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Subcommittee on Transportation Safety, Infrastructure Security,
and Water Quality
United States Senate**

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Effectiveness of Federal Drunk Driving Programs

**Statement of
The Honorable Calvin L. Scovel III
Inspector General
U.S. Department of Transportation**

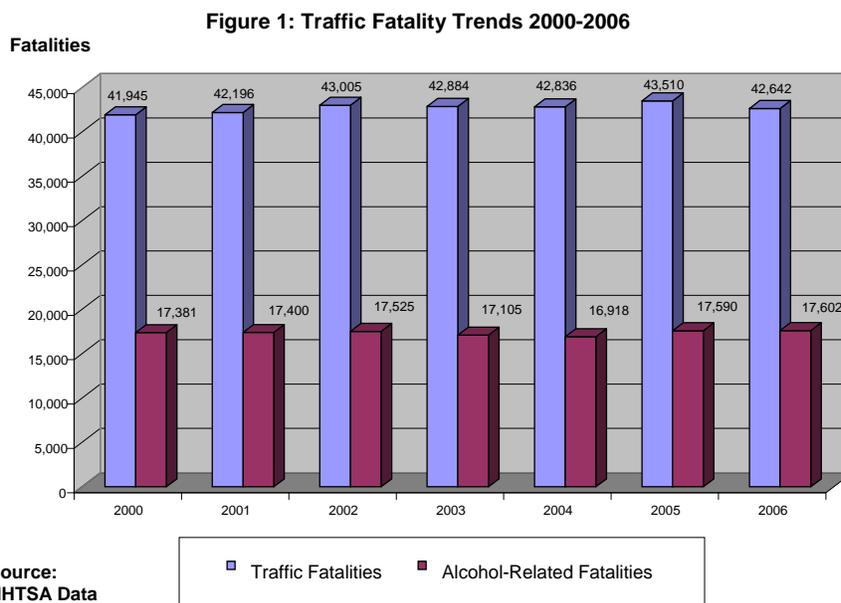


Chairman Lautenberg, Ranking Member Vitter, and Members of the Subcommittee:

Thank you for the opportunity to testify today on the effectiveness of Federal drunk driving programs. We are pleased to discuss our past and ongoing work in this important area. We recognize the Chairman’s long-standing role in passing significant legislation designed to reduce alcohol-impaired crashes and lessen the emotional toll and significant costs these tragic deaths cause to the victim’s families and the nation as a whole. Our work has focused on ensuring the effective implementation of these laws—work that we believe complements the efforts of the Committee and of the other witnesses here today.

The Department’s efforts to curb drunk driving are a key component in its overall work to reduce highway deaths. In 2006, over 42,500 highway traffic deaths occurred in the United States—the 17,602 alcohol-related highway traffic deaths accounted for about 41 percent of those reported fatalities. The number of alcohol-related fatalities essentially remained unchanged from the 17,590 alcohol-related fatalities in 2005. (A detailed breakout on alcohol-related fatalities by state through 2006 is in the Appendix to this statement.)

In addition to reducing the overall number of highway fatalities, a reduction in alcohol-related crashes would yield significant monetary savings, as the National Highway Traffic Safety Administration (NHTSA) estimates that these crashes cost the nation over \$100 billion annually. Figure 1 shows traffic fatality trends for all traffic deaths and for alcohol-related fatalities from 2000 through 2006.



Recognizing the seriousness of this problem, the Administration and Congress have provided significant resources to counter alcohol-impaired driving.

- We estimate that appropriations authorized by the 1998 Transportation Equity Act for the 21st Century (TEA-21) will result in states' expending \$1.1 billion in Federal resources provided through grants and fund transfers for alcohol-impaired driving programs.
- Further significant resources were authorized in August 2005 by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). Most notably, SAFETEA-LU increased funding for the grant program dedicated solely to reducing alcohol-impaired driving to \$555 million and also increased funding for grants that are not dedicated solely to reducing alcohol-impaired driving but which can be used, in part, for these efforts.

