in which the driver or other participant had a positive blood alcohol concentration (BAC), and 15,630 of those were above 0.08 percent, which is the legal limit for drivers in all 50 states and the District of Columbia. The 17,013 alcohol-related fatalities represent 40 percent of the 42,643 motor vehicle fatalities that occurred in 2003. Alcohol-related crashes are estimated to cost the public more than \$50 billion yearly.

Although hundreds of millions of dollars have been spent during the past two decades on efforts to reduce alcohol-impaired driving, the problem has proved frustratingly resistant to change. There were marked declines in alcohol-related crash fatalities from the mid-1980s to the early 1990s; however, there has been little change since that time. Between 1994 and 2003, alcohol-related traffic fatalities have hovered between 16,500 and 17,500 a year (see Exhibit I-1). Although additional progress will be difficult, states can do much to further reduce the size of this problem.

EXHIBIT I-1

Number of Alcohol-Related Fatalities in the U.S., 1982–2003

Source: NHTSA, 2005



The two fundamental methods to reduce alcohol-related crashes are (1) to reduce excessive drinking through policies and programs to control alcohol sales and inform drinkers of the dangers of excessive drinking and (2) to deter driving while impaired by alcohol. Each method includes several distinct strategies directed at different target populations.

The drinking while intoxicated (DWI) criminal justice system of laws, enforcement, prosecution, adjudication, sanctions, and offender monitoring is complex. All elements of this system must function well—both individually and cooperatively—to ensure that DWI offenders are (1) frequently detected, (2) routinely charged, (3) effectively prosecuted, (4) suitably punished when convicted, and (5) appropriately treated for alcohol abuse or dependency. If these enforcement efforts are to have a general deterrent effect on potential impaired drivers, as well as a specific deterrent effect on DWI offenders, the public needs to be regularly made aware of these activities.

Strategies designed to prevent impaired driving before it occurs apply to the entire driving population. These are typically referred to as *general deterrence* strategies. These hold the greatest potential to substantially reduce impaired driving and alcohol-related crashes. Strategies that focus on punishing and rehabilitating individuals who have been arrested for DWI to discourage a repeat of the behavior are known as *specific deterrence* strategies. Individuals who have been arrested represent a relatively small proportion of the overall drinking-driving problem.

To function well, all participating agencies in the DWI control system need readily available, up-to-date information about persons who have been arrested for impaired driving. In addition, these agencies need adequate resources. In view of the huge societal costs created by alcohol-related crashes and the demonstrated cost-efficiency of several countermeasures (NHTSA 2004a; <http://www.nhtsa.dot.gov/people/injury/alcohol/impaired-drivingusa/US.pdf>), additional resources applied to carefully selected programs are considered by many to be a wise investment of public resources. For further discussion on these issues, see Robertson et al., 2004 (http://www.trafficinjuryresearch.com/publications/pub_details.cfm?intPubID=196).

Several specific attributes of the alcohol-related crash problem influence development and selection of prevention strategies. Foremost among these is that the criminal justice system through which impaired driving is largely addressed involves a set of complexly interrelated elements. These elements often don't function well together; therefore, the system fails to achieve the objective of discouraging impaired driving. In addition, impaired drivers often have an alcohol dependency or abuse problem, which strategies need to address both directly and indirectly. Young drivers have long been recognized as a higher-risk segment of the driving population. The combination of young drivers and alcohol is hence particularly troublesome. When young people drive after drinking, they have a higher crash risk than more experienced drivers, and this fact merits special attention. Finally, one in eight alcohol-related fatalities involves an impaired pedestrian or bicyclist. Although some of the strategies described here may affect these individuals, the focus of this guide is on alcohol-impaired drivers.

Objectives and Strategies

Exhibit I-2 shows the objectives and strategies identified as the most promising approaches to reduce alcohol-related crashes.

EXHIBIT I-2
Objectives and Strategies to Reduce Alcohol-Related Collisions

| Objectives | Strategies |
|---|---|
| 5.1 A—Reduce Excessive Drinking and Underage Drinking | 5.1 A1—Increase the State Excise Tax on Beer (T) |
| | 5.1 A2—Require Responsible Beverage Service Policies for Alcohol Servers and Retailers (P) |
| | 5.1 A3—Conduct Well-Publicized Compliance Checks of Alcohol Retailers to Reduce Sales to Underage Persons (T) |
| | 5.1 A4—Employ Screening and Brief Interventions in Health Care Settings (T) |
| 5.1 B—Enforce DWI Laws | 5.1 B1—Conduct Regular Well-Publicized DWI Checkpoints (P) |
| | 5.1 B2—Enhance DWI Detection Through Special DWI Patrols and Related Traffic Enforcement (T) |
| | 5.1 B3—Publicize and Enforce Zero Tolerance Laws for Drivers Under Age 21 (P) |
| 5.1 C—Prosecute, Impose Sanctions on, and Treat DWI Offenders | 5.1 C1—Suspend Driver’s License Administratively Upon Arrest (P) |
| | 5.1 C2—Establish Stronger Penalties for BAC Test Refusal Than for Test Failure (T) |
| | 5.1 C3—Eliminate Diversion Programs and Plea Bargains to Non-Alcohol Offenses (T) |
| | 5.1 C4—Screen All Convicted DWI Offenders for Alcohol Problems and Require Treatment When Appropriate (P) |
| 5.1 D—Control High-BAC and Repeat Offenders | 5.1 D1—Seize Vehicles or Vehicle License Plates Administratively Upon Arrest (P) |
| | 5.1 D2—Require Ignition Interlocks as a Condition for License Reinstatement (P) |
| | 5.1 D3—Monitor All Convicted DWI Offenders Closely (P) |
| | 5.1 D4—Incarcerate Offenders (P) |

