

# National Commission Against Drunk Driving

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A Progress Report on the Implementation  
of Recommendations by the Presidential  
Commission on Drunk Driving

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December 1985

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# National Commission Against Drunk Driving

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## A Progress Report on the Implementation of Recommendations by the Presidential Commission on Drunk Driving

*Making drunk driving socially unacceptable,  
a hope we can nurture, a goal to achieve*

Prepared by the National Commission Against Drunk Driving—Washington, D.C.



## NATIONAL COMMISSION AGAINST DRUNK DRIVING

Dear Mr. President:

It is my special privilege to present to you this status report on the implementation of the 39 recommendations of the Presidential Commission Against Drunk Driving (PCDD). Two years ago, when you received the Final Report of the PCDD, it was announced that a non-governmental body would monitor the progress that was made on the Commission's recommendations.

The National Commission Against Drunk Driving assumed that responsibility, realizing that the campaign against drunk driving continues unabated with the full involvement of the public and private sector. In submitting this status report, I am pleased to inform you that it reflects some very encouraging changes. For example, when you signed the Uniform Minimum Drinking Age in July 1984, only 23 states had this age law. Now 37 states have it.

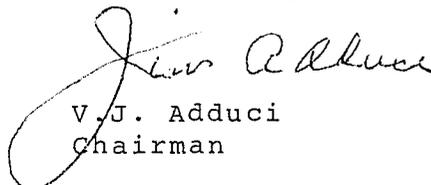
Although much has been accomplished with new laws, the creative participation of concerned citizens and responsible corporations and the innovative programs now in place, we still must look to changing social attitudes if we are to make any lasting impact. The National Commission has that as its goal --- to make drunk and impaired driving socially unacceptable.

We are pleased to inform you that the NCADD has been developing a membership program, whereby every citizen will be given the opportunity to join the campaign against drunk driving. The thousands actually at work with our fine citizen action groups will be backed by the additional millions who are not identified as activists but are members of the NCADD with the same goal --- to alter the social attitudes about drunk driving.

The timing, coincident to the submission of this report to you, Mr. President, is surely right for this campaign to enlist the membership of every American to combat drunk driving since the social and political climate is favorable to the winds of change.

The Commission is indeed grateful, Mr. President, for your continuing commitment to reduce drunk and impaired driving on the nation's highways.

Respectfully yours,

  
V.J. Adduci  
Chairman

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## Acknowledgements

The Commission is grateful to those individuals and organizations who cooperated in the preparation of this Progress Report. The many hours that went into its completion made great demands on a number of people and the resources of their organizations.

The concept of this Report originated with the preliminary tracking surveys of state activities undertaken by Allstate Insurance Company for the Commission. Combining these efforts with the generous cooperation of NHTSA made this project a reality. This is an example of the collaboration of the public and private sector that marks the continuing campaign against drunk driving.

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ACQUISITIONS

# National Commission Against Drunk Driving

## Introduction

Two years of remarkable progress have passed since the Final Report of the Presidential Commission on Drunk Driving was presented to President Reagan. On that occasion the President expressed the hope that the Commission's recommendations would provide the impetus needed to reduce the unacceptable number of alcohol-related crashes. Calling drunk driving "a national tragedy and a national disgrace," he urged "the adoption of whatever measures are appropriate to remove this hazard from our national life."

In fulfilling its charge to monitor the implementation of the Presidential Commission's recommendations, the National Commission Against Drunk Driving, as the successor body, is aware of society's willingness to accept those measures necessary to make *drunk driving socially unacceptable*.

This report, of the National Commission Against Drunk Driving, is a brief review of legislative, enforcement, judicial, driver licensing, treatment, prevention/intervention, and educational efforts designed to reduce drunk driving. It reflects how much yet remains to be achieved if drunken and impaired driving is to become socially unacceptable in this nation. Laws, whether enhanced or newly-enacted, can provide measures for deterrence and punishment but the ultimate remedy rests with sustained enforcement and education/prevention activities modifying personal social attitudes relating to drinking and driving.

A special focus is given to the many facets of this issue during the holiday season with the observance of National Drunk and Drugged Driving Awareness Week,—December 15-21, 1985. The President, Congress, and Governors and others throughout the country by their unanimous support of this program demonstrate the non-partisan aspect of drunk driving. Secretary of Transportation, Elizabeth Dole, has made the drunk driving problem a top priority for her Department. She has never failed to credit the combined efforts of the public and private sectors for whatever progress has been made to reduce alcohol-related fatalities and injuries.

The remarkable work of citizen action groups must be recognized. So, too, must the sustained support of the media be acknowledged. Perhaps the best indication of the increased public awareness of the seriousness of the problem can be found in a May 1984, Louis Harris poll. This survey showed that the public's number one health and safety priority is the avoidance of driving after drinking. It was only two years ago that a Gallup poll showed that 80% of American drivers would not hesitate to drive after drinking. The Harris poll shows this has dropped to 65% in 1985.

There is evidence that some significant changes have occurred during the period that this status report covers. While scientists might argue that two years is too short a span to evaluate data, it is possible to indicate some valuable information about remedial activity by way of legislation and programs.

In June 1985, the National Highway Traffic Safety Administration published a survey entitled "Alcohol Involvement in Fatal Accidents 1980-1984" which shows that the percentage of fatally injured drivers legally intoxicated (BAC .10% or greater) has dropped from 50% in 1980 to 43% in 1984. In the same period, the estimated drunk drivers killed in crashes (see Tables 1 and 2) decreased 24% while the total number of drivers killed decreased only 11%. Furthermore, in 1984 when the total fatalities on the nation's highways increased three percent over 1983, the alcohol involvement decreased three percent.

In five legislative sessions from 1981-1985, the states enacted 478 new laws that relate to alcohol and highway safety, sustaining the campaign to remove the drunk and impaired driver. Enforcement has been stepped up, prosecution and adjudication of cases have been strengthened, and more attention has been given to victim's rights and offenders' penalties. While consideration is now given to community service, in lieu of jail, education and rehabilitation programs must always be looked at in addition to sentences, fines and driver license suspension, never as a substitute penalty.

TABLE 1

Alcohol Involvement in Fatal Accidents in 1984

	<i>Fatalities</i>	<i>Alcohol Related</i>	<i>Percent</i>	<i>Driver Fatalities</i>	<i>Percent* Driver Fatality with BAC &gt;.10</i>
1980	51,091	28,000	55	14,408	50
1981	49,301	28,000	57	13,818	49
1982	43,945	25,600	58	11,851	48
1983	42,589	23,500	55	11,103	46
1984	44,241	23,500	53	11,000	43
Percent Change		-11%			

Source: NHTSA National Center for Statistics and Analysis, 1985

\* This is the best evidence available that alcohol involvement in fatal accidents nationwide has been decreasing since 1980. This data is based on the 15-state sample from the Fatal Accident Reporting System. These states have consistently tested 80-90% of drivers killed in crashes from 1980-84.

TABLE 2

Alcohol Reporting in FARS 1984

(States That Tested and Reported BAC Results on at Least 70% of Driver Fatalities)

* California	* New Mexico
* Colorado	North Carolina
* Delaware	Oklahoma
* District of Columbia	* Oregon
* Hawaii	Pennsylvania
Illinois	* Rhode Island
Kentucky	South Dakota
Maine	Tennessee
Maryland	Utah
Massachusetts	* Vermont
Minnesota	* Virginia
Montana	* Washington
Nebraska	West Virginia
* Nevada	* Wisconsin
* New Hampshire	Wyoming
* New Jersey	

\* Original 15 Good Reporting States Testing 80% or More Driver Fatalities Since 1980.

