



NATIONAL SAFETY COUNCIL

Position/Policy Statement

Drug and Alcohol Impaired Driving

The policy position will supersede #43 and #106. The National Safety Council initially passed policy position #43 (Committee on Alcohol and Other Drugs Enforcement of Laws Aimed at Alcohol Impaired Driving) in 1986 and #106 (Ignition Interlocks) in 2008. Since that time, the wealth of knowledge and expertise NSC has developed and obtained has enabled this comprehensive approach to address impaired driving. This proposed policy would replace policies #43 and #106 with expanded and new evidence-based recommendations.

Policy/Position

Every hour in the United States, one person dies in a crash involving a driver using an impairing substance – that's 28 people dying each day.¹ For decades, approximately one-third of all traffic crash fatalities in the U.S. have involved alcohol-impaired drivers, with potentially other impairing drugs also present in these drivers.² The National Safety Council (NSC) is updating and enhancing its policy position on impaired driving to reflect the variety of interventions, data and information available to save lives on the roadways. To be clear, NSC believes that drinking and consuming other impairing substances should be a completely separate activity from driving, whether for work or personal. To this end, we recommend people make appropriate plans for safe mobility when choosing to consume impairing substances.

Addressing the problem of impaired driving takes the collective and collaborative efforts of a host of partners including governments, NGO's, survivors, community action groups, medical professionals, etc. It further requires a comprehensive, multi-faceted approach of proven countermeasures that attack all of the conditions that contribute to impairment. For example, passing competent laws that seek to combat the problem of impaired driving is undermined if judges allow violators to escape accountability by imposing minor penalties. Failing to prioritize traffic enforcement activities within police budgets allows chronic offenders to escape interdiction since the likelihood of apprehension is low.

The NSC advocates a holistic, comprehensive program that uses research and evidence to identify the scope and extent of impairment problems and recommends approaches that are most likely to be effective. Existing laws may be adequate but other companion activities may be ineffective or missing altogether. Such an analysis may be informed by considering the recommendations and research summaries that follow below.

¹ <https://www.nhtsa.gov/risky-driving/drunk-driving>

² <https://www.nhtsa.gov/risky-driving/drunk-driving>

All the recommendations included in this policy should be implemented with equity as a priority. As outlined in the NSC policy position on [Equity in Transportation](#), steps to achieve this include the following:

- Educating and training those working on impaired driving enforcement on current best practices and techniques in equitable enforcement and ensuring safety is the primary reason for the enforcement actions.
- Recognizing there may be unintended consequences of impaired driving enforcement on black, indigenous and people of color (BIPOC), which requires working with community members, advocates and other sectors to make sure the enforcement performed in a community is meeting the safety needs and concerns of the community.
- Collecting, analyzing and acting on data that measure whether impaired driving enforcement unjustly burdens specific communities or populations and providing appropriate solutions.
- Assessing whether new or alternative forms of enforcement and interventions can be deployed to effectively address the issue at hand, including but not limited to: better impairment detection technology, vehicle technology improvements, stronger focus on substance use treatment and recovery over punitive measures, and other strategies.

Recommendations

1. Better testing of impaired drivers, collection of these data, and timely and transparent release of public data are needed to define the scope of the problem of drug-impaired driving. Better data can be collected by:
 - a. Making comprehensive drug and alcohol screening for drivers involved in fatal or serious crashes mandatory.
 - b. Implementing data and record systems that differentiate between arrests for alcohol and drug-impaired, including multi-substance, driving.
 - c. Expanding forensic laboratory capacity, including increased staffing, advanced testing instrumentation and training, which should be supported through local, state and federal policies.
 - d. Aligning toxicology testing with the National Safety Council Alcohol, Drugs and Impairment Division (ADID) recommendations and ANSI/ASB Standard 120 Standard for the Analytical Scope and Sensitivity of Forensic Toxicology Testing of Blood in Impaired Driving Investigations.^{3,4}
 - e. Passing legislation allowing states to obtain warrants for blood collection in all impaired driving investigations and to use law enforcement phlebotomy programs.
 - f. Expanding use of preliminary roadside screening and evidential laboratory oral fluid drug testing, as well as other evidence-based impairment detection technology that emerges.
2. Law enforcement officers, prosecutors, judges and the general public are all in need of better training and education on impaired driving.

³<https://academic.oup.com/jat/article/45/6/529/6292018&sa=D&source=docs&ust=1641338642005393&usg=AOvVaw30FuKNrC0pqW4zAZ2ixU80>

⁴http://www.asbstandardsboard.org/wp-content/uploads/2021/08/120_Std_e1.pdf&sa=D&source=docs&ust=1641338641985152&usg=AOvVaw1GzUI9ZSiM P7UHqU8DMp5v

- a. More research and better data collection is needed on interactions between minority communities and law enforcement officers during impaired driving stops to ensure laws are being enforced equitably.
 - b. The Drug Evaluation and Classification Program (DECP) offers specialized training to law enforcement officers termed Drug Recognition Experts (DRE) on the recognition and detection of drug-impaired drivers. Some jurisdictions refer to these DREs as Drug Recognition Examiners, Evaluators or Technicians rather than “Experts.” Many more [DREs are needed](#) and additional funding is needed to allow officers who would like to pursue that training to do so.
 - c. The Advanced Roadside Impaired Driving Enforcement (ARIDE) program should be implemented for all officers conducting traffic stops.
 - d. These programs should include unconscious bias training and a data collection component to monitor law enforcement interactions with the public to ensure enforcement is not unjustly burdening specific communities or populations.
 - e. Prosecutors and judges should receive drug-impaired driving training to understand the broad and constantly changing landscape of drug-impaired driving laws and utilize best practices for adjudication.⁵
 - f. The general public should be educated on the dangers of impaired driving and stakeholders should be encouraged to take action to prevent impaired driving and address the systemic causes of it.
 - g. Employers should utilize defensive driver training and impaired driving training for fleets and those who drive company vehicles. Employers should also integrate impaired driving education into workplaces more broadly as many employees drive or are mobile in other ways outside of work.
 - h. Education to prevent youth from driving impaired should be provided.
3. Technological countermeasures should be used to prevent impaired driving.
 - a. Ignition interlock devices should be mandatory for all people convicted of driving under the influence of alcohol.
 - b. Weak ignition interlock programs should be improved.
 - c. Supervision models, such as the 24/7 Sobriety Program, should be supported for impaired drivers.⁶ These programs should combine efforts with tools and programming such as ignition interlocks and alcohol use disorder treatment (when indicated) to prevent drinking and driving
 - d. Advanced technology, including passive impairment detection technology, driver monitoring systems, continuous alcohol monitoring technology and autonomous vehicles, should be developed and implemented as longer-term impaired driving solutions. The equitable access of these technologies once they are market-ready should be prioritized.
 4. States should implement evidence-based and equitably-applied enforcement countermeasures, including high visibility checkpoints. The Standardized Field Sobriety Test (SFST) training should be required for officers participating in these enforcement efforts.

