



Contents lists available at ScienceDirect

Annals of Epidemiology

journal homepage: www.annalsofepidemiology.org

Original article

Stakeholder perceptions of lowering the blood alcohol concentration standard in the United States

Lisa J. Molnar PhD*, David W. Eby PhD, Lidia P. Kostyniuk PhD, Renée M. St. Louis MPH, Nicole Zanier BA

University of Michigan Transportation Research Institute, Ann Arbor, MI

ARTICLE INFO

Article history:

Received 8 June 2017

Accepted 13 September 2017

Available online xxx

Keywords:

Alcohol-impaired driving

Drunk driving

Health and economic impacts

ABSTRACT

Purpose: This study sought to better understand the past change in the legal blood alcohol concentration (BAC) standard from 0.10% to 0.08% in the United States, as well as explore stakeholder perceptions about potential health and other impacts of further lowering the standard below 0.08%.

Methods: In-depth interviews were conducted with representatives of 20 organizations considered to have an interest and investment in the potential impacts of strategies to decrease alcohol-impaired related crashes and injuries. Interviews were conducted by a trained moderator, using a structured guide.

Results: Themes from the interviews are presented for several discussion topics explored for both the earlier change in the legal BAC limit from 0.10% to 0.08% and a potential lowering of the limit below 0.08%. Topics included arguments for and against change; organizational position on the change; stakeholders on both sides of the issue; strategies to support or oppose the change; health and economic impacts; and enforcement and adjudication challenges.

Conclusions: Collectively, results suggest that moving the BAC standard below the current level will require considerable effort and time. There was strong, but not complete, agreement that it will be difficult, and maybe infeasible in the short-term, for states to implement a BAC standard lower than 0.08%.

© 2017 Elsevier Inc. All rights reserved.

Introduction

Alcohol-impaired driving (AID) continues to represent an important public health problem in the United States despite progress over the past several years. For example, although the number of people killed in AID crashes with a blood alcohol concentration (BAC) of 0.08 g/dL (referred to as 0.08% in this article) or higher declined from 11,711 in 2008 to 9,967 in 2014, AID fatalities still account for about one-third of all vehicle traffic fatalities [1,2]. Central to states' efforts to combat AID is the setting of a minimum BAC level above which a driver is considered impaired and operating a motor vehicle illegally [3]. In the 1970s and early 1980s, the legal BAC level mandated by most states was 0.10% [4]. As part of continuing efforts to further reduce AID-related crashes, fatalities, and injuries, states began lowering the legal BAC standard to 0.08% in the early 1990s; by 2005, all 50 states had a 0.08% standard in place [5]. Fell and Voas [6] reviewed 14 evaluations of the change in the standard and found reductions in alcohol-related crashes, fatalities, and injuries ranging from 5% to 16%. Shults et al. [7] also

conducted a systematic review and found the median postlaw reduction in alcohol-related motor vehicle fatalities after the introduction of 0.08% BAC level to be 7% with an interquartile range of 15% to 4%.

Debate continues on whether states should further decrease the legal BAC standard below 0.08%, specifically to 0.05%. Based on a comprehensive review of the literature on BAC standards, Fell and Voas [8] concluded that there was support for further lowering the legal standard to 0.05%. They found evidence that virtually all drivers are impaired on at least some driving performance measure at 0.05% and that crash risk significantly increased at 0.05%. However, despite such evidence, as well as a recommendation from the National Transportation Safety Board that states establish a per se BAC standard of 0.05% or lower for all drivers [9], only Utah, has passed such legislation [10].

It is important to understand the barriers to and facilitators of state AID policy changes. To this end, potentially useful information can be obtained by talking with the organizations considered to have an interest and investment in the potential impacts of strategies to decrease AID-related crashes and injuries. Stakeholder organizations, especially those outside of government, can play an important role in influencing government policy and public

* Corresponding author. UMTRI, Behavioral Sciences Group, 2901 Baxter Rd., Ann Arbor, MI 48109-2150. Tel.: +1 734-764-5307; fax: +1 734-936-1081.

E-mail address: ljmolnar@umich.edu (L.J. Molnar).

<https://doi.org/10.1016/j.annepidem.2017.09.004>

1047-2797/© 2017 Elsevier Inc. All rights reserved.

opinion. Anderson and Baumberg [11] referred to these nongovernmental organizations as essential partners for alcohol policy, characterizing them as “a vital component of a modern civil society, raising people’s awareness of issues and their concerns, advocating change, creating a dialog on policy and exposing harmful actions of the alcohol industry” (p. 394). They also noted that the alcohol industry’s commercial interests may conflict with public health measures aimed at AID.