Note: In 1984, the 31 States Combined Tested 83% of Driver Fatalities.

Source: National Center for Statistics and Analysis, 1985. NHTSA

The Presidential Commission, aware of the appeal of any quick-fix remedy for this social ill, cautioned against any narrow approach in these words:

"Alone, most legal and judicial changes will bring about no more than short-term solutions to the drunk driving problem. If we propose only such short-term responses, we may mislead the American public into believing that a few changes in law and administration will make the difference, and then squander the public confidence which is our most important ally."

This statement is no less true today despite the important and necessary legislative improvements and innovative programming that have taken place over the past few years. Laws can make the legal/health elements work but success also will depend on the emphasis given to prevention/intervention activities.

This campaign will not be successful in two years or five years. It demands a sustained and coordinated commitment by every segment of society that will take us well into the decade of the 90's. Only then will we achieve the results this nation seeks, to reduce the frightening carnage caused by alcohol-related crashes. An aroused and concerned public is demanding what it truly deserves, a highway system that is safe to operate motor vehicles at all hours for every American, without the added hazard caused by drunk and impaired drivers.

## The National Commission

In making its Final Report, The Presidential Commission arranged the 39 recommendations under 10 headings. These 10 areas reflected the key elements that the Commission believed necessary to respond effectively to the short-term as well as the long-term needs. This status report by the National Commission is based on the same 10 action areas which are:

1. Public Awareness
2. Public Education
3. Private Sector
4. Alcoholic Beverage Regulation
5. Systems Support
6. Enforcement
7. Prosecution
8. Adjudication
9. Licensing Administration
10. Education and Treatment

Among the 39 recommendations was one calling for the establishment of a non-governmental body of public and private officials charged with monitoring the implementation of the recommended alcohol countermeasures. The National Commission Against Drunk Driving was established in response to this recommendation. Essential to the achievement of the National Commission's goal of making *drunk driving socially unacceptable* is the role of the state and local governments coupled with broad private sector involvement.

Such a partnership must operate with long-range and short-term goals if there is to be a significant reduction in alcohol-related tragedies on America's highways. Legislation, enforcement and adjudication are the states' tools to deter and to punish, promptly and effectively. Nonetheless, their lasting value lies in the effectiveness of preventive measures and the social responsibility of intervention.

Why is this approach required? Let us take a brief look at some 1982-1983 statistics of alcohol-related fatalities. 52 percent are alcohol-involved drivers themselves; 11 percent are drinking pedestrians; 20 percent are passengers in the drinking driver's vehicle; and the remaining 17 percent are passengers, drivers or pedestrians not in the drinking driver's vehicle.

Through prevention, healthier, safer attitudes and habits concerning drunk and impaired driving are encouraged, thereby reducing the likelihood it will occur. Intervention on the other hand, aims to interrupt a setting in which high risks exist, i.e., action must be taken to prevent impaired drivers from plunging into the drunk driving situations.

The recent tragic report on the crash that killed the Philadelphia Flyers goalie, Pelle Lindbergh, is a case in point. He was driving with a blood alcohol level (BAC) substantially above the legal intoxicated limit. The expressions of shock by his friends, teammates and club officials were mixed with the grieving remarks that they could have, should have intervened in his habits of driving and drinking.

This first report of the National Commission on the implementation of the Presidential Commission recommendations does not bypass any one of the recommendations since they all are deserving of comment. A fresh look at the whole picture is always more rewarding than confining the view to narrow areas of interest.

## Statistics

The entire American society has a stake in the related fields of alcohol and highway safety not just the great number of professionals charged with specific responsibilities. Furthermore, the stakes are still too high to approach this drunk driving issue as though we had put all the elements in place that

TABLE 3  
Alcohol-Related Fatalities  
(15 Best States)

Year	Total Traffic Fatalities	Fatalities Age 15-24 (Percent)		Alcohol- Related Fatalities	Alcohol Fatalities 15-24 (Percent)	
1980	51,091	18,459	(36%)	28,000	11,800	(42%)
1981	49,301	16,822	(34%)	28,100	11,000	(39%)
1982	43,945	14,912	(34%)	25,600	10,500	(41%)
1983	42,584	13,934	(33%)	23,500	9,200	(39%)
1984	44,241	14,388	(33%)	23,500	8,800	(37%)

Source: FARS 1985

would solve it and all we have to do is wait for them to work effectively.

The first half of this decade has shown some remarkable reductions in alcohol-related fatalities, for all age groups and especially for young people (15-24). (see Table 3). Still, there is a sobering side to the news in a closer look at the fatality figures for 1984 and into 1985. They have increased about three percent over the reduction posted in 1983. To be sure, there is a healthier economy with a greater number of drivers, increased vehicle miles travelled (vmt), less observance and enforcement of 55 mph, all of which may be factors in the increase in fatalities.

It would also appear from surveys that much of the DUI legislation has served to deter substantial numbers of the social drinkers from driving after drinking, while far too many problem drinkers are still on the road. Unfortunately, it is this group with the greater BAC who are responsible for at least one-third of the alcohol-related fatalities.

### Continuing Reaction

There can be no question that society still continues to react to the drunk driving problem. The extraordinary work of citizen action groups like Mothers Against Drunk Driving (MADD), Remove Intoxicated Drivers (RID), Students Against Driving Drunk (SADD) and many others in prompting action on the local, state and federal level goes on unabated. If the early struggles to raise public consciousness are now behind them, these organizations have much unfinished work.

In preparing this report the National Commission recognizes the value of the wide range of countermeasures that are now in place to counter drunk driving. The overall improvements are truly remarkable, especially when we contrast the number of fatalities in 1980, 51,091 with those in 1984, 44,241. Yet, without continuing public concern and commitment the gains that have been made in terms of lives saved could be quickly lost, and this nation can no longer afford this tragic waste.

By developing reasonable, fair and certain short-term remedies in response to the problem, especially by increasing the perception of the risk of arrest, together with stricter penalties for offenses, our laws do discourage greater numbers of potential drunken and impaired drivers. The challenge now is to sustain and, in some cases, increase existing levels of enforcement and, concurrently, support more prevention and intervention efforts in conjunction with the legislation already enacted.

### Joint Efforts

Throughout the decade of the Eighties, we have witnessed a heightened public awareness of the enormous costs of drunk driving, unmeasurable in terms of human losses, and the staggering sums of property values, estimated at 24-30 billion dollars annually. The efforts of grassroots citizen groups and enlightened public leaders at every level of government have proven that a common concern can provoke uncommon unity.

Such organizations have been instrumental in provoking legislative action in the past few years. The prime example is the federal law on Age 21 which was signed in July 1984.<sup>1</sup> At that time, there were 23 states with the minimum drinking age law of 21 for purchase and possession of all alcoholic beverages. Now, 37 states have this law due to MADD, the National Safety Council and other national and local groups that worked to secure this legislation.