⁵ Axel, N. E., Knisely, M. J., McMillen, P., Weiser, L. A., Kinnard, K., Love, T., & Cash, C. (2019, March). Best practices for implementing a state judicial outreach liaison program. Revised March 2019. (Report No. DOT HS 812 676). Washington, DC: National Highway Traffic Safety Administration.

⁶ <https://wesavelives.org/solve-the-problem/247-sobriety-program/>

5. A No Refusal program for biological specimen collection should be widely adopted, which should allow the use of electronic warrants in order to streamline the process for obtaining blood alcohol concentration or other tests to obtain evidence of drug use.
6. The legal blood alcohol concentration (BAC) *per se* limit should be [lowered to 0.05](#) or lower for all drivers.
7. Policies to prevent alcohol use should be implemented.
8. All states should implement open container laws.
9. [Specialty courts](#) should be utilized for repeat impaired drivers.
 - a. Impaired driving courts should be used more widely to reduce recidivism and protect public safety.⁷
 - b. Pre-trial diversion programs should be widely accessible and used for repeat impaired driving offenders to reduce recidivism and protect public safety.
 - c. Staggered sentencing should be more widely implemented to allow people convicted of impaired driving to be held responsible for impaired driving and address their substance use issues simultaneously.
10. Accurate screening and assessment for alcohol, drugs and mental health issues for offenders are essential in identifying substance use and co-occurring disorders and the need for treatment.
 - a. The Computerized Assessment and Referral System (CARS) can be used to ensure identification and treatment of mental health disorders.
 - b. Substance use disorder treatment and recovery support services should be accessible by all qualifying people charged with impaired driving.
 - c. Employers should support their workers throughout treatment and recovery of [mental health](#) and [substance use disorders](#).

Addressing impaired driving needs to be done within a Safe System context taking into account interventions relating to safer vehicles, safer people and safer infrastructure. NSC has a statement supporting the [Safe System approach](#).

Additionally, there are many socio-economic specific issues that need to be taken into account when addressing impaired driving. Inability to pay should not prohibit an individual from having an ignition interlock installed, from participating in a diversion program, from receiving adequate treatment for any substance use disorders or from the many other interventions recommended in this policy position.

Background

In 2020, 11,654 people lost their lives in alcohol-impaired-driving crashes,^{8,9} and more than

⁷ DWI is used for alcohol impaired driving and driving under the influence (DUI) is inclusive of alcohol and/or drug impairment. For the purposes of this document, we will use DUI throughout.

⁸ <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813266>

⁹ The term "alcohol-impaired" is used in this document because alcohol is the most commonly measured impairing substance and how the data are communicated through the federal government. However, multiple substances are

10,000 people died in alcohol-impaired driving crashes every year from 2010 to 2019.¹⁰ U.S. adults age 18 and over self-report 111 million episodes of alcohol-impaired driving every year,¹¹ but only 1 million drivers were arrested in 2019 for DUIs, which equates to less than 1% of these drivers.¹²

Impaired driving is not an alcohol problem alone, and driving under the influence of any impairing substance, including prescription and over-the-counter medications, is dangerous. Some prescription and over-the-counter drugs can induce drowsiness and dizziness, cause nausea, create irregular heartbeats or shakiness, affect judgment and lessen coordination. Muscle relaxants, sedatives, opioids and some antidepressants are associated with an increased crash risk.¹³ While 94% of drivers consider driving after drinking alcohol a serious safety threat, only 78% of drivers feel the same way about driving after use of prescription drugs,¹⁴ with 10% of weekday, daytime drivers testing positive for prescription and/or over-the-counter drugs.¹⁵

Cannabis is also an impairing substance that has an inconsistent legal status across the U.S. While it remains illegal at the federal level, many states have decriminalized and/or legalized cannabis for medicinal and/or adult recreational use. The NSC ADID conducted a meta-analysis of studies showing the impairing results of cannabis on driving.^{16,17} This analysis found it is unsafe to operate a vehicle or other complex equipment while under the influence of cannabis, due to the increased risk of death or injury to the operator and the public.¹⁸ Additional research shows cannabis impairs motor skills, lane tracking and cognitive functions.¹⁹ Tetrahydrocannabinol (THC) in cannabis slows reaction times and reduces a driver's ability to make decisions, critical skills needed for driving.²⁰

Despite its impairing impacts, in 2018, 12.6 million Americans reported driving under the influence of cannabis or other illicit drugs,²¹ and the number of people driving while drug-impaired drastically increased in 2020. In 2020, the National Highway Traffic Safety Administration (NHTSA) conducted a study of seriously or fatally injured road users at five participating trauma centers and found almost two-thirds of drivers tested positive for at least one active drug, including alcohol, cannabis or opioids, between mid-March and mid-July of

more often involved in impaired driving crashes, but the technology does not exist to measure their presence and impairing impact in the same way as alcohol.

¹⁰ <https://www.nhtsa.gov/risky-driving/drunk-driving>

¹¹ https://www.cdc.gov/transportationsafety/impaired_driving/impaired-driv_factsheet.html

¹² Federal Bureau of Investigation (FBI). Department of Justice (US). Crime in the United States 2019: Uniform Crime Reports. Washington (DC): <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/tables/table-29>

¹³ <https://www.nhtsa.gov/campaign/prescription-and-over-counter-medicines>

¹⁴ <https://exchange.aaa.com/safety/substance-impaired-driving/prescription-over-the-counter-drugs-driving/>

¹⁵ Ibid

¹⁶ Desrosiers, N. A., Ramaekers, J. G., Chauchard, E., Gorelick, D. A., & Huestis, M. A. (2015). Smoked cannabis' psychomotor and neurocognitive effects in occasional and frequent smokers. *Journal of Analytical Toxicology*, 39(4), 251–261. <https://doi.org/10.1093/jat/bkv012>

¹⁷ <https://www.nsc.org/getmedia/8840b317-9960-48b9-a3ae-3fec77a9448b/position-on-cannabis-and-driving.pdf>

¹⁸ Ibid

¹⁹ Hartman RL, Huestis MA. Cannabis effects on driving skills. *Clin Chem*. 2013 Mar;59(3):478-92. doi: 10.1373/clinchem.2012.194381. Epub 2012 Dec 7. PMID: 23220273; PMCID: PMC3836260.