One of the central stakeholders with regard to past changes in AID policy in the United States was Mothers Against Drunk Driving (MADD). Fell and Voas [12] reviewed 25 years of MADD’s history and found considerable evidence that the organization had made a difference in the United States regarding AID, particularly by contributing to public perceptions that drunk driving is socially unacceptable and playing a central role at both the national and state levels in obtaining passage of 0.08% and other laws. Stakeholder organizations can also play a role in promoting and helping sustain policy recommendations once they have been made. Mercer et al. [13] reported on a case study of states’ adoption of 0.08% BAC laws in the United States and concluded that the successful translation of evidence into policy was related to the capacity to involve multiple stakeholders in encouraging uptake and adherence. Specifically they noted that “stakeholders at multiple levels were able to act meaningfully to bring about support for public action. Federal policy makers established meaningful incentives (budgetary sanctions) to encourage policy action at the state level. Various public health and traffic safety groups and advocates such as MADD worked to support laws at the state level. Multiple constituents at local levels – police, public health and traffic safety professionals, and advocates (including local MADD affiliates) – later worked to encourage adherence” (pages 418–419).

The objective of the study reported here was to better understand the earlier change in the legal BAC standard from 0.10% to 0.08% and the context within which it occurred, as well as explore stakeholder perceptions about the potential health and other impacts of further lowering the standard below 0.08%. The study was part of a larger project intended to examine the feasibility, health impacts, and public perceptions related to a possible lowering of the legal BAC standard in the United States (Eby et al., in press [14]). The structured interviews provide interesting and important insights into the views of key stakeholder groups and how those views may have changed since the lowering of the BAC standard from 0.10% to 0.08%, including the challenges that will likely have to be addressed in furthering lowering the BAC below 0.08%.

Methods

In-depth interviews were conducted between July and September of 2013 with representatives of 20 national organizations with a stake in the potential impacts of strategies to decrease AID-related crashes and injuries. These organizations came from an initial list of 33 stakeholder groups, based on findings from a review of the literature, discussions among the team, and an intended project focus on the national scene. Thirteen were not included in the interviews for a variety of reasons including: we could not find or make contact with an appropriate person; the interview could not be conducted within the time frame of the study; or the person did not want to or could not participate. These 13 groups were Advocates for Highway and Auto Safety; American Association of State Highway and Transportation Officials; American Association of State Troopers; Center for Substance Abuse Prevention; Council for State Governments; National Association of County and City Health Officials; National Association of Insurance Commissioners; National Conference of State Legislators; National Restaurant

Association; National Sheriff’s Association; American Insurance Association; US Department of Justice; and Century Council.

A member of the research team contacted a representative from each selected organization whose role was believed to encompass alcohol-related programs, policy, enforcement, or adjudication (as identified through Internet searches and the project team’s knowledge of these organizations). Each representative was invited to participate in the project by completing an interview, or to recommend someone else within the organization considered to be more appropriate. Of those contacted, 20 agreed to participate and were able to complete an interview (19 via telephone and one providing written responses to the interview guide questions; Table 1).

The interview guide focused on the past change in the BAC standard from 0.10% to 0.08%, as well as perceptions about further lowering the standard from the viewpoint of the organization, including the identification of perceived barriers to its passage and implementation, and strategies for overcoming these barriers. Specific topics asked about in relation to both the past change and potential changes in the future included: arguments for and against change; organizational position on change; stakeholders on both sides of the issue; strategies to support or oppose change; health and economic impacts; enforcement challenges; and adjudication challenges. These topics were developed based on review of the literature and expert opinion of the research team.

The interview guide was pilot tested with four state-level organizations and revised based on this feedback. All interviews were conducted by an experienced moderator, using a structured interview guide. Interviews lasted about 1 hour each and were digitally recorded after permission was obtained from the interviewees. Interviewees were first asked a set of questions about the past change in the legal BAC standard from 0.10% to 0.08%. They were

Table 1
List of final stakeholder organizations

Name of organization	Type
Alliance of Automobile Manufacturers (Auto Alliance)	Automotive/trucking industry
American Association of Motor Vehicle Administrators (AAMVA)	Government
American Automobile Association (AAA)	Insurance
American Beverage Institute (ABI)	Alcohol industry
American College of Emergency Physicians (ACEP)	Medical/health
American Judges Association (AJA)	Judicial
American Medical Association (AMA)	Medical/health
American Trucking Association (ATA)	Automotive/trucking industry
Association for the Advancement of Automotive Medicine (AAAM)	Nongovernmental
Association of Prosecuting Attorneys (APA)	Judicial
Governors Highway Safety Association (GHSA)	Government
International Association of Chiefs of Police (IACP)	Law enforcement
Insurance Institute for Highway Safety (IIHS)	Insurance
Mothers Against Drunk Driving (MADD)	Nongovernmental
National Alcoholic Beverage Control Association (NABCA)	Alcohol industry
National Association of Criminal Defense Lawyers (NACDL)	Judicial
National Association of State Emergency Medical Services Officials (NASEMSO)	Medical/health
National Highway Traffic Safety Administration (NHTSA)	Government
National Institute for Alcohol Abuse and Alcoholism (NIAAA)	Medical/health
National Safety Council (NSC)	Nongovernmental

Download English Version:

<https://daneshyari.com/en/article/8753320>

Download Persian Version:

<https://daneshyari.com/article/8753320>

[Daneshyari.com](https://daneshyari.com)