The role of the media in the area of public education cannot be overstated. Radio and television stations have produced and aired thousands of public service announcements, public affairs programs and editorials on the subject of drunk driving. News coverage of alcohol-related fatalities and local enforcement policies has steadily increased. In many instances, broadcast stations and newspapers have developed community action plans in conjunction with other civic leaders. There is no question that both broadcasting and print have contributed substantially to the overall heightened public awareness of the drunk driving issue.

The Congress has provided strong, bipartisan support at each stage of the drunk driving movement. From the signatures for the establishment of the Presidential Commission, to the enactment of incentive grants to state drunk driving programs, to passage of the uniform drinking age legislation, to sustained appropriations for these efforts, forceful leadership has been provided by members of both parties in both Houses.

To assist state and local officials as well as grassroots organizations in their continuing efforts to combat drunk driving NHTSA sponsors training programs for law enforcement officers, prosecutors and judges; develops model laws and educational materials; compiles data and statistics for evaluations and recommendations; and administers highway safety funding to support increased alcohol countermeasures. The record over the past five years shows that this spirit of cooperation is working well to reduce the alcohol-related highway tragedies.

## INTRODUCTION TO CHART

In January 1985, the National Commission proposed a report to the nation on the status of efforts to implement the recommendations of the Presidential Commission. The report was to include a state-by-state scorecard on accomplishments and needs on a number of priority recommendations chosen by the National Commission in its Implementation Plan. These dealt with public education, alcohol beverage regulation, systems support, enforcement, prosecution and license administration.

Allstate Insurance agreed to conduct this survey for the National Commission. An initial inventory was made on May 1, 1985, with a follow-up survey dated August 1, 1985, reflecting further changes with the adjournment of the 1985 state legislatures. In preparing this two-year Progress Report, the questionnaire was broadened to cover every aspect of the Final Report of the Presidential Commission, which was presented to President Reagan in December 1983.

The chart on the following two pages represents responses to questions in the October 1985 Allstate survey. (One chart entry was taken from a survey question asked earlier in 1985.) These items lend themselves to measurement and statistical analysis. However, the information contained in the other questions in the survey proved extremely helpful in preparation of the editorial portion of the Report.

The chart on the overside reflects existing laws and programs as of October 1, 1985, including legislation enacted with future effective dates. The National Commission gratefully acknowledges the cooperation of the Governor's Highway Safety Representatives and their staffs in supplying up-to-date material for this survey. Additional data and documentation for this survey was taken from two earlier surveys of states and from records provided so generously by the staff of NHTSA.

# NATIONAL COMMISSION

## Checklist of Select

### October

	ALABAMA	ALASKA	ARIZONA	ARKANSAS	CALIFORNIA	COLORADO	CONNECTICUT	DELAWARE	D.C.	FLORIDA	GEORGIA	HAWAII	IDAHO	ILLINOIS	INDIANA	IOWA	KANSAS	KENTUCKY	LOUISIANA	MAINE	MARYLAND
† 1. age 21	●	●	●	●	●		●	●		●	●			●	●		●	●		●	●
2. seat belt law					●		●	●				●	●	●					●		●
† 3. administrative license pickup		●				●		●	●					●	●	●				●	●
† 4. .10 or lower per se level	●	●	●	●	●		●	●	●	●		●	●	●	●		●			●	●
† 5. open container law					●							●	●	●		●	●				
† 6. dram shop statute <sup>2</sup>	●	●			●	●	●			●				●		●				●	
† 7. victim restitution	●	●	●	●	●	●		●		●			●	●					●	●	●
† 8. user funded programs	●			●	●	●		●	●	●	●					●	●	●	●	●	●
† 9. sobriety checkpoints	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
† 10. preliminary breath test by law		●				●		●		●					●	●		●			●
† 11. test refusal admitted in court	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●
† 12. DUI plea bargaining excluded			●	●	●					●							●	●			
13. felony, vehicle homicide, for causing death while DUI	●				●	●	●	●	●	●	●	●	●	●					●	●	●
† 14. at least 90 days mandatory license S/R, first offense	●						●	●	●												●
15. withdraw youth license, DUI conviction and test refusal			●		●	●	●			●	●					●				●	●
16. mandatory jail, driving on suspended/revoked license		●	●	●	●	●	●	●				●	●	●	●		●			●	●
† 17. mandate DUI pre-/post-sentence investigation		●		●		●		●					●			●	●				●
18. ongoing DUI training for police	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●
19. ongoing DUI training for prosecutors and judges	●	●		●	●	●	●	●		●	●						●			●	●

● = legislative or administrative measure approved; includes future effective dates.

† = denotes Alcohol Traffic Safety Incentive Grant Funds 23 U.S.C 408. See explanation on overleaf.

<sup>1</sup> .08 per se level in Oregon, Utah.

<sup>2</sup> See overleaf note.

# GAINST DRUNK DRIVING UI Countermeasures I, 1985

																									Summary				
	MISSISSIPPI	MISSOURI	MONTANA	NEBRASKA	NEVADA	NEW HAMPSHIRE	NEW JERSEY	NEW MEXICO	NEW YORK	N. CAROLINA	N. DAKOTA	OHIO	OKLAHOMA	OREGON	PENNSYLVANIA	PUERTO RICO	RHODE ISLAND	S. CAROLINA	S. DAKOTA	TENNESSEE	TEXAS	UTAH	VERMONT	VIRGINIA	WASHINGTON	W. VIRGINIA	WISCONSIN	WYOMING	YES
•	•			•	•	•	•	•	•	•		•	•	•		•	•			•	•	•		•	•			37	15
	•		•			•	•	•	•			•				•					•							18	34
•	•			•			•		•	•		•	•									•			•	•		21	31
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Survey work performed for the Commission  
by Allstate Insurance Company

## Summary of final worksheet and definition of headings for Checklist of Selected DUI Countermeasures

NOTE: Small dagger on chart before countermeasure indicates that that countermeasure is an incentive grant criterion for alcohol traffic safety programs under Section 408 of the Highway Safety Act.

	YES	NO
1. Age 21 for all alcoholic beverages .....	37	15
2. Seat belts for drivers .....	18	34
3. Administrative license suspension or revocation for BAC test failure or refusal .....	21	31
4. 0.10% (Or Lower) per se level .....	40	12
5. Open Container law prohibiting unsealed containers in passenger compartment for all ages and all occupants .....	17	35
6. Dram Shop Statutes: an additional 15 states have case laws, which are more vulnerable to being overturned or thrown into question .....	23	29
7. Victim Restitution to be paid by person convicted of causing a personal injury or damage while DUI, either directly or through a fund .....	34	18
8. User funded programs .....	37	15
9. Sobriety checkpoints operating somewhere in the state .....	51	1
10. Preliminary breath test specifically permitted by law .....	25	27
11. Implied Consent test refusal admissible in court .....	43	9
12. Plea bargaining excluded by law from DUI offenses .....	12	40
13. Felony, vehicle homicide, for causing death while DUI .....	38	14
14. At least 90 days mandatory license suspension or revocation for first offense DUI .....	11	41
15. Withdraw Provisional Youth License for DUI conviction and for Implied Consent refusal .....	17	35
16. Mandatory jail for driving with suspended or revoked license .....	24	28
17. Mandated pre-sentence or post-sentence investigation for DUI offense ....	21	31
18. Continuing DUI training program for police .....	52	
19. Continuing DUI training program for prosecutors and for judges .....	31	21

Note <sup>2</sup> on overleaf: As of October 1, 1985, 15 states have dram shop case law.