²⁰ <https://www.cdc.gov/niosh/newsroom/feature/marijuana-and-driving.html>

²¹ Center for Behavioral Health Statistics and Quality. (2019). 2018 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD

2020.²² Starting in mid-March of 2020, the proportion of drivers testing positive for opioids nearly doubled compared to the previous 6 months, and cannabis prevalence increased by an estimated 50%.²³ Since the start of the COVID-19 pandemic, NHTSA reported active THC (32.7%) was more prevalent in drivers' blood than alcohol (28.3%).²⁴ Drugs other than alcohol, both legal and illegal, are involved in about 16% of motor vehicle crashes of which we know,²⁵ and 56% of drivers involved in serious injury and fatal crashes tested positive for at least one drug.

Additionally, a study conducted by NHTSA in October 2020 found opioid use among drivers almost doubled compared to before the COVID-19 pandemic, increasing from 7.6% to 13.9%.²⁶ Moreover, there are many new synthetic and/or designer drugs that also impair driving ability,²⁷ and the legal status of some of these drugs is dubious.

There are also social factors associated with impaired driving.²⁸ A majority of people convicted of alcohol-impaired driving are young, male, white and higher income,²⁹ and rural communities have higher arrest rates for impaired driving than urban communities.³⁰ Also, a significant portion of people convicted more than once of impaired driving have been diagnosed with a substance use disorder (SUD).³¹ There is also a strong correlation between mental health disorders and impaired driving.³² Reducing the stigma around [SUDs](#) and [mental health disorders](#) and ensuring access to treatment of these diseases are critical in preventing impaired driving.

Improved Data Collection and Drug Testing

Alcohol-impaired crashes declined in the U.S. since the early 1980s with the rise in advocacy from Mothers Against Drunk Driving (MADD) and resulting laws that were passed, including the institution of a national 0.08 BAC legal *per se* limit.³³ However, these deaths plateaued for several decades. While breath-testing technology allows law enforcement to easily test for alcohol concentration at the roadside in a traffic stop, currently there is no validated breath test for other drugs. As a result, there is no consistent data on drug-impaired driving crashes in the U.S., and they are certainly underrepresented in national data.

As more states decriminalize cannabis, use is increasing, and the presence of cannabis in crashes is increasing. Since recreational cannabis was legalized in 2013 in Colorado, traffic deaths in the state where drivers tested positive for cannabis increased 138%, and all traffic deaths in the state increased 29%.³⁴ The percentage of all Colorado traffic deaths involving

²² https://rosap.ntl.bts.gov/view/dot/50941/dot_50941_DS1.pdf

²³ Ibid

²⁴ https://rosap.ntl.bts.gov/view/dot/50941/dot_50941_DS1.pdf

²⁵ https://www.nhtsa.gov/staticfiles/nti/pdf/812117-Drug_and_Alcohol_Crash_Risk.pdf

²⁶ https://rosap.ntl.bts.gov/view/dot/50941/dot_50941_DS1.pdf

²⁷ Ibid

²⁸ <https://academic.oup.com/alcalc/article/46/6/721/129644>

²⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7282977/>

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516123/>

³¹ https://www.ghsa.org/sites/default/files/2021-01/GHSA_HRIDReport_Jan21Update.pdf

³² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6312495/>

³³ <http://trafficsafetyguy.com/wp-content/uploads/2014/09/NTSB-Reaching-Zero.pdf>

³⁴ https://e8503a05-b82d-4f1f-9836-debdd9c01bb2.filesusr.com/ugd/4a67c3_b391ac360f974a8bbf868d2e3e25df3d.pdf

drivers who tested positive for cannabis also increased from 11% in 2013 to 20% in 2020,³⁵ and traffic deaths involving drivers who tested positive for cannabis more than doubled from 55 in 2013 to 131 people killed in 2020.³⁶

Despite these data, the vast majority of impaired driving arrests are inaccurately attributed to alcohol alone.³⁷ In order to address this discrepancy, comprehensive screening for both alcohol and drugs for drivers involved in serious or fatal crashes should be mandatory. Improved data and record systems that differentiate between arrests for alcohol and drug-impaired – including multi-substance – driving should be implemented. Given that multi-substance impaired driving poses a much higher crash risk and remains significantly underreported, expanded forensic laboratory capacity, including increased staffing, advanced testing instrumentation and training, should be supported through local, state and federal policies, including testing for additional substances even if a driver is found to have a BAC over the legal limit.

Furthermore, it is difficult to know the extent of the drug-impaired driving problem due to lack of standardized drug testing panels.³⁸ U.S. toxicology labs should align national toxicology testing with the NSC [Alcohol, Drugs and Impairment Division's \(ADID\) recommendations](#) for the toxicological investigation of suspected alcohol and drug-impaired driving cases and motor vehicle fatalities.³⁹ ADID recommendations are developed with input from laboratories throughout the country and reflect the actual drugs found in Driving under the Influence of Drugs (DUID) cases. These recommendations are also the basis for ANSI/ASB Standard 120 that sets the minimum testing requirements for blood, the preferred specimen for laboratory testing in impaired driving investigations.

When an impaired driver is suspected of drug use, a certified medical professional must perform a blood collection, which often means someone who works at a medical facility.⁴⁰ Delays are common in emergency rooms and some medical facilities have policies limiting cooperation with law enforcement, which makes obtaining a sample in a timely fashion difficult. Law enforcement phlebotomy programs (LEPP) are a proven strategy to mitigate the time and cost issues associated with drawing blood from drivers suspected of driving while impaired, as these programs allow law enforcement officers with a warrant and specialized training to draw blood for investigative purposes.^{41 42}

The enactment of an LEPP in Arizona saw a drop in chemical test refusal rates from 19.85% to 8.56%.⁴³ Idaho also saw refusal rates decline with the initiation of an LEPP.⁴⁴ NHTSA has provided grant funding for states to pursue LEPPs. Lack of state legislation allowing law enforcement officers to legally draw blood is the primary barrier to implementing a law enforcement phlebotomy program. States should implement legislation allowing law enforcement officers to receive phlebotomy training and conduct roadside testing in order to ensure there is understanding of all possible impairing substances in a driver's system. These

³⁵ Ibid

³⁶ Ibid

³⁷ Ibid

³⁸ <https://acwi.org/2021/04/30/ntsb-targets-distracted-driving/>

³⁹ <https://academic.oup.com/jat/article/45/6/529/6292018>

⁴⁰ <https://nasid.org/solutions/#improved-data-collection>

⁴¹ https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/14222-phlebotomy_toolkit_final-032819-v1a_tag_0.pdf

⁴² Trained LEPP officers are also recognized as certified medical professionals.