Note: (P) indicates that a strategy is proven effective. (T) indicates that a strategy has been tried extensively but is not yet proven effective. Further explanation of (T) and (P) appears in Section V.

Explanation of Objectives and Strategies

This guide discusses four objectives with successively restricted target populations:

- Reduce excessive drinking and underage drinking.
- Deter driving after drinking through effective DWI law enforcement.
- Improve the system for prosecuting, imposing sanctions against, and treating DWI offenders.
- Control the most recalcitrant offenders.

The strategies within each objective were identified using a two-step process. Potentially useful approaches were first identified through an extensive review of the research literature on programs and policies to reduce alcohol-impaired driving. The most promising strategies were then selected and clarified in consultation with an expert panel composed of experienced researchers and state officials with responsibility for DWI programs. A large number of strategies to reduce alcohol-related crashes have been tried. Many have not been evaluated, and others have shown no benefits when evaluated. The strategies presented here are considered to be the most effective based on results from well-designed evaluation studies and the opinions of top experts in the field. Although these strategies often require state-level action, several of these strategies can also be adapted and productively used in individual communities.

Some widely used or commonly advocated approaches are not included because there is no evidence that they reduce alcohol-related collisions and no compelling reason to believe that they could. Given that resources to address behavioral factors that contribute to traffic crashes are severely limited, consideration should be given to directing resources toward implementation, expansion, or enhancement of strategies discussed here and away from approaches not covered by this guide. States where all or most of the included strategies already are in place may wish to consider whether these strategies could be implemented more effectively or more widely throughout the state before turning to other, unproven strategies.

To select which strategies will most likely produce the greatest benefit in a given jurisdiction, an important first step is to conduct a careful assessment of the nature of the jurisdiction's drinking-driving problem and how the DWI countermeasure system is currently functioning. This assessment requires a multidisciplinary team. States frequently use a task force that represents all the key elements of this system. Without such an approach, a fragmented and incomplete understanding of the problem is likely and progress will be difficult. The system for dealing with alcohol-impaired driving may be the most complex and involve the greatest number of disciplines and state agencies of any traffic safety issue. For further discussion of the process for implementing strategies, see Section VI.

Reduce Excessive Drinking and Underage Drinking

Excessive drinking often leads to alcohol-impaired driving. Drinking habits can be changed. The decreases in alcohol-related crashes during the past two decades have partly resulted from such changes. States can use the strategies within this objective to reduce excessive drinking and subsequent impaired driving.

Increase the State Excise Tax on Beer. Studies over the past 20 years repeatedly show that higher beer prices are associated with less drinking and fewer motor vehicle crashes. This holds true for heavier drinkers as well as more typical drinkers. The relationship is somewhat stronger among underage drinkers. States influence beer prices through excise taxes. In most states, the value of this tax has been substantially eroded by inflation since the current rate was established.

Require Responsible Beverage Service Policies for Alcohol Servers and Retailers. Prohibiting marketing tactics that encourage excessive consumption and reducing the sale of alcohol to persons who are already impaired can reduce excessive drinking and impairment. Although

alcohol advertising is largely a national-level matter, state alcoholic beverage control laws can address many problematic sales tactics, as well as some kinds of advertising. In addition, laws allowing injured parties to recover damages from licensed establishments (so-called dram shop laws) can encourage alcohol retailers to adopt responsible beverage service policies.

Conduct Well-Publicized Compliance Checks of Alcohol Retailers to Reduce Sales to Underage Persons. Responsible beverage service policies generally are effective only when they are adequately enforced. One effective tactic is well-publicized compliance checks, in which underage persons working with law enforcement attempt to purchase alcohol.

Employ Screening and Brief Interventions in Health Care Settings. Many persons arrested for DWI have some level of problem controlling their drinking. Alcohol screening to identify individuals with alcohol problems—followed when appropriate by brief, single-session interventions by health care professionals to encourage changes in drinking behavior—has proved to be effective for persons who are not seriously dependent on alcohol. Those who are dependent often require treatment.

Enforce DWI Laws

DWI law enforcement is critical in controlling impaired driving. The enforcement strategies identified here have been demonstrated to be more effective than other enforcement activities. The goal of all enforcement strategies is to deter persons from driving while impaired by alcohol, not just to arrest and punish impaired drivers.

