# **High-Risk Impaired Driver**

## Federal Checklist



High-risk impaired drivers continue to pose a major public safety threat as they cause a disproportionate number of fatalities on our roadways. With approximately 10, 511 impaired driving deaths in 2018, Congress must do more to address this problem.

The Problem

More than 20 years ago, Responsibility.org placed a focus on high-risk impaired drivers who present a critical threat on our roadways, Today, this problem persists. These offenders are disproportionately involved in impaired driving deaths.

# Who are they?

**Repeat impaired drivers** 

Drivers with high blood alcohol concentrations (BAC) of .15 or above

Drivers impaired by a combination of substances (polysubstance impaired drivers)

Even as drunk driving has declined steadily over the years, the number of alcohol-impaired traffic fatalities caused by high-risk impaired drivers has remained relatively unchanged.

- Approximately 25% of individuals arrested and 30% of individuals convicted for DUI in the United States are repeat drunk drivers (Warren-Kigenyi and Coleman, 2014).
- The most frequently recorded BAC among drinking drivers in fatal crashes in 2017 was .16 (NHTSA, 2018).
- An overwhelming majority of alcohol-impaired traffic fatalities are caused by drivers at high-BAC levels (.15 or above). In 2017, 68% of alcohol-impaired driving fatalities were in crashes in which at least one driver had a BAC of .15 or higher (NHTSA, 2018).
- Data from the Washington Traffic Safety Commission identifies polysubstance impairment as the most common type of impairment found among drivers involved in fatal crashes.

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Refer to our State Map for data on statistics and laws:

https://www.responsibility.org/alcohol-statistics/state-map/



### **Priority Solutions:**

- ☑ Support evidence-based countermeasures;
- Expand implementation of model programs;
- Support innovation in the form of technology, promising practices, and research;
- Provide more training/equipment for each facet of the DUI system.

### **Policy Options:**

#### Offender interventions

- Expand the use of screening and assessment. All impaired drivers should be screened and assessed for substance use and mental health disorders. Root causes of DUI must be identified and referrals to treatment interventions should be specific to offender needs. Assessment instruments should be validated among the impaired driver population. Examples: The Computerized Assessment and Referral System (CARS) and the Impaired Driving Assessment (IDA).
- Promote the use of pre-trial interventions for impaired drivers including screening/assessment and connecting individuals with treatment interventions early in the criminal justice process.
- Support widespread implementation of treatment courts, particularly DUI courts, for high risk, high needs offenders who require intensive supervision and treatment.
- Promote accountability and behavior change through a combination of intensive supervision and treatment interventions. This includes increasing ignition interlock installation rates and ensuring that polysubstance-impaired drivers are monitored for drug use.
- Promote multi-jurisdictional impaired driving task forces to increase collaboration among stakeholders and implement innovative solutions.

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### **Policy Options:**

### Data and testing

- Support the creation of national minimum standards for toxicological investigations in motor vehicle crashes and drug-impaired driving cases. This will improve data collection at both the state and national level.
- Provide funds to improve the quality of state labs which includes hiring additional staff and purchasing lab instrumentation capable of performing more advanced drug analysis.
- Advance the use of oral fluid testing at roadside and encourage testing drivers above .08 for the presence of drugs. Oral fluid devices assist in identifying polysubstance-impaired drivers.

### **Education and training**

- Fund law enforcement training including programs that teach officers how to identify the signs and symptoms of drug impairment. This includes Advanced Roadside Impaired Driving Enforcement (ARIDE) and the Drug Evaluation and Classification (DEC) Program and law enforcement phlebotomy programs.
- Fund training opportunities for law enforcement, prosecutors, and judges to better educate them on impaired driving issues. Cross-training opportunities are preferred.

### **Technology and Research**

- Fund and promote the use of electronic warrant systems to make the warrant acquisition process more efficient for law enforcement. This will allow officers to quickly obtain blood draws in cases where suspected impaired drivers refuse tests.
- Support NHTSA in expediting oral fluid research
- Support the ongoing development and testing of new drug detection technologies (e.g., marijuana breathalyzers, transdermal devices).

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