⁴³ <https://lifesaversconference.org/wp-content/uploads/2015/10/Celeste4.pdf>

⁴⁴ https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/14222-phlebotomy_toolkit_final-032819-v1a_tag_0.pdf

programs should prioritize equity when implemented and should include a data collection component to understand if there are disparities in how these programs are utilized.

While a timely collected blood specimen remains the best option for laboratory testing, ADID recommendations also encourage the use of oral fluid drug testing. This may include roadside screening and/or evidential laboratory oral fluid drug testing. Oral fluid drug screening at the roadside quickly detects recent drug use and should be used to establish probable cause.⁴⁵ The collection of oral fluid for evidential laboratory testing provides a quick, simple and non-invasive option to assess recent drug exposure. Furthermore, oral fluid avoids the problems of rapidly decreasing blood drug concentrations and long delays that may occur when blood must be collected. However, as of October 2020, 27 states and Washington, D.C. do not have any form of authorization for oral fluid testing.⁴⁶ Currently eight states have some form of oral fluid authorization in their statutes: in 14 states it is covered by the state's implied consent law and Michigan authorized oral fluid testing through a pilot program.⁴⁷ Pilot studies were conducted in many states, including Alabama, California, Colorado, Florida, Kansas, Massachusetts, Michigan, Oklahoma, Oregon, Utah, Vermont and Wisconsin, supporting oral fluid as a viable specimen for impaired driving investigations.⁴⁸

Law enforcement should use roadside oral fluid screening to quickly identify drivers under the influence of drugs. Oral fluid can be collected and screened in under 10 minutes.⁴⁹ Government organizations around the world approved oral fluid as a drug-testing matrix, including the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) for federal workplace drug testing⁵⁰ and, internationally, for roadside drug testing in at least 24 countries including Australia, Germany, the United Kingdom, the Netherlands and Sweden.⁵¹

As technology quickly evolves, more testing options may become available. More research, evaluation and testing should be conducted to determine their application for impaired driving detection and mitigation.

Enforcement, Education and Training

Fair and equitable enforcement of impaired driving laws is key to saving lives. A case study in Connecticut revealed that when traffic enforcement is primarily focused on hazardous driving behaviors, including impaired driving, racial and ethnic disparities in enforcement are significantly decreased.⁵² By focusing more narrowly for a year on hazardous driving behaviors such as impaired driving, a region in Connecticut was able to decrease crashes by 10% and significantly reduce racial and ethnic disparities in enforcement.⁵³ More research, including better data collection, is needed on interactions between minority communities and law enforcement officers during traffic stops generally, and impaired driving stops specifically, to ensure relevant laws are being enforced equitably.

⁴⁵ Ibid

⁴⁶ <https://publicaffairsresources.aaa.biz/wp-content/uploads/2020/07/AAA-Oral-Fluid-Drug-Screening-Handout.pdf>

⁴⁷ Ibid

⁴⁸ <https://www.responsibility.org/wp-content/uploads/2020/07/Oral-Fluid-Screening.pdf>

⁴⁹ Ibid

⁵⁰ <https://www.samhsa.gov/newsroom/press-announcements/201910290830>

⁵¹ <https://www.responsibility.org/wp-content/uploads/2020/07/Oral-Fluid-Screening.pdf>

⁵² <https://transportation.house.gov/imo/media/doc/Barone%20Testimony.pdf>

⁵³ <https://transportation.house.gov/imo/media/doc/Barone%20Testimony.pdf>

Additionally, there are key law enforcement training programs to help eliminate impaired driving. The DRE program is a rigorous, three-phase, 112+-hour curriculum developed by NHTSA and the International Association of Chiefs of Police (IACP) to help officers identifying drug-impaired drivers.⁵⁴ However, only 15% of law enforcement agencies use DREs.⁵⁵ As of December 2019, there were 9,878 certified DREs active throughout all 50 states and Washington, D.C., with states reporting 49,905 DRE evaluations in 2019.⁵⁶ Localities should identify those people committed to the DRE program to advance through the training process.

The ARIDE was created by NHTSA to address the gap between the traditional SFST training and the DRE program.⁵⁷ ARIDE requires 16 hours of classroom training.^{58,59} There are currently more than 36,000 officers trained in the ARIDE program,⁶⁰ and all law enforcement officers conducting traffic stops should have ARIDE training to enhance their ability to identify impaired drivers.

These training programs should include unconscious bias training. Additionally, there needs to be a data collection component ensure impaired driving enforcement is not unjustly burdening specific communities or populations.

Existing technology is limited in determining impairment levels associated with various drugs, and there is no agreed upon limit for which impairment can be reliably demonstrated.⁶¹ While alcohol is eliminated from the body fairly quickly, some drugs can be detected for days or even weeks after consumption, long after the effects have worn off.⁶² Law enforcement officers, prosecutors and judges should receive specialized training on the complexities of drug-impaired driving, as well as current detection and enforcement tools.

Public education campaigns are effective to inform drivers and passengers about the dangers of impaired driving, such as “Drive Sober or Get Pulled Over.” A *per se* BAC of 0.08 or higher is illegal in every state except Utah where the legal *per se* BAC is 0.05. However, studies found most Americans do not understand how alcohol influences their BAC and, in turn, how that influences their ability to drive safely.⁶³ The National Transportation Safety Board states that “driving-related performance is degraded at BAC levels as low as 0.01.”⁶⁴ Therefore, education is needed to help people understand that any drinking should be separated from driving.

Employers should also ensure their workers are educated on impaired driving. Defensive driver trainings – including impaired driving training – for those who drive for work should be required, and employers should integrate impaired driving education into workplaces more broadly.

⁵⁴ <https://www.madd.org/the-solution/drugged-driving-prevention#1503425019393-3fd2ccda-042a>

⁵⁵ <https://www.theiacp.org/projects/the-international-drug-evaluation-classification-program>

⁵⁶ International Association of Chiefs of Police. (2020). IACP Drug Evaluation & Classification Program: 2019 Annual Report (Rep.).