Conduct Regular Well-Publicized DWI Checkpoints. At a DWI checkpoint, law enforcement officers stop cars to determine whether drivers are impaired by alcohol. Regular well-publicized checkpoints may be the single most effective strategy for deterring impaired driving. Highly visible and well-publicized checkpoints help convince the public that impaired drivers are likely to be arrested and punished.

Enhance DWI Detection Through Special DWI Patrols and Related Traffic Enforcement. Checkpoints operate only at specific times and locations. By highlighting DWI in all traffic enforcement activities, officers continually reinforce the message that impaired drivers will be stopped and arrested. Checking for alcohol impairment among persons stopped for speeding or seatbelt violations is particularly important since drinking drivers often speed and fail to buckle up.

Publicize and Enforce Zero Tolerance Laws for Drivers under Age 21. All states prohibit persons under 21 from driving after drinking any detectable amount of alcohol, although for technical reasons this is sometimes reflected by a legal BAC limit of 0.01 or 0.02 rather than zero. In many jurisdictions, these laws are not well understood and are not enforced. In several states, provisions of the law create unnecessary barriers to enforcement. Removing any such barriers, actively enforcing the law, and publicizing both the law and the enforcement activities can discourage driving after drinking by underage persons.

Prosecute, Impose Sanctions on, and Treat DWI Offenders

DWI laws and enforcement are empty threats without effective prosecution, adjudication, and punishment for offenders. The consequences should be swift, certain, and appropriately severe. Swift and certainty are more important than severity. The strategies within this

objective will help states increase the swiftness and certainty of DWI offender punishment. In addition, because many drinking drivers have an uncontrolled problem with drinking, it is important to identify those individuals and to ensure that they complete treatment for the problem before they are allowed to regain unrestricted driving privileges.

Suspend Driver’s License Administratively Upon Arrest. A critical feature of laws that are widely heeded is the perception that punishment for a violation is likely and will occur quickly. However, DWI laws often result in substantial delays and frequently allow individuals to escape punishment altogether despite their guilt. To provide quick and certain consequences, most states also administratively suspend the driver’s license of a person arrested for DWI. The effectiveness of administrative license suspension in reducing impaired driving is well documented.

Establish Stronger Penalties for BAC Test Refusal Than for Test Failure. As part of the driving privilege, implied consent laws require individuals to provide a breath or blood test upon the request of an officer who has reason to believe a driver has been drinking. In states where the penalty for test refusal is less than the penalty for a DWI conviction, many drivers refuse the test. Without a BAC test result, achieving a DWI conviction often is more difficult.

Eliminate Diversion Programs and Plea Bargains to Non-Alcohol Offenses. To reduce demands on overloaded prosecutors and judges, DWI charges are often dropped in exchange for guilty pleas to lesser charges. In other instances, drivers who complete an alcohol education or community service program have their DWI conviction removed from their record (in so called “diversion” programs). Both practices undermine the integrity of DWI countermeasure systems by allowing individuals to escape appropriate punishment and preventing states from identifying and treating multiple offenders more seriously.

Screen All Convicted DWI Offenders for Alcohol Problems and Require Treatment When Appropriate. Many persons arrested for DWI have driven while impaired many times and have some problem controlling their drinking. These individuals often need professional treatment. The DWI arrest provides an opportunity to determine if alcohol treatment is needed. When it is, the court’s control over convicted offenders can provide the incentive these individuals need to complete the full treatment requirements.

Control High-BAC and Repeat Offenders

Some individuals drive repeatedly while impaired by alcohol in spite of the threat of being arrested and punished. Many of them have been convicted of DWI more than once; many have a very high BAC at their first arrest. The strategies within this objective provide methods to control their drinking and driving behavior.

Seize Vehicles or Vehicle License Plates Administratively Upon Arrest. Many persons whose driver’s license has been suspended or revoked continue to drive. The next step to stop their driving is to apply measures to their vehicles by taking the license plate or by immobilizing or impounding the vehicle. These procedures are generally quite effective when applied, but courts rarely use them. They are more effective when applied administratively by the motor vehicle licensing agency.

Require Ignition Interlocks as a Condition for License Reinstatement. An alcohol interlock prevents a vehicle from being started if the driver has been drinking. Interlocks allow DWI

offenders to resume driving after a period of license suspension or revocation but prevent the offender from driving after drinking. Interlock effectiveness is well documented.

Monitor All Convicted DWI Offenders Closely. Many convicted DWI offenders fail to comply with conditions of their sentences such as alcohol treatment requirements and prohibitions on driving. This failure to comply with sentences is particularly common when offenders are not monitored closely. Methods to monitor offenders closely include intensive supervision probation, home confinement with electronic monitoring, specialized DWI/drug courts, and dedicated detention facilities.

Incarcerate Offenders. Although this strategy is far too costly to be used widely, incarcerating recalcitrant offenders, as a matter of last resort, will prevent these individuals from driving while impaired. More importantly, the ultimate threat of incarceration can serve as the key to encouraging individuals to comply with a variety of less restrictive mandates to stop driving while impaired.