Single copies of the survey questionnaire and chart on overleaf may be obtained by writing to: Advocacy Division, Allstate Insurance Company, Allstate Plaza A-2, Northbrook, IL 60062.

The current digest of state alcohol-highway safety related legislation may be obtained by writing to: National Highway Traffic Safety Administration, Office of Alcohol and State Programs—NTS-21, 400 Seventh Street SW, Washington, DC 20590, Attn.: Legislative Resource Center.

## Missing Elements

While the list of new laws is impressive there are key elements of legislation that are still missing in a number of states. This is obvious when one looks at the status of the distribution of Alcohol Traffic Safety Incentive Grants. The recommendations of the Presidential Commission were the prime source for the criteria making states eligible for up to 50% more of the amount apportioned to each state in FY 1983 under the Highway Safety Act. To date, only 17 states have qualified which means that 33 states do not yet meet the basic or supplemental criteria to receive funds. For example:

- Only 37 states have age 21 as the legal purchase/sales age for *all* alcoholic beverages.
- Only 25 states provide for preliminary breath tests at the roadside.
- Only 40 states have defined 0.10% BAC or lower as drunk driving illegal per se.
- Only 21 states provide for administrative suspension of the driver's license for driving with an illegal BAC.
- Only 19 states prohibit possession of an open container of alcoholic beverage in the passenger compartment of a vehicle.
- Only 33 states prohibit consumption of alcoholic beverages in the passenger compartment of a vehicle by the driver and/or passengers.

The major obstacle to qualifying for this incentive funding is the prompt license suspension requirement. Twelve of the 33 states can meet the promptness requirement because they have administrative per se license revocation laws. However, these states do not qualify because they do not provide for hard suspension of at least 30 days for first offenders, 90 days for first refusal and 1 year for second and subsequent offenses.

In four public hearings conducted by the National Commission in Delaware, Oklahoma, Utah and Illinois,<sup>2</sup> the overwhelming testimony was in favor of administrative revocation as an effective deterrent in removing intoxicated drivers. Furthermore, 13 state task forces urged the passage of this law in their reports. While no single program will keep drunk drivers off the road, law enforcement officials are convinced that the uniform adoption of sobriety checkpoints, also called roadblocks, and swift administrative license suspension/revocation could produce a significant change in the deterrence climate in the United States.

## Community Programs

The 125 million dollars earmarked by Congress for Alcohol Traffic Safety Incentive Grants for a three-year period 1984-86 would assist states in improving alcohol traffic safety systems with special emphasis on local community-based programs. It is this community approach to the drunk driving issue that has been encouraged by the National Commission as well as by NHTSA and state agencies. In fact, the 42 drunk driving task forces that have been formed over the past three years have included in their suggested programs the multi-faceted approach, long promoted by NHTSA and others, and endorsed by the Presidential Commission.

There can be little doubt that the work of the state task forces has been essential to the proposal and passage of a great amount of legislation. Here again, the broad representation of the public and private sectors on the various task forces reflected the demand for action now.

A good example of joint action can be found in the Washington Regional Action Program (WRAP) which brings together public officials, civic leaders and media in the District of Columbia, Maryland and Virginia. For example, WRAP has worked with young people and schools enlisting the support of corporations and merchants for safe Project Graduation activities and special holiday programs with coordinated enforcement efforts.

## User Fees

With increased legislation requiring beefed-up enforcement and expanded programs, the need for added funds has become a very real issue. This comes at a time when highway safety budgets are being threatened or reduced. One of the prime sources recommended to meet money shortfall is the distribution of offender fees. In other words, we need to make those who create the problem pay for the solution, not society as a whole.

One of the best examples is the Special Traffic Options Program for Driving While Intoxicated (STOP-DWI)<sup>3</sup> in New York which has returned millions of dollars to every county and New York City for DWI countermeasures programs. In 1982, the first year of its operation, about seven million dollars was made available to local jurisdictions. Nearly 11 million dollars was returned to the counties in 1983 and more than 14 million dollars in 1984.

STOP-DWI is the centerpiece of the more than 30 drunk driving statutory reforms enacted in New York between 1980 and 1984. This system provides the opportunity for local government to create and implement cost-effective solutions to the local drunk

driving problem. This increased enforcement and prosecution has resulted in an added 12,000 drunk driving convictions from 1981-83. The public perception of apprehension has increased, with the larger offenders' fees ensuring the continuance of local priority and drunk driving countermeasures. New York estimates that approximately one thousand lives have been saved as a result of STOP-DWI.

### Arrests and Courts

The citizen involvement, the legislative action, the enforcement tools, the funding mechanisms, the private sector support of educational programs and research encourage the public to believe that the ingredients are at hand for a solution to the drunk driving problem. Still, many drinking drivers realize that the chances for arrest and prosecution are not all that high. According to the Uniform Crime Report there were some 1.8 million DWI arrests nationwide in 1984.

It would be easy to fault the court system for the delays and to charge it with the failure to get drivers off the road. Such a blanket charge would be unfair, despite those decisions which citizen activists monitoring cases may cite as examples of little or no sanctions. There are problems in the court system which include police case preparation, inexperienced personnel working on cases, multiplication of technical issues confronting courts, overcrowded jails, all of which may affect due process and result in lengthy appeal. Nonetheless, it is imperative that prosecutors and judges give more attention to DUI cases, making sure that DUI cases are not reduced to non-alcohol-related traffic offenses.

NHTSA is presently developing DUI programs and training seminars for prosecutors, judges, and pre-sentence investigation/probation officers. Manuals will be made available, updating new legislation (see Table 4) and procedures for more effective prosecution and adjudication of DUI cases. The stream of activities over the past five years are not about to be stopped but channels of communication must be opened to guarantee the correct information and the appropriate action.

The Presidential Commission felt that the adoption of its recommendations would allow the enforcement and justice systems to act promptly and fairly to deter drunk driving where possible and to treat and/or punish where necessary. However, the Commission regarded prevention/intervention as the long-term—at least for a decade—remedy, for the problem. The present political climate and national mood is more favorable than ever to undertake innovative prevention/intervention programs that will

TABLE 4

### Summary of State Legislative Activity

*A broad range of legislative activity has occurred in the State Legislatures over the past five sessions. State Legislatures have considered more than 3,060 bills in five legislative sessions from 1981 to 1985. As a result, 478 new laws have been enacted which deal with alcohol and highway safety. These laws typically have improved enforcement ability to identify and process intoxicated drivers, prosecution and adjudication of their cases, community and victim restitution, rehabilitation and funding mechanisms. The chart below summarizes these legislative actions.*

Year	Introduced	By No. of States	Enacted	By No. of States
1981	276	31	44	26
1982	378	39	47	23
1983	776	49	129	40
1984	871	44	108	35
1985	759	49	150	37
<i>Total:</i>	3060		478	

help prevent intoxication and drunk driving in social circles of family, workplace and recreation.

A brief look at the 10 major areas of concern may provide us with some idea of the extent of implementation of suggested alcohol countermeasures.

### Public Awareness

The level of public awareness has been raised by a network of communication at home, in the workplace, in educational, social and cultural surroundings spreading the message that drunkenness and drunk driving is socially unacceptable behavior. The earlier mentioned Harris survey showed how serious the public is about this issue. Besides the number one ranking the poll showed that 88% of the respondents said that they drank moderately, and 72% said that they would not drive after drinking.