Retrieved from <https://www.theiacp.org/sites/default/files/2020-04/2019%20DECP%20Annual%20Report.pdf>

⁵⁷ <https://www.madd.org/the-solution/drugged-driving-prevention#1503425019437-0e981306-1556>

⁵⁸ Ibid

⁵⁹ <https://www.theiacp.org/dre-training>

⁶⁰ <https://www.madd.org/the-solution/drugged-driving-prevention#1503425019437-0e981306-1556>

⁶¹ <https://www.responsibility.org/wp-content/uploads/2015/03/Drug-Impaired-Driving-Enforcement.pdf>

⁶² Ibid

⁶³ Reaching Zero: Actions to Eliminate Alcohol-Impaired Driving, NTSB/SR-13/01

⁶⁴ Ibid

Youth are especially in need of alcohol and drug use education. Human brains are still developing until the age of 25 and substance use before then can negatively impact brain development.⁶⁵ Educating parents through the [DriveitHOME](#) program can create accountability for new drivers.

Technological Countermeasures

Mandatory use of ignition interlock devices for first-time convicted alcohol-impaired offenders should be required. Interlocks prohibit a vehicle from starting if a driver has a BAC over the set concentration. Research from the Centers for Disease Control and Prevention (CDC) found about a 66% reduction in repeat alcohol offenses due to interlocks.⁶⁶ Interlocks also reduce repeat offenses at least in half, and sometimes more, compared to similar offenders without interlocks.⁶⁷ However, after the interlock was removed, the effects largely disappeared, with interlock and comparison drivers having similar recidivism rates.⁶⁸

A 2016 study also found that requiring all drivers convicted of alcohol-impaired driving to install an interlock was associated with a 15% reduction in the rate of alcohol-involved crash deaths.⁶⁹ This translates into an estimated 915 lives saved from the use of interlock devices. Further, a 2017 study found state laws that require interlocks for all alcohol-impaired offenders were associated with a 7% decrease in the rate of fatal crashes involving a driver above the legal limit and an 8% decrease in the rate of fatal crashes involving a high-BAC (over 0.15 BAC) driver.⁷⁰ This translates into an estimated 1,250 prevented fatal crashes involving an alcohol-impaired driver.

Studies also reveal public support for interlock use. In a national survey, 84% of respondents approved of requiring interlocks in the vehicles of those convicted of alcohol-impaired driving.⁷¹ Results from a survey of these offenders required to install an interlock in Santa Fe, New Mexico also found 87% felt that interlocks reduced driving after drinking.⁷² The survey also found 85% of the offenders thought that interlocks were fair to offenders and 67% believed that all convicted offenders should be required to install the device.⁷³ While all 50 states passed some form of interlock legislation and achieved different degrees of program implementation, most have participation rates below 30%, meaning that most eligible offenders fail to install the device as required.⁷⁴

The following improvements should be made to deficient interlock programs:

- Remove provisions allowing those convicted of alcohol-impaired driving to circumvent the interlock installation period by agreeing not to drive during the required timeframe.
- Establish compliance-based exit criteria, which ensures non-compliant offenders have their interlock installation period extended until demonstrated behavior change.

⁶⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621648/>

⁶⁶ <https://www.madd.org/the-solution/drunk-driving/ignition-interlocks/>

⁶⁷ <https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/interlocks.html>

⁶⁸ <https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/interlocks.html>

⁶⁹ <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303058>

⁷⁰ <https://www.responsibility.org/wp-content/uploads/2020/01/Interlock-Devices-for-All-DUI-Offenders-2020.pdf>

⁷¹ <https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/interlocks.html>

⁷² <https://www.responsibility.org/wp-content/uploads/2020/01/Interlock-Devices-for-All-DUI-Offenders-2020.pdf>

⁷³ Ibid

⁷⁴ Ibid

- Ensure better accountability for courts that fail to enforce mandatory interlock requirements.
- Allow installation of the interlock post-arrest and pre-conviction, such that each day the device is installed is credited against their post-conviction interlock term.
- Encourage the use of an interlock as a condition of bond, securing the defendant's next court appearance and safeguarding communities.
- Ensure the interlock sentence and treatment for offenders run consecutively so the interlock serves as a safety net for relapse. Define program violations and consequences for tampering and device circumvention.
- Improve the monitoring of offenders using interlocks by designating a single agency with the authority to supervise offenders and act when there is non-compliance.
- Conduct more research into the cause of the rise in repeat offenses post-interlock programming.

NSC also supports the use of supervision models such as 24/7 Sobriety Programs. These programs provide supervision for some first-time and repeat alcohol offenders in stressing the importance of preventing the consumption of alcohol as a method of rehabilitating impaired drivers and changing behavior.⁷⁵ These programs should include an alcohol use disorder treatment program when indicated. This strategy is based on the idea that the certainty and rapidity, rather than the severity, of the intervention is more effective in deterring drinking and is currently being used by the courts as a condition of bond, sentencing, and/or probation.⁷⁶

Alcohol-impaired driving recidivism is substantially lower among 24/7 Sobriety Program participants at one, two and three years following program completion.⁷⁷ At the county level, 24/7 Sobriety Programs have also seen repeat offenses drop by 12%.⁷⁸ Compared to alcohol offenders not in the project, participants with two alcohol-impaired arrests who were in the program for 30 consecutive days had a 74% reduction in recidivism when studied three years after their second arrests.⁷⁹ Those with three alcohol-impaired arrests had a 44% reduction in recidivism and those with four had a 31% reduction in recidivism.⁸⁰

Currently, Montana (certain counties), Nebraska, New Mexico, North Dakota, South Dakota and Washington (2014 pilot program in five municipalities) are using 24/7 Sobriety Programs. Additional piloting and evaluation of these programs in a variety of rural, urban and suburban communities can help ensure equity of program implementation across all demographics. These communities should combine efforts with tools and programming such as ignition interlocks and alcohol use disorder treatment (when indicated) to prevent drinking and driving. The 24/7 Sobriety Programs also are shown to reduce rates of domestic violence offenses and all crimes with a nexus to drug and alcohol misuse.^{81,82}

Passive in-vehicle impairment detection technology, driver monitoring systems and other in vehicle technologies can prevent impaired driving. Some forms of impairment, including fatigue

⁷⁵ <https://www.responsibility.org/end-impaired-driving/solutions/punishment/247-programs/>

⁷⁶ Ibid

⁷⁷ Ibid

⁷⁸ Ibid

⁷⁹ Ibid

⁸⁰ Ibid

⁸¹ <https://wesavelives.org/solve-the-problem/247-sobriety-program/>

⁸² Ibid

and distraction, can be assessed using existing advanced monitoring systems.⁸³ According to the Insurance Institute for Highway Safety, if all cars were equipped with technology that could stop an alcohol-impaired driver from operating a vehicle, more than 9,400 lives could be saved annually.⁸⁴

In 2019, Volvo became the first automaker to advertise eye-gaze camera technology as a way to determine driver impairment.⁸⁵ Today, there are currently 42 passive alcohol detection technologies in development by automakers and their suppliers.⁸⁶ Further development of passive alcohol detection technologies, driver monitoring systems, and other technologies to prohibit a vehicle from starting or being driven if a driver is impaired should be explored.

