



# Alcohol-impaired driving and its consequences in the United States: The past 25 years

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## Abstract

*Introduction:* Progress in dealing with the alcohol-impaired driving problem in the United States during the past 25 years is addressed. *Methods:* Trends in various measures of the problem were tracked and a thorough review of the relevant literature conducted. *Results:* In the 1980s and continuing into the early 1990s, major decreases occurred in alcohol-impaired driving and its consequences. The contribution of alcohol to fatal crashes dropped by 35–40% during this period. Two primary reasons for the decline appear to be the emergence of citizen activist groups that mobilized public support and attention to the problem, and the proliferation of effective laws. Since about 1995 the alcohol-impaired driving problem has stabilized at a reduced but still quite high level. *Conclusions:* Highway safety organizations and citizen activist groups have continued to highlight the problem, but its status as a social issue has diminished. We basically know what the primary target groups are, and we know measures that would work to reduce the problem if implemented more fully. We know that political leadership, state task forces, and media advocacy are important ingredients in addressing the problem. It is likely that a resurgence in citizen activism will be necessary to foster these elements and refocus the nation on the unfinished battle against alcohol-impaired driving. *Impact on Industry:* Alcohol-impaired driving is still a major problem that needs continuing attention.

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## 1. Introduction

The problem of alcohol-impaired driving became apparent soon after the introduction of motor vehicles. The use of alcohol is ingrained in American society. The majority of people drink alcoholic beverages, and drinking takes place in a variety of public and private settings. We also are a driving culture, with the private motor vehicle the basic form of transportation in daily activities. The alcohol-impaired driving problem is a product of our social institutions, primarily transportation and recreation (Ross, 1992). The activities of drinking and driving can be separated, but it is not surprising that they sometimes are combined.

We have been dealing with this problem for a century. This paper addresses how the problem has changed, especially during the past 25 years, why these changes occurred, what the problem looks like today, and what the future may hold.

## 2. 1900–1979: A capsule view

The first case of a motor-vehicle crash associated with alcohol was identified shortly after the turn of the century. By the 1920s and 1930s there was popular awareness of the connection between alcohol use and motor-vehicle crashes.

Beginning in the late 1930s researchers began quantifying the effects of alcohol on motor-vehicle operation, and continuing research during the next decades established alcohol as a major contributor to motor-vehicle crashes,

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particularly those involving fatalities. Growing recognition of the problem prompted action. In the United States, states traditionally have been responsible for dealing with alcohol-impaired drivers and have played an important role in doing so. By the mid-1960s, most states had enacted laws establishing impermissible blood alcohol concentrations. The seriousness of the problem led the federal government to get involved, and in 1968 the U.S. Department of Transportation issued the report, *Alcohol and Highway Safety*. The report began, “The use of alcohol by drivers and pedestrians leads to some 25,000 deaths and a total of at least 800,000 crashes each year,” and went on to note that a substantial portion of this loss involved completely innocent parties. The report proceeded to lay out the scientific evidence for the role of alcohol and called for a broad-based countermeasure approach with appropriate evaluations to establish what worked to reduce the problem.

In the 1970s the federal government launched a major, nationwide program of Alcohol Safety Action Projects (ASAPs), providing \$88 million to 35 individual programs in communities around the country. ASAPs featured a systems approach, involving primarily enforcement, public information, and treatment. Evaluations indicated no clear bottom-line effects of the program in reducing the crash problem (Levy, Voas, Johnson, & Klein., 1978; Zador, 1976, 1977), but the ASAP initiative played an important role in drawing attention to the problem and setting the stage for the increased interest accorded to alcohol-impaired driving in the 1980s.

### 3. The past 25 years

#### 3.1. The 1980s

Prior to the 1980s alcohol-impaired driving had been a social concern, but in the 1980s it became a top national priority. This was spurred by emerging citizen activist groups. In 1978 Doris Aiken founded Remove Intoxicated Drivers (RID) after a drunk driver killed a local teenager. In 1980 Candy Lightner founded Mothers Against Drunk Driving (MADD) after her daughter was killed by a repeat offender drunk driver who received only light punishment. A few local or regional citizen groups subsequently were formed around the country (McCarthy & Harvey, 1988), and Students Against Driving Drunk (SADD), now known as Students Against Destructive Decisions, was started in 1981. MADD became the largest and most influential organization. It was MADD and other citizen activist groups that sparked the major grassroots anti-drunk-driving movement in the United States during the 1980s.

Two important national events occurred in the 1980s. At Washington DC press conferences, Lightner had urged President Ronald Reagan to establish a commission on drunk driving, and even picketed the White House in this quest (Weed, 1993). In 1982 President Reagan appointed a

Presidential Commission on Drunk Driving (1983), with Lightner as a member, and the Commission produced an agenda for dealing with the problem. In 1988 Surgeon General C. Everett Koop held a Surgeon General’s Workshop on Drunk Driving, largely in response to Congressional resolutions sparked by citizen activists, and the report on this workshop also included many recommendations for action (U.S. Department of Health and Human Services, 1988). These events put alcohol-impaired driving in the public spotlight and gave it status as a national priority.

#### 3.2. Tracking the problem: early 1980s to the present

In the 1980s it also became possible to track progress in addressing the problem of fatal crashes involving alcohol, the type of crash in which alcohol is most prevalent. The Fatality Analysis Reporting System (FARS), a census of all fatal crashes in the United States on public roads, includes data on the blood alcohol concentrations (BACs) of drivers in fatal crashes since 1982. FARS has existed since 1975, but reliable alcohol data were not sufficiently available until the early 1980s. Some of these data are based on the results of chemical tests; missing data are imputed according to a complex formula and combined with the chemical test data (Subramanian, 2002). Alcohol concentrations are described in terms of the percent by weight of alcohol in the blood—for example, 0.01 grams per deciliter, often presented as 0.01% by weight, or by the shorthand term 0.01% BAC, which is used in this report.

These are the only reliable data that can be used to track changes, so a complete historical record cannot be constructed. However, there is no evidence from FARS or other data sources that alcohol involvement was much different in the 1970s and the early 1980s than it was in 1982 (Williams, 1994). In Canada, reliable alcohol data for drivers in fatal crashes extend back to 1973, and the 1973–1981 period was stable (Simpson, Beirness, & Mayhew, 1994). Because Canadian and U.S. data usually run in parallel, this suggests there was stability in the United States as well during this period. In 1982 the alcohol problem in the United States was greater than it has been any year since, so the 1970s were very likely the worst decade ever for loss of life due to the combination of drinking and driving.

There are various measures that can be used to gauge the extent of the alcohol problem and track trends. The National Highway Traffic Safety Administration (NHTSA) features a measure of “alcohol-related” fatalities that totals the deaths occurring in crashes in which at least one principal (driver, pedestrian, bicyclist) had a positive BAC (Subramanian, 2005). NHTSA also computes the number of fatalities in which at least one principal had a BAC of 0.08% or greater. The latter measure provides the better estimate of fatalities caused by alcohol, and is used in this report.

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