A 1984 Gallup Poll showed that two out of three Americans drink, 79% favored the age 21 law and 66% favored withholding federal funds from those states that did not pass the 21 law. What this seems to reflect nationally is the moderate use of alcohol for health reasons as well as concern for highway safety.

In 1984 and 1985, the National Association of Broadcasters (NAB) conducted three surveys of all television stations and a random sample of 1200 radio stations. Ninety-nine percent of the responders carried alcohol-related public service announcements.

What is especially encouraging now is that the networks are broadcasting the announcements through the day and in prime time. The audience is wider and presumably more interested. The most often mentioned service spots were MADD, SADD, DOT and NAB. Sixty-three percent of the TV stations and 56% of the radio stations provided non-programming assistance to their local communities. State associations of broadcasters have worked closely with citizen groups, especially for school and holiday projects.

### Public Education

Nationwide campaigns, like the one sponsored by the Licensed Beverage Information Council, and the Outdoor Advertising Association, in cooperation with the Department of Transportation, have emphasized interventions such as "Friends Don't Let Friends Drive Drunk" for three years. Awareness has been heightened considerably by posters, bumper stickers, party favors of all kinds, messages in company billings and flyers, all reminding Americans that drunk driving is dangerous for millions of travelers every year and deadly for more than 23,000 people by 1984 estimates. To make the public aware of the seriousness of the drunk driving problem is but the first step along the road of social change. However, it must lead to the learning process that allows individuals to make informed judgements and to take the appropriate action.

The National Commission believes as the Presidential Commission recommended that states can best encourage effective programs and avoid duplication of efforts by identifying a single coordinating agency for public information and education. The aim of all such programs should be *to make drunk and impaired driving socially unacceptable*.

Although there is need of education about alcohol use and abuse for all segments of our society, the Commission recommended stepped-up programs for youth, beginning at early grade levels. Alcohol-related deaths are still the leading cause of death for those 15 to 24, alone among age groups whose life expectancy has decreased. It is estimated that almost 60% of drivers 15-24 (see Table 5) who are fatally injured had been drinking.

A combination of inexperience in driving and use of alcohol together with risk-taking behavior in night and weekend driving results in the deaths of at least 10 young people every day. While the young people (15-19) account for only 10% of the driver population they represent 17% of all alcohol-impaired drivers in accidents.

**TABLE 5**  
**Alcohol-Related Fatalities**  
*By Age 1984*

<i>Age of Fatality</i>	<i>Number of Fatalities</i>	<i>Percent Alcohol-Related (15 States)</i>	<i>National Estimate of Alcohol-Related Fatalities</i>
0-14	3050	23%	700
15-19	6318	51%	3250
20-24	8070	68%	5550
25-64	21053	60%	12650
65 +	5498	22%	1225
Unknown	252	50%	125
All Ages	44241	53%	23500

Source: Fatal Accident Reporting System (FARS).

Among the educational programs available is the K-12 series of American Automobile Association. This program is used in every state and statewide in some cases with Illinois having the greatest distribution. AAA also reports that its 1984 "Just Another Friday Night" film for teenagers is the most widely used film in its history.

The National Association of State Boards of Education offers guidelines to assist in policy development for alcohol education in the health curriculum from K-12. Since many students will experiment with alcohol beverages before they may do so legally, they need to be informed about the choices they must make to become responsible adults.

In 1984, the "NHTSA Alcohol Education Prevention Guide" focused on five model educational programs that have been tested in schools across the country. A guidebook for youth program planners entitled, "Shifting Into Action: Traffic Safety for Youth" which was published in July 1985, jointly by NHTSA and NIAAA offers a good but partial listing of the known national programs for young people.

Extra-curricular activities are very important at the junior and high school levels. Perhaps the best known school year program is Project Graduation which encourages non-alcohol parties to replace the traditional drinking blast of other days. At least 19 states now have well-organized Project Graduation activities statewide. Thirty states have some form of alcohol-free graduation activities somewhere in the state. Other Project Graduation programs involve messages with formal wear, flower sale reminders, table tents for tips on safety, and safe-ride arrangements.

Since its founding in 1981 Students Against Driving Drunk (SADD) has established 8,000 chapters in high schools with more than two million young people involved. A new junior high program was launched this November in addition to the March announcement of the SADD college program. BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students) operates on many campuses across the country. A model program has been in place throughout the Penn State University campus.

Mothers Against Drunk Driving (MADD) and the National Federation of Parents for Drug-Free Youth (NFP) have both enjoyed national attention for their programs in the last three years, focusing on the total family involvement. MADD now has 375 chapters throughout the nation with more than 600,000 supporters. Remove Intoxicated Drivers (RID) has some 300 chapters in 16 states.

### Private Sector

The workplace which occupies so many hours of millions of Americans is one of the primary settings for prevention techniques. No longer is it merely a question of safety on the job but wellness and productivity in the holistic view of fitness for all personnel.

The motor vehicle, alcohol and insurance industries, all of whom have had a special stake in highway safety, and support the work of the National Commission, now find strong allies throughout other elements of the private sector. Company health services have been expanded to include training courses on alcohol impaired, drugged driving and seat belt usage.

Employee Assistance Programs (EAP's) provide industry with a cost-effective and humane means of preventing drunk driving. Through EAP's, employers can motivate workers to seek help for their alcohol problems at an early stage. Both private industry and government agencies are increasingly implementing these programs.

Public employee assistance programs (EAPs) have proliferated in the past five years according to information supplied by National Association of State Alcohol and Drug Abuse Directors (NASADAD).<sup>4</sup> In a 1984 survey of at least 40 state agencies NASADAD reported that all or nearly all state employees had access to an EAP and one to three percent received services.

Programs such as Dial-A-Ride, Safe Ride, and Call-A-Cab have been encouraged. The National

Safety Council has expanded its "designated driver" campaign, begun in 1984. This program recommends that a given person in a party not drink or be served alcoholic beverage at a social event. This type of third-party intervention is recommended as a potential crash prevention strategy to reduce the consequences of drinking by individuals too impaired by alcohol to drive.

Over the past two years a national effort has been underway to train bartenders and serving personnel about the effects of alcohol on the body and how to deal with problems that stem from its misuse. Retailers and other groups have become concerned about the increase in liability suits and escalating insurance coverage. Furthermore, the extension of dram shop liability has made social hosts aware of the possibility of lawsuits.

The National Licensed Beverage Association, the National Restaurant Association, major brewers such as Anheuser-Busch, Miller, and Stroh, hotel and motel operators have initiated programs on training responsibility. The abuse of happy hours has been questioned with some establishments curtailing or stopping it. Massachusetts was the first state to pass a law banning "happy hours"; the military has curbed this type of sales; Virginia has adopted restrictions on it; state Alcohol Beverage Control Commissions are using their regulatory powers to curtail abuses of retail business privileges.

The non-alcoholic and low-alcohol beverages together with provision for food has become more popular and practical for commercial establishments and large private parties. Controlling excessive consumption by some guests at special events where there is an open bar is important. Meanwhile, the beer, wine and distilled spirits industries continue to fund important medical and educational projects into the causes, treatment and prevention of alcohol abuse.

