For most of the past decade, there has been a decline in both the number of alcohol-related traffic fatalities and the percentage of total fatalities involving alcohol in the United States (US). The total number of traffic fatalities decreased from 43,945 in 1982 to 40,716 in 1994 (a decline of 8%) while alcohol-related fatalities decreased from 25,170 to 16,580 in the same time period (a decline of 34%) (NHTSA, 1995). The percentage of fatalities involving alcohol dropped from 57% in 1982 to 41% in 1994. In 1995, this trend was interrupted. The number of alcohol-related deaths increased (to 17,274) and the percentage of total fatalities involving alcohol remained the same (41%). (See Figure 1 and Table 1.) Preliminary estimates for 1996 show the numbers and proportions to be largely unchanged.
Table 1: Traffic Fatalities, 1982-1995

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fatalities</th>
<th>Alcohol-Related</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>43,945</td>
<td>57% 25,170</td>
</tr>
<tr>
<td>1983</td>
<td>42,589</td>
<td>56% 23,650</td>
</tr>
<tr>
<td>1984</td>
<td>44,257</td>
<td>54% 23,760</td>
</tr>
<tr>
<td>1985</td>
<td>43,825</td>
<td>52% 22,720</td>
</tr>
<tr>
<td>1986</td>
<td>46,087</td>
<td>52% 24,050</td>
</tr>
<tr>
<td>1987</td>
<td>46,390</td>
<td>51% 23,640</td>
</tr>
<tr>
<td>1988</td>
<td>47,087</td>
<td>50% 23,630</td>
</tr>
<tr>
<td>1989</td>
<td>45,582</td>
<td>49% 22,436</td>
</tr>
<tr>
<td>1990</td>
<td>44,599</td>
<td>50% 22,084</td>
</tr>
<tr>
<td>1991</td>
<td>41,508</td>
<td>48% 19,887</td>
</tr>
<tr>
<td>1992</td>
<td>39,250</td>
<td>45% 17,859</td>
</tr>
<tr>
<td>1993</td>
<td>40,115</td>
<td>44% 17,461</td>
</tr>
<tr>
<td>1994</td>
<td>40,716</td>
<td>41% 16,580</td>
</tr>
<tr>
<td>1995</td>
<td>41,798</td>
<td>41% 17,274</td>
</tr>
</tbody>
</table>

Our previous analyses of recent trends (Stewart et al. 1993 and Stewart et al. 1995) discussed a variety of reasons for the steady downward trend. These included:

- Adoption of various effective legislation, including administrative license revocation and lowered legal blood alcohol content (BAC);
- Raising the drinking age to 21 throughout the US;
- More vigorous and efficient enforcement efforts;
- Dramatic changes in public awareness, attitudes, and activism that both prompted and permitted these other measures.

We can still view the progress of the last 15 years with satisfaction: The US National Highway Traffic Safety Administration (NHTSA) estimates that 112,392 lives have been saved between 1982 and 1995 as the result of these declines, as compared to the number of people who would have died had the proportion of alcohol-related crashes remained the same (Fell 1995). While it is impossible to know how many of these saved lives can be attributed to the policy and social changes that have occurred, it is clear that considerable credit can be
taken by the activist and traffic safety communities.

**Changes between 1994 and 1995**

After the significant declines, it is dismaying to see progress leveling off and even eroding. It should be noted, however, that such a period of leveling off has occurred before (>83-87) only to be followed by substantial new declines. It may be useful to examine what has occurred in recent years in those areas that we identified previously as contributing to the decline.

**Legislative Action.**

While progress continues in passing effective legislation, such as administrative license revocation and lowered legal BACs, the pace of this progress appears to have slowed. This is in part because the very success of the legislative effort in the past has left less room for further progress. Administrative license revocation is now in place in 39 states, leaving only 11 open for action. In other legislative areas there is stronger opposition from the alcohol industry. Only 14 states have adopted .08 as the legal BAC level. The effect of this legislation on national statistics can only become more powerful when more states have adopted it. It is unlikely that this will occur without strong action by activist groups.

**Minimum drinking age.**

The decline in alcohol-related crashes among young drivers has been dramatic and steady (Figure 2). Fatalities among drivers 15 to 20 years old dropped 8.6% between 1994 and 1995. Public and official concern about underage drinking, and especially underage drinking and driving, has continued. In late 1994 and early 1995, 17 states adopted laws making it illegal for drivers under 21 to drive with any amount of alcohol in their systems. These laws have been shown to be highly effective in reducing impaired driving by youth (Blomberg 1992 and Hingson 1994).