Continuous alcohol monitoring (CAM) technology, also referred to as transdermal alcohol monitoring technology, for offenders, in conjunction with treatment and interventions, are also effective at preventing impaired driving. Usually an ankle bracelet, CAM technology monitors and measures alcohol consumption to allow courts or other supervision authorities to determine whether offenders are compliant with abstinence orders.⁸⁷

A Michigan Department of Corrections study found CAM technology reliably detected drinking episodes throughout a 24-hour period.⁸⁸ The study also found that offenders reported the device was a deterrent and a preferred method of alcohol testing because it allowed them to remain in the community and maintain work and family commitments.⁸⁹ NHTSA conducted six case studies and determined CAM technology is generally effective in deterring offenders from drinking alcohol.⁹⁰

Lastly, further development of autonomous vehicles can be a long-term solution to impaired driving. However, NSC recognizes that presently more research needs to be conducted to ensure the safety of autonomous vehicles before mass use. NSC supports the development of a federal regulatory framework for autonomous vehicles prioritizing the safety of all road users regardless of mode and supports the development and evaluation of level four and five technology for safe vehicle use without human operation. Further, NSC supports the equitable access of these technologies once they are market-ready. Providing subsidies and other supports to improve their accessibility and remediate negative environmental impacts should be a central component of any regulatory framework developed. Their adoption and implementation should be done in partnership with the communities in which they are being deployed and should complement existing efforts.

⁸³ <https://www.madd.org/wp-content/uploads/2021/05/MADD-Response-NHTSA-RFI.pdf>

⁸⁴ Ibid

⁸⁵ Ibid

⁸⁶ Ibid

⁸⁷ <https://www.responsibility.org/end-impaired-driving/solutions/punishment/continuous-alcohol-monitoring/>

⁸⁸ Ibid

⁸⁹ Ibid

⁹⁰ <https://www.responsibility.org/wp-content/uploads/2020/01/Continuous-Alcohol-Monitoring-2020.pdf>

High Visibility Enforcement (HVE)

States with highly visible, highly publicized impaired driving enforcement programs have lower impaired driving rates in fatal crashes than states that do not.⁹¹ The state of Tennessee also found that a sustained year-long HVE program saw a 20.4% reduction in alcohol-related, crashes.⁹²

In order to be effective, enforcement activities must be well planned, properly executed, visible and sustained for substantial periods of time.⁹³ HVE utilizes stepped up enforcement efforts including saturation patrols, No Refusal programs, and/or sobriety checkpoints combined with accompanying public information campaigns to meet this effective standard.⁹⁴ A 2016 study found states that permitted checkpoints had an 18.2% lower rate of alcohol-impaired driving, and states conducting checkpoints at least on a monthly basis had a 40.6% lower rate of impaired driving.⁹⁵ HVE should be used to reduce impaired driving by allowing police to stop vehicles to check on the sobriety of the drivers, to use saturation patrols, and to publicize these actions using message boards, road signs and scene lighting. Prior to implementing HVE programs, communities need to consider whether and how such a program can exacerbate existing racial, socioeconomic or accessibility issues, and subsequently work with stakeholders to address these issues.

When conducting sobriety checkpoints through high visibility enforcement, SFST training for officers should be conducted. While publicized sobriety checkpoints are authorized in 38 states and Washington, D.C., as of February 2020,⁹⁶ many states still do not require SFST training. SFST remains the foundation of impaired driving detection and enforcement for 800,000 officers across the U.S.⁹⁷

No Refusal

The refusal of impaired driving suspects to submit to chemical tests is an obstacle in impaired driving investigations that law enforcement and prosecutors frequently encounter to deprive law enforcement of some of the strongest evidence of alcohol and/or drug impairment. To deter refusal, law enforcement agencies devised strategies like the No Refusal program. The No Refusal Program is an enforcement strategy implemented which allows jurisdictions to obtain search warrants for blood samples when a breath test is refused by a suspected impaired driver.⁹⁸ Police and other law enforcement officials work closely to obtain warrants needed to

⁹¹ <https://www.responsibility.org/wp-content/uploads/2018/12/HVE-2018.pdf#:~:text=The%20Foundation%20for%20Advancing%20Alcohol%20Responsibility%20supports%20high,coupled%20with%20media%20campaigns%20to%20create%20general%20deterrence.>

⁹² Ibid

⁹³ Ibid

⁹⁴ Ibid

⁹⁵ <https://pubmed.ncbi.nlm.nih.gov/26983365/>

⁹⁶ Richard, C. M., Magee, K., Bacon-Abdelmoteleb, P., & Brown, J. L. (2018, April). Countermeasures that work: A highway safety countermeasure guide for State Highway Safety Offices, Ninth edition (Report No. DOT HS 812 478), https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/documents/812478_countermeasures-that-work-a-highway-safety-countermeasures-guide-.pdf. Washington, DC: National Highway Traffic Safety Administration.