One example of cooperation between the private and public sectors was a June 1984, symposium called "Alcohol and Highway Safety" sponsored by Johns Hopkins University and the Alcoholic Beverage Medical Research Foundation,<sup>5</sup> which is funded by the brewers of the United States and Canada. Co-sponsors included the National Highway Traffic Safety Administration and the National Safety Council. The objective of this conference, which brought together some 250 experts in the field, was to promote a comprehensive approach to prevention countermeasures. Programs supported by the Distilled Spirits Council of the United States, Inc., contribute to the education of youth about the responsible use of alcohol.

## Alcoholic Beverage Regulation

A short six months after the Presidential Commission recommended a national uniform drinking age of 21, President Reagan signed it into law on July 17, 1984. Coupled with the enactment was the withholding of federal highway funds for failure to comply by October 1, 1986. While the age 21 issue received the widest publicity, the significant proposals on education, prevention and enforcement did not get the full attention they deserve. All 39 recommendations are part of the systems approach to the solution of the problem.

In 1982, 16 states had the law which increased to 19 by the end of 1983 when the Presidential Commission's Final Report was released. Although 20 states had bills to raise their drinking ages, only four more passed laws prior to the national law. Since then 14 more states now have the law on the books, totalling 37.

A number of studies and surveys have estimated that teenage highway fatalities increased as the drinking age was lowered and decreased when it was raised again. Extensive research has been done in Florida, Alabama, Michigan, and New Jersey on the marked changes in fatalities as the age law went up and down. New Jersey<sup>6</sup> found a significant reduction in the number of victims involved in the crashes as well as the reduction in drunk drivers.

A recent study of 30 states by the Transportation Systems Center showed that when states raise the drinking age to 21, there is a reduction in fatalities among groups affected. When the number of affected ages increase, e.g., 18-21 greater reductions are also experienced. Four states going from 20-21 had an average reduction of 3-5% but 12 states going from 18-21 had a 9-14% reduction.

During the first six months (July-December 1984) when Wisconsin changed the drinking age from 18-19, the state had the lowest 18-year-old nighttime driver fatality rate for that same period since 1975.

According to NHTSA reports, there is still a disproportion of young people (15-24) in the total alcohol-related fatalities but the percent change from 1980-84 is 42% to 37%; an estimated 11,800 deaths in 1980 to 8,800 in 1984. (see Table 3) It should be noted that more information is available on what happened in the early 70's when there was the rush to lower the drinking age than now as more states raise the age limit. The remaining 13 states plus the District of Columbia not enacting the minimum drinking age law have less than a year to act before they stand to have five percent withheld of federal highway funding.

The dram shop liability concept<sup>7</sup> has become a weapon in the fight against drunk driving resulting in widespread implementation of server-education strategies. While it is difficult to prove its deterrence value at this time it does raise the awareness of the dangers of intoxication—and the heavy price it might entail for dispensers if care is not exercised.

Model legislation is being drafted with an eye to liability relief if positive steps are taken by the owner/server to prevent intoxication and to stop an intoxicated patron from driving. In the 1985 legislative sessions, some 39 bills were introduced in 18 states. Thirty-eight states now provide for dram shop liability under either statutory or case law provisions.

There have been a number of expensive civil settlements, e.g., two California cases settled for \$10 million each; one in Florida and one in New Jersey each for \$700,000. It is estimated that there has been a 300% increase in law suits in the past year with 70% of these settled out of court. Recently, a U.S. District Judge ruled that the Army could be held responsible for serving liquor to an intoxicated soldier at a military base club and subsequently was involved in a fatal accident.

Presently, 19 states have laws which prohibit an open or unsealed container in the passenger compartment of a motor vehicle. At least 33 states prohibit consumption of alcohol beverage by drivers and/or passengers. However, this is considered much less enforceable than an open-container law. Seven states considered open-container legislation in the 1985 session and only Montana passed the law.

## Systems Support

During 1983 and 1984 a number of states did enact legislation aimed at making drunk driving programs self-sufficient, e.g., North Dakota and Delaware imposes a fee for renewal of licenses. North Dakota expects over half a million a year from this source and together with its 408 grant funds will apply all monies to improve its alcohol traffic safety program. In 1985, Montana and Rhode Island joined the growing list of states searching for ways to make the programs self-sufficient. Meantime, there is no evidence that states are shifting funds away from alcohol traffic safety areas.

We have earlier cited New York's STOP-DWI Program. Apart from obtaining dedicated funding it should be noted that in its first year, 1982, New York had its lowest fatality count since 1969.

The grassroots efforts in the drunk driving campaign have not slackened, what with the efforts of the local chapters of MADD, SADD, RID and others.

Beyond the heightening of public awareness these and other lesser known groups have broadened their activities to include training programs, legislative and court monitoring projects and educational/prevention publications.

Since 1981, 42 states initiated drunk driving task forces with the majority established on a non-permanent basis. Their recommendations generally coincided with those of the Presidential Commission. On the basis of information gathered for the U.S. Conference of Mayors, the National Association of Counties and the National League of Cities, 147 cities and 71 counties set up or indicated interest in establishing task forces in 1984.

Since the original task forces prompted legislative improvements, many felt their work was finished. However, there is good reason to believe that continuing task forces at the local level are important if the efforts to curb drunk driving are to be sustained.

The accompanying chart shows every state with some ongoing training program for police. Since the enforcement officers are the first point of contact with DUI offenders, they must be fully informed on legislative, procedural and judicial changes. Arrests and successful prosecution of cases depends on the arresting officer's writeup and professional observations on the scene.

Major court systems, national and state organizations are conducting seminars and training projects to acquaint judges and prosecutors with complicated technical issues in DUI cases. How to evaluate treatment programs, the availability of court information from other jurisdictions, the limits on jail facilities, knowledge of technical materials used to charge DUI cases, e.g., breath testing instruments, these and other problems confront the adjudicating process as the arrests increase and charges are multiplied. There are now 31 states reporting ongoing training for prosecutors and judges.

Updated reporting systems on drivers' records are essential when tracking arrests and charging information. To date, only 31 states have adopted the Driver License Compact, which covers interstate information of driver misconduct. However, the National Driver Register, which serves as a central file of all suspended or revoked licenses, must be computerized to speed up the transfer of information. Untold numbers are still on the road with multiple licenses from various states because of the lack of one license/one record system. Thirty-seven states employ the uniform traffic ticket system, which should be adopted by all states for more effective tracking of all offenses, including DUI cases.

Currently, all 50 states have enacted child restraint usage laws and 16 states plus the District of Columbia and Puerto Rico now have mandatory seat belt usage laws. It is estimated that use of child restraints can be up to 80% effective in reducing injuries whereas seat belts can reduce fatal or serious injuries by 45-55%. New York state, the first state-in-the-nation to enact the law, reported 24% decrease (104 lives) for the first five months. Nearly every state legislature has, or soon will, consider mandatory seat belt legislation.

The Presidential Commission stressed the use of seat belts as an added protection for those in motor vehicles involved in crashes caused by drunk drivers. With the enactment of the law by an increasing number of states, it is vital that a vigorous campaign emphasize the safety use of the seat belt akin to that of the widely used child restraints.

Despite one of the world's best designed road systems there are any number of high risk crash areas in many communities and rural areas that must be addressed in order to reduce fatalities and injuries, alcohol-related or not. Of major concern presently is the increasing speed above the 55-mph national speed limit. Some states are being surveyed for evidence of excessive rates that could threaten federal highway funds.