**Enforcement**

Impaired driving arrests have decreased from 1.8 million in 1990 to 1.4 million in 1994 and 1.44 million in 1995 (U.S. Department of Justice 1995). This is disappointing since with
tougher DUI laws and lower BAC limits more arrests should be expected. Arrests, of course, largely reflect the level of enforcement. Although there is little data on this topic, police officials across the country have observed that enforcement of impaired driving has decreased, due both to overall decreases in resources and to increased attention to other crimes, especially violent crimes. Since much of the most significant and basic DUI legislation is now in place, the major focus for future progress in the reduction of drinking and driving will need to come from improved enforcement of existing laws.

Changes in public awareness, attention and concern.

Media attention to impaired driving appears to have waned. Other social issues compete for public concern. Even within the traffic safety area, speed, aggressive driving and injuries from air bags have received increasing media attention, to the detriment of impaired driving. A recent survey carried out by the American Automobile Association found that aggressive driving is viewed as a greater threat than impaired driving.

Making Progress in the Future

Factors that Can Contribute to Further Reductions in Fatalities

The reductions in alcohol-related traffic fatalities that have been achieved in the last decade have prevented great suffering and have demonstrated the power of social and policy change to address social problems. If we are to avoid backsliding and make further progress, we must be guided by available information on the nature of the problem, build on past successes, and add new effective countermeasures. Our knowledge of recent traffic safety, demographic, and behavioral trends can provide important guidance.

A recent National roadside survey has just been completed. The survey collected interviews and breath tests on over 6,000 weekend, nighttime drivers. When compared with earlier surveys in 1973 and 1986, the results of 1996 provide a profile of the drinking driving public that increases our understanding of the changes taking place on American roads (Voas, et al., this volume). One key finding is that the number of female drivers on Friday and Saturday nights has increased, and more of these women are drinking. There are now as many female drinking drivers in the age group below 21 as there are male drinking drivers. It is clear that females are becoming a high risk group and with the expected second wave of the Ababy
moving into adulthood they can be expected to become a significantly larger part of the impaired driving population. Safety campaigns in the past have frequently depended upon the woman to take over the driving when the male had too much to drink or to help persuade the male driver to call a cab. In the future more attention may need to be paid to persuading the female to take care of herself.

The 1996 survey made clear that the number of Hispanic motorists on weekend evenings is increasing in the U.S. and these drivers are more likely to be than white operators to be drinking. Most National information safety campaigns have been in English and more importantly based on white majority attitudes and norms. With the growing diversity in the American culture the development of programs based on the needs of minority groups will be even more important.

Finally, the 1996 national survey highlighted the failure, over the last decade, to make inroads in the drinking and driving of the highest crash risk group -- drivers between the ages of 21 and 34. In 1973, drivers in this group were about 9% more likely to be on the road with a BAC of .05 or greater. By 1986 this had increased to 36% more likely. Ten years later, the 21 to 34 age group is 82% more likely to be at a BAC of .05 or greater, demonstrating clearly that despite the attention focused on this group by the National Commission Against Drunk Driving and the National Highway Traffic Administration, we have been losing ground in our efforts to reduce their drinking and driving.

The most encouraging note in the 1996 survey was the indication that, in line with the decreasing alcohol related crash rate, drinking and driving among drivers under 21 continues to decrease. In 1996 only 0.3% of young weekend night time drivers had a BAC of .10 or greater compared to 3.8% of drivers in the 21 to 34 age group. The future may be less positive. The number of high school seniors who report recent binge drinking has increased for the last three years. Moreover, the population aged 15 to 20 is projected to increase sharply in the next few years, after a decade of decline. This means that effective controls on drinking and driving among this population will become even important. Many potent strategies have been developed and evaluated to reduce underage drinking and underage drinking and driving. These should be implemented broadly and energetically.
Records of past successes should lead us to redouble our efforts to implement vigorously the most effective strategies. For example, well-publicized enforcement efforts have been a key component in bringing down crash rates. The lifesaving potential of impaired driving enforcement must be made clear so that enforcement in this area can once again become a higher priority. The results of studies of sobriety checkpoint blitzes in particular indicate the effectiveness of this approach (Lacey et al. 1996).

Additional efforts must be made in other areas that have received less attention. Principal among these are changes in the social environment regarding alcohol, including controls on alcohol pricing and availability and the use of responsible service practices.

Efforts to broaden proven strategies and implement new strategies require public awareness and support. We must recapture public concern and channel it into effective action. The U.S. Secretary of Transportation's initiative, Partners in Progress, has set a national goal to decrease alcohol-related traffic fatalities to no more than 11,000 by 2005. The initiative has provided us with a new national agenda for the impaired driving field, drawing upon the experience of the past and projections of the future (NHTSA 1995). This is an excellent step towards unifying our efforts and maximizing the potential for progress in impaired driving.

REFERENCES


Stewart, K. and Voas, R. Decline in drinking and driving crashes, fatalities, and injuries in the United States, in Sweedler (ed.), The Nature of and the Reasons for the Worldwide Decline in Drinking and Driving. Transportation Research Circular Number 422, ISSN 0097-8515, April 1994.