⁹⁷ <https://www.madd.org/the-solution/drugged-driving-prevention>

⁹⁸ <https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/drive-sober-or-get-pulled-over/no-refusal-toolkit>

draw blood from suspected impaired drivers. With the approval of a judge or magistrate, anyone suspected of impaired driving who refuses testing is subject to mandatory or court ordered blood testing. In order to gather evidence in a timely manner, NSC supports the use of electronic warrants. This program ensures prosecutors obtain the scientific evidence to effectively address cases involving alleged impaired driving, whether by drugs, alcohol or multiple substances. A study conducted in 2011 determined the average BAC test refusal rate across the U.S. was 24%, an increase from 22.4% in 2005.⁹⁹ A survey of stakeholders also concluded refusal rates are likely to remain high if the sanctions that individuals face for failing a BAC test are more severe than those for refusing to submit to the test.¹⁰⁰

A study from 2012 found that as overall statewide refusal rates increased, overall impaired driving conviction rates decreased.¹⁰¹ Similarly, Arizona, Michigan and Utah found repeat offenders were most likely to refuse breath tests and that the BAC data collected after obtaining a warrant for a blood test led to fewer trials.¹⁰²

The No Refusal program was first implemented in Texas in 2005 to address high rates of test refusal.¹⁰³ The program enables officers to quickly obtain warrants for blood draws, eliminating the ability of suspects to refuse to submit to tests.¹⁰⁴ No Refusal nights or weekends can supplement existing HVE initiatives such as sobriety checkpoints or impaired driving mobilizations. The Phoenix, AZ Police Department reported a decrease in the refusal rate from 40% to 5% after implementation of the No Refusal program.¹⁰⁵ Wider adoption of the No Refusal program should be implemented to prevent injuries and deaths resulting from impaired driving offenders on the roads.

BAC Limits

Lowering the legal BAC limit is a proven strategy to reduce impaired driving and save lives.¹⁰⁶ NHTSA released a report showing the positive impacts when Utah lowered its legal BAC to .05, including reductions in fatalities caused by alcohol impaired driving.¹⁰⁷ All states should lower the legal BAC limit to 0.05 or lower for all drivers, and federal action should be taken to support state action. NSC has a full [policy position](#) on lowering the BAC.

Prevention

Alcohol-impaired driving still accounts for nearly one-third of motor vehicle crashes and policies that lower the consumption of alcohol are a proven method to reduce these crashes. For example, binge drinking is highly correlated with impaired driving, so preventing over-consumption of alcohol also reduces impaired driving.¹⁰⁸ Such policies include, but are not

⁹⁹ https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/14735-expeditedwarrantsreport_041521_v2a_tag.pdf

¹⁰⁰ Ibid

¹⁰¹ <https://www.nhtsa.gov/sites/nhtsa.gov/files/811551.pdf>

¹⁰² <https://www.responsibility.org/wp-content/uploads/2020/01/No-Refusal-2020.pdf>

¹⁰³ Ibid

¹⁰⁴ Ibid

¹⁰⁵ Ibid

¹⁰⁶ https://nap.nationalacademies.org/resource/24951/110618_BAC.pdf

¹⁰⁷ <https://rosap.nhtl.bts.gov/view/dot/60427>

¹⁰⁸ <https://www.nap.edu/read/24951/chapter/2#11>

limited to, increasing alcohol taxes, reducing the number of alcohol dispensaries in a given area and limiting ads for alcohol.¹⁰⁹

Open Container Laws

The Transportation Equity Act for the 21st Century (TEA-21) passed in 1998 required states to enact open container laws, and failure to do so resulted in a percentage of U.S. Department of Transportation funds being redirected to either alcohol-impaired driving countermeasures or hazard elimination activities.¹¹⁰ Open container laws result in a 5.1% reduction in alcohol-impaired fatal crashes.¹¹¹ Studies determined states that lack open container laws have higher proportions of alcohol-involved fatal crashes than states that have laws partially or fully conformed to federal requirements.¹¹²

The majority of states and the District of Columbia passed laws prohibiting the possession or consumption of open containers of alcohol while in a motor vehicle that apply to both drivers and passengers.¹¹³ As of 2020, only 12 states were not in compliance with federal open container requirements, but all states except one – Mississippi – had provisions prohibiting consumption of alcohol while in a motor vehicle, at least by the driver.¹¹⁴ States are also adopting open container laws for cannabis. New York included such a provision when it legalized recreational use of cannabis in 2021.

However, during the COVID-19 pandemic, 35 states passed laws allowing for restaurants to sell cocktails to-go, circumventing previous open carry laws in order to provide economic relief to businesses.¹¹⁵ Cocktails to-go laws were permanently adopted in 16 states and were extended for a temporary basis in 14 states, the closest expiration being January 2022.¹¹⁶

In NHTSA's National Survey of Drinking and Driving, 88% of respondents believe states should implement an open container law.¹¹⁷ NSC strongly recommends all states require open container laws for both alcohol and cannabis, and require safeguards around cocktails to-go laws to prevent utilization by drivers.

Specialty Courts

Drug courts and impaired driving courts focus on offenders who suffer from substance use-related disorders. These courts provide treatment and continuity of care for those reentering

¹⁰⁹ Ibid

¹¹⁰ <https://www.responsibility.org/wp-content/uploads/2020/01/Open-Container-Laws-2020.pdf#:~:text=Established%20in%20an%20effort%20to%20reduce%20drunk%20driving%2C,motion%20for%20the%20open%20container%20restriction%20to%20apply.>

¹¹¹ <https://onlinelibrary.wiley.com/doi/abs/10.1002/pam.10116>

¹¹² https://popcenter.asu.edu/sites/default/files/problems/drunk_driving/PDFs/Stuster_etal_2002.pdf

¹¹³ <https://www.responsibility.org/wp-content/uploads/2020/01/Open-Container-Laws-2020.pdf#:~:text=Established%20in%20an%20effort%20to%20reduce%20drunk%20driving%2C,motion%20for%20the%20open%20container%20restriction%20to%20apply.>

¹¹⁴ Ibid

¹¹⁵ <https://www.thespiritsbusiness.com/2021/07/us-states-legalise-cocktails-to-go/>

¹¹⁶ Ibid

¹¹⁷ <https://www.responsibility.org/wp-content/uploads/2020/01/Open-Container-Laws-2020.pdf#:~:text=Established%20in%20an%20effort%20to%20reduce%20drunk%20driving%2C,motion%20for%20the%20open%20container%20restriction%20to%20apply.>

their communities, and they are also looking into providing prevention services for chronic medical conditions, including HIV/AIDS and hepatitis.¹¹⁸

Meta-analysis conducted in 2012 found significantly better outcomes for impaired driving court participants compared to offenders subject to traditional probation, with conservative estimates showing these courts reduce drunk driving and general criminal recidivism by 12% and best estimates showing reductions in recidivism by as much as 60%.¹¹⁹ A Michigan study also found participants were 19 times less likely to be re-arrested for another alcohol-impaired driving offense during a two-year follow-up period than offenders processed through a traditional court.¹²⁰ An evaluation of impaired driving courts in Georgia and Arizona also found lower recidivism rates as opposed to traditional systems.¹²¹