## Enforcement

Despite enhanced enforcement the possibility of arrest for DUI still remains slim. Among the techniques to discourage DUI is sobriety checkpoints; also known as roadblocks.<sup>8</sup> It is imperative that checkpoints be combined with total DUI programs to be effective. Surveys of the public in Maryland, Delaware and the District of Columbia give better than 80% approval rating for the use of checkpoints.

Checkpoints provide a mechanism to detect drunk driving and deter others and to reduce alcohol-related crashes. This need must be weighed against rights under the Fourth Amendment. The low-arrest rate is often used as an argument against the value of checkpoints. However, they are not set up primarily to apprehend DUI offenders but to caution drivers from assuming they can avoid police observation.

Forty-three of the states allow evidence of test refusal to be used in trials. Twenty-five states now have a PBT Law. Only 19 states had preliminary breath testing (PBT) statutes in 1982 and 22 in 1983. The development of sophisticated hand-held testing instruments has given officers more certainty in arresting suspected offenders.

Mandatory blood alcohol testing (BAC) should be done of all drivers in crashes involving a fatality. In 1984, 31 states tested and reported at least 70% of driver fatalities.

One of the needs of the enforcement area is to find ways to expedite the arrest process. The time consumed takes officers away from patrol duties, something that cannot be neglected in rural areas or wherever officers are spread thin.

Together with the increased use of checkpoints, citizen reporting, especially REDDI (Report Every Drunk Driver Immediately) has increased—from 18 to 35 states. In 20 months of operation of REDDI in Nebraska, 3,660 calls were logged; 2,316 were located and stopped; 1,797 of the 2,316 were arrested for DUI. Maryland in its first full year had 9,134 calls; 3,348 located and stopped; 1,251 arrested for DUI. Colorado had 18,700 calls; 3,794 stopped; 2,315 arrested. This shows the value of citizen concern using the telephone or Citizen Band Radio (CB) to alert police to possible incidents of drunk driving. Tests are now being made of a nationwide 800 number to report possible drunk drivers. REACT International which has emergency teams in all 50 states now has an "Impaired Driver Alert" on Channel 9.

## Prosecution

Twelve states now exclude plea bargaining in DUI cases while six other states allow lesser charges only if the court approves or the prosecutor explains the reasons for reduction, and they are made public. This follows the Presidential Commission recommendation, which recognized that plea bargaining was something that should be used with great discretion, and by great exception. The court monitoring of citizen groups has alerted the public to the problems associated with routine plea bargaining. Although there is no reliable national data on original DUI convictions, well over 55% were convictions on original charges. Essential to the prosecution of DUI cases is the nature and extent of blood alcohol concentration.

Forty states now have an illegal per se law of .10% or lower BAC (Utah and Oregon at .08% BAC). In 1982 only 25 states had .10%. This legal definition of intoxication is considered essential for license revocation. It has been shown that the majority of people are impaired at this level.

## Adjudication

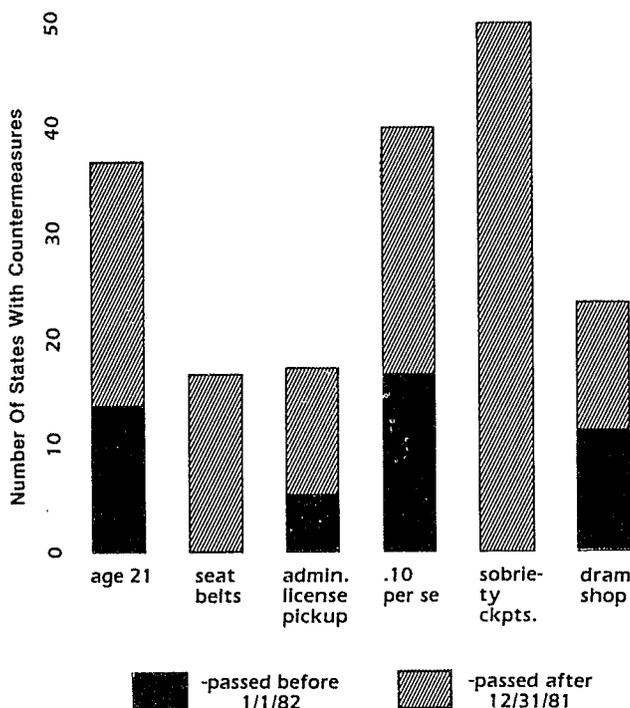
The series of Presidential Commission recommendations dealing with the judicial system's approach to DUI were aimed at appropriate sentences for all types of offenses including the felony charge for causing death or serious injury. Mandatory minimum sentences were recommended still allowing for some options on the part of the judges.

Long delays in processing cases should be eliminated but many states have been experiencing a backlog, especially those states without the administrative per se law. As enforcement has been strengthened and more offenders are being charged, the courts need to be relieved of minor traffic infractions, since it is the lower court jurisdictions that handle the bulk of DUI cases.

With the focus on the deterrence value of certain and swift punishment for DUI offenders, the practice of pre-conviction diversion to treatment programs, which amounts to dismissing, or reducing the charges has been greatly reduced. On the other hand, the need for an evaluation of the offenders' driving records and chronic alcohol abuse problems for the proper sentence has been given greater attention.

The American Probation and Parole Association has a nationwide program to educate court professionals in a reliable technique designed to screen out problem drinkers. Court Procedures for Identifying Problem Drinkers (Mortimer-Filkins Test) which has been used successfully since 1972, addresses the

Selected DUI Countermeasures Implemented By States Before and After Dec. 31, 1981 (as of 10/1/85)



drinking behavior and the type of treatment best suited for chronic or serious DUI offenders.

Among the victim programs restitution is allowed in 34 states and greater attention has been given to victim impact statements prior to sentencing. The court watch projects of citizen action groups have resulted in individual examples of victim statements but it is not a widespread practice. Judges are not insensitive to the pain and injury of the victims' families and the deterrent value of a classic case, but they do not want to create settings that will damage court proceedings or due process.

A study released in May of this year by the Wharton School of the University of Pennsylvania surveyed the views of some 625 trial judges in six states regarding the adjudication of DUI cases.<sup>9</sup> These judges reported that they would welcome more effective methods for screening, referral and treatment for DUI offenders but they do prefer mandatory sentencing for repeat offenders.

Four states were chosen in the above study for geographical purposes: Wisconsin, Georgia, Pennsylvania and Colorado. Maryland was added because it is perceived as a state where enforcement appears strict; and California because of its size and national trend-setting. Contrary to the charges of being "soft" on drunk drivers, the judges said the one change they would make would be to increase the severity of existing penalties. However, the judges might have very different ideas as to the goal of DUI laws. Most of the judges in all the states surveyed feel existing laws overstress the legal objective of punishment and underemphasize rehabilitation and deterrence.

Seven states now have mandatory jail terms for first offenders. They are Alaska, Iowa, Montana, Ohio, Tennessee, Washington and West Virginia. An additional seven states provide for jail terms but also allow community service. These states are Arizona, Kansas, Louisiana, Nevada, Oregon, South Carolina and Utah. The application of this sanction is much more frequent in 1985 than it was in 1982.