Drug and impaired driving courts reduce recidivism and improve public safety. NSC has a full policy position supporting specialized courts [here](#).¹²²

Pre-trial actions for repeat impaired driving offenders to reduce recidivism and protect public safety result in significantly lower rates of recidivism than other offenders from the same courts who did not participate in pre-trial programs.¹²³ Wisconsin also found that two years after the Wisconsin pre-trial program began, crashes involving alcohol-impaired drivers in Milwaukee County declined by more than 20%, and alcohol-related injuries and fatalities were reduced by more than 30%.¹²⁴

High-level pre-trial diversion programs should include the following factors:

- Individual assessment
- Technology such as alcohol interlocks and continuous alcohol monitoring devices
- Counseling programs
- Evidence-based mental health and substance use treatment programs and recovery support
- License restrictions
- Daily reporting to the court

All defendants should have access to diversion programs. Further, any community service hours required by these programs should be flexible enough to ensure defendants can reasonably meet work and at-home responsibilities.

Similar to specialty courts, staggered sentencing is an intensive and rehabilitative post-conviction approach targeted towards repeat offenders by dividing a standard jail sentence or home electronic alcohol monitoring sanction into three segments, with intermittent appearances before a judge for assessment of progress.¹²⁵ Staggered sentencing that allows offenders to simultaneously be held responsible for impaired driving offenses and move into

¹¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3645928/>

¹¹⁹ <https://onlinelibrary.wiley.com/doi/10.4073/csr.2012.4>

¹²⁰ <https://www.responsibility.org/wp-content/uploads/2020/01/DWI-Courts-2020.pdf>

¹²¹ Ibid

¹²² <https://www.nsc.org/getattachment/212286cc-0587-469b-b59f-891f247439ed/hc-specialized-court-programs-154>

¹²³ <https://www.responsibility.org/wp-content/uploads/2015/03/Pre-Trial-Actions-for-Repeat-DUI-Offenders-1.pdf>

¹²⁴ Ibid

¹²⁵ <https://www.responsibility.org/wp-content/uploads/2020/01/Staggered-Sentencing-2020.pdf>

recovery with the appropriate supports should be allowed. If the offender shows compliance with the agreed upon conditions at the end of each segment served, they are permitted to serve the remainder of the sentence in the community as opposed to in a correctional facility.¹²⁶

In a preliminary evaluation of the staggered sentencing practice in 2003, the Minnesota House of Representatives Research Department found 50% less recidivism than would otherwise be expected, 66% less incarceration time and direct jail cost savings of more than \$3,000 per successful offender.¹²⁷ NHTSA also found a 30.6% lower recidivism rate than comparison communities over a four-year post-offense timeframe, with the program indicating prevention of 15 – 23 re-arrests for DUIs, which is substantial due to the small number of offenders (200) included in the analysis.¹²⁸

Treatment for Impaired Driving Offenders

Someone with a prior impaired driving offense has 4.1 times the risk of being involved in a fatal crash than someone without an impaired driving offense, with the chances of being involved in a fatal crash increasing with each additional impaired driving conviction.¹²⁹ In 2014, NHTSA found the median proportion of recidivism among drivers convicted of an impaired driving offense in the U.S. is 29.5%.¹³⁰ However, recidivism rates vary widely across states, with recidivism of those convicted as high as 69% in Pennsylvania and as low as 11% in Mississippi.¹³¹ The recidivism rates are even higher when considering suspensions, with a median of 34% and a high of 73% in Vermont.¹³²

Repeat offenders have higher rates of lifetime prevalence of alcohol use disorder, substance use and dependence, and psychiatric disorders. In fact, 91% of male and 83% of female impaired driving offenders have met the criteria for alcohol use disorder in their lifetime.¹³³ Similarly, 38% of male and 32% of female offenders met the criteria for substance use disorder in their lifetime. Approximately 11 – 12% of impaired drivers are multiple drug users, reporting significant involvement in drugs other than alcohol or cannabis.

In one study of people convicted of repeat alcohol-impaired driving offenses, nearly half had a major mental disorder at some point in their life.¹³⁴ Another study found 50% of female impaired drivers and 33% of male impaired drivers have at least one psychiatric disorder.¹³⁵ As noted above, rural communities have a higher prevalence of impaired driving than urban communities. One study looked at a population of first-time and repeat impaired driving offenders in a rural area and found higher rates of self-reported depression and anxiety in both groups than in other DUI samples.¹³⁶ This population was drawn from an area with high rates of poverty, and people

¹²⁶ Ibid

¹²⁷ <https://www.house.leg.state.mn.us/hrd/pubs/stagsent.pdf>

¹²⁸ <https://www.nhtsa.gov/sites/nhtsa.gov/files/811446.pdf>

¹²⁹ <http://www.drunkdrivingstats.org/repeatdrunkdrivingoffenders.html>

¹³⁰ https://www.nhtsa.gov/staticfiles/nti/pdf/811991-DWI_Recidivism_in_USA-tsf-rn.pdf

¹³¹ Ibid

¹³² Ibid

¹³³ <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/481831>

¹³⁴ <https://content.apa.org/record/2007-13640-012>

¹³⁵ <https://pubmed.ncbi.nlm.nih.gov/11576032/>

¹³⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4516123/>

with lower socioeconomic statuses are most likely to have mental health issues while simultaneously not having their mental health treatment needs met.¹³⁷

One tool to assess people charged with impaired driving for psychiatric disorders is the CARS program. This program has been found to accurately identify many mental health disorders, and should be used to help ensure these diseases are properly addressed in impaired driving offenders.¹³⁸ Affordable access to treatment for mental health and substance use disorders is also critical in preventing impaired driving. This includes support to overcome the barriers caused by stigma, where they live and their socioeconomic status. NSC has a full policy position supporting mental health prevention and treatment [here](#) and substance use disorder treatment [here](#). Employers can also be part of the solution by supporting their workers throughout treatment and recovery of [mental health](#) and [substance use disorders](#).

Substance-impaired driving is a challenging and multi-faceted issue needing a holistic response. By taking actions outlined in this policy position, substance-impaired driving can be greatly reduced and lives can be saved.

This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

Adopted by the National Safety Council, September 2022

¹³⁷ Ibid

¹³⁸ <https://www.tandfonline.com/doi/abs/10.1080/10826084.2021.1954024?journalCode=isum20>