Perhaps the best overview of the deterrent effect of the two-day jail sentence is the report of Hennepin County, Minnesota, where the sentences are applied at the direction of the judges.<sup>10</sup> There has been a high degree of judicial compliance in the County, exceeding 80% in the first two years of the program. This rate has prevailed despite the large turnover of judges. The policy has been widely supported, has not caused jail overcrowding and there has been a statistically significant average monthly reduction of nighttime crashes, about 20%. The study reaffirmed the general notion that a different ap-

proach is necessary, however, for the chronic, abusive drinker in comparison with social drinkers.

### Licensing Administration

In the two years that the administrative per se law has been in effect in Delaware, 75% of the DUI offenders have had their licenses revoked within 15 days of the offense. Two-thirds of the remaining offenders lost their licenses three to five weeks later, so that the overall revocation rate has been consistently between 90 and 95%. During the commission hearing held in Delaware, it was emphasized that the *certainty* of the punishment is a much greater deterrent than the *severity* of the sanction.

In the first eight months of the Oklahoma law alcohol-related fatalities dropped 25% and alcohol-related crashes 41%. During that period 24,000 licenses were suspended.

At the Utah hearing on administrative per se law, Professor John Reese of the University of Denver Law School recommended that administrative agencies, not the courts, should be dealing with license issues. He cited lack of judicial expertise, lack of court coordination and waste of court resources as reasons enough for the enactment of administrative per se laws. Professor Reese emphasized the nature of due process as a constitutional protection in the two-track system.

In Illinois, which did not have an administrative per se law at the time of the hearing (Feb. 1985), testimony was heard from officials from Iowa, Minnesota and Indiana, where such a law was in effect. In Iowa, fatalities were the lowest in 30 years after this law was passed, dropping by 98. In 1983, 15,900 licenses were revoked and in 1984, 18,300. Minnesota, the first state in the nation to pass a per se law in 1976, added a written review process in 1983. In that first year 700 of 36,613 revocations were reviewed with only four rescinded. Minnesota officials acknowledge the proven deterrence effectiveness of this prompt form of license revocation.

Indiana experienced a 31% decrease in fatalities, 36% decrease in alcohol fatalities and 25% reduction in alcohol-related injuries. Throughout the four hearings, witnesses said that loss of license is a very real deterrent factor for the majority of drivers.

Whether administratively or judicially suspended or revoked, there have been very different opinions expressed on the issuing of hardship or restricted licenses. What is unusual is that the so-called rural states, where public transportation is practically non-existent, generally have refused to grant such licenses.

Minnesota which initiated the administrative per se program in 1976 did a recent survey which showed that the number of drunk drivers after midnight has decreased from one in 10 to one in 25. This is a 60% reduction. Since the mid-seventies, the fatality rate has been cut in half, an improvement that safety officials feel is due to its level of enforcement and its administrative per se law.

Since young drivers are over-represented in alcohol-related crashes and fatalities, some 35 states have taken steps to revoke/suspend the licenses of those offenders under the legal drinking age. The most severe penalty is in Maine where anyone under 20 who drives with an alcohol level of .02% or greater loses the license for one year. This sanction has been upheld by the Maine Supreme Court.

A limited survey of states shows improvements in the information included in driver manuals about the relationship of alcohol and safety. All states surveyed do include questions on alcohol in their initial driver examinations. At this point in the development of information care must be exercised when discussing matters other than the prevailing legislation. Messages about the misuse of alcohol should be directed specifically to the danger of impaired driving.

### **Education and Treatment**

The recognition that alcoholism is a treatable, identifiable illness points to the need of assessment programs which can identify and separate those problem drinkers who cause a disproportionate number of alcohol-related crashes. Alcohol education programs for DUI offenders must never be regarded as an alternative sanction, although first offenders only should be directed to such educational programs together with their other sanctions. Multiple offenders must have more severe sanctions imposed, in addition to referral to long-term treatment program.

Of serious concern has been the strain on public resources when the offender fees are insufficient to cover treatment costs. This expense must be budgeted in setting fines and treatment fees. Massachusetts has indicated that services to indigent DUI clients who receive out-patient treatment service has increased greatly.

There is also danger here that the tracking system for offenders is inadequate to show compliance with prescribed DUI education and problem drinkers treatment programs. Once again the need to accept personal responsibility is at the heart of all efforts to recover from alcohol abuse problems which result in dangerous drunk and impaired driving.

The Presidential Commission made it clear that juvenile offenders (under 18) should receive the correct and appropriate treatment and sanctions. Since young people hold the license in such high regard while at the same time, they are such a high risk on the highway when impaired by alcohol or other drugs, juvenile court and family court justices require special tools to handle impaired driving violations.

The arrest rate is low for juvenile DUI offenders. The guidelines imposed on enforcement officials make processing juveniles more difficult than an adult. Driver licensing action varies because of record sealing and confidentiality. This accounts for limited data as to number of arrests for juvenile offenders.

Mindful of these special circumstances, NHTSA has been working on a national workshop program for juvenile court judges. The first was held for Tennessee judges in August 1985 and six to eight more will be scheduled in 1986.

Education and treatment efforts should be part of the drunk driving control system only if they are used as a means for the suspended or revoked drunk drivers to get back into the driving system after a sufficient period of loss of license—never in lieu of license action.

Finally, when speaking of education and treatment, we must evaluate programs as to their quality, success rate and cost efficiency. For economy purposes, not to mention the sanction value, offenders should be required to pay full amounts.

While this concludes an overview of the Presidential Commission's major areas of recommendations some final observations should be made about the challenges that yet remain. All of which prompts the obvious question, do the states, any state, have the measures to ensure an effective DUI program?

### **Conclusion**

The elements are at hand in every State and community to have an effective drinker driver program. Unfortunately, the elements have not always been coordinated or they have not been combined in an effective manner.

Some States are more progressive than others in implementing comprehensive programs. However, even the most progressive States have not put in place all of the components of an effective program. Either some essential component is missing or it is not employed to achieve maximum benefits.

Many state efforts have been fragmented and are short-term or one time programs. A current, accurate, records system that is readily accessible and

that has all alcohol-related convictions is a key missing ingredient. This is caused by many factors and is a function of the total system not necessarily the recordkeepers. The exchange of information among state agencies concerned with alcohol problems and highway safety is extremely important. While most State laws are adequate, they are not always enforced or adjudicated in the most effective manner.

The programs in Delaware, New Jersey, New York and Montana are very promising and have most of the major ingredients: general deterrence, community focus, systems approach, financial self-sufficiency, citizen support, and prevention/intervention. However, the long-term success of their programs will depend on how these components are blended, in what amounts, and if they are sustained over time.

The recommendations of the Presidential Commission recognized: 1) the personal rights of individuals to make choices; 2) the government responsibility to enact and enforce laws and regulation aimed at highway safety; 3) citizen involvement in an issue that could mean life or death; and 4) the need for a societal change that would take time and demand sacrifices. If these recommendations are to be successfully implemented, the National Commission against Drunk Driving and the nation will need the active involvement of all segments of society.

The progress to date is encouraging, not always in numbers and percentages, but in new attitudes and behavior patterns. Though more lives need to be saved, laws by themselves will not bring this about, only law-abiding citizens who drive responsibly and, if they choose to drink do so in moderation. The entire nation must work together to achieve the goal of making *drunk driving socially unacceptable*, a hope we can nurture, a goal to achieve.

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