Ensuring the effective use of this funding requires good laws, well-run state traffic safety programs, and effective leadership from NHTSA. We realize that impaired driving is a complex problem, with no simple solution. Accordingly, our recent¹ and ongoing work focused on providing NHTSA and the states with better tools (such as improved performance measures) with which to oversee and implement safety programs aimed at impaired driving. We believe that prompt implementation of our recommendations by NHTSA and its state partners will help ensure that key strategies for countering alcohol-impaired driving are more effectively carried out.

My statement today concentrates on three areas:

First, key strategies identified for countering alcohol-impaired driving. Our work found significant agreement across state and Federal jurisdictions on what strategies are most promising. State and Federal officials identified sustained enforcement of existing laws and effective prosecution and full application of available sanctions as key strategies of a successful program for countering alcohol-impaired driving. States identified a number of best practices for carrying out these strategies, including using fines to support enforcement efforts and streamlining the grant process for local communities. On the other hand, states identified individual challenges with fully implementing these strategies, such as lengthy arrest procedures and state-specific restrictions on sobriety checkpoints. NHTSA has published and provided to the states guidelines on carrying out key

¹ OIG Report Number MH-2007-036, "Audit of the National Highway Traffic Safety Administration's Alcohol-Impaired Driving Traffic Safety Program," March 5, 2007. OIG reports and testimonies can be found on our website: www.oig.dot.gov.

strategies for countering impaired driving; but better tools are needed to more effectively implement these strategies.

Second, effectively implementing key strategies with better performance measures. NHTSA could better measure the effectiveness of key strategies if states included in their annual plans and reports more meaningful performance measures. For example, state officials and NHTSA agreed on the use of sustained enforcement—a strategy involving regular enforcement events, such as sobriety checkpoints or saturation patrols in high-risk areas. However, state plans and reports did not always detail the measures and data needed to assess the implementation of this strategy. As a result, the degree of progress, or lack of progress, this key strategy was having on the state’s drunk-driving problem could not be determined.

Third, specific actions NHTSA needs to take, in concert with the states, to improve performance measures. Federal regulations place responsibility on each state to develop performance measures that are tailored to its specific safety challenges. Thus, NHTSA cannot mandate those performance measures. However, NHTSA can exercise its leadership with states and other key stakeholders, such as the Governors Highway Safety Association, to improve performance measures for alcohol-impaired driving and other traffic safety areas.

As a result of our audit work regarding alcohol-impaired driving, NHTSA has agreed to take a number of specific actions. These include working with the states to develop improved performance measures that communicate the degree to which key strategies are being implemented. NHTSA also agreed to encourage states to use this guidance; and it has committed to overseeing the degree to which these measures are adopted and used. Our ongoing work also shows the potential for improving performance measures for all traffic safety programs that NHTSA is responsible for, such as improving motorcycle safety.

We believe that the states and NHTSA’s actions, if carried out, would provide states with better tools to judge their performance and would allow NHTSA to make valid comparisons across states. These actions would also enhance public accountability for programs to counter alcohol-impaired driving and other traffic safety problems by providing stakeholders with the information on the degree to which states are carrying out key strategies as they expend resources provided by Congress.

The balance of my statement provides further details on these three areas.

Key Strategies Identified for Countering Alcohol-Impaired Driving

Our March 2007 audit reported on 10 state² programs implemented to counter alcohol-impaired driving under the Transportation Equity Act for the 21st Century (fiscal years 1998 through 2005). Our work did not assess the impact that laws or sanctions had on the states. Rather, we concentrated on what the states had done to implement their programs.

State officials attributed the success of their alcohol-impaired driving programs to a number of factors, but two key strategies emerged as prevalent: (1) sustained enforcement of laws and (2) effective prosecution with full application of available sanctions. Other prevalent strategies we identified addressed educational and medical aspects.

A sustained enforcement strategy focuses on high police visibility through sobriety checkpoints or saturation patrols³ and media efforts to raise public awareness. We were not able to make valid comparisons across states on the implementation of this strategy because the performance data were not available. However, we did note an array of best practices for achieving a sustained enforcement strategy in all states. For example, enforcement programs were provided steady funding, local community needs were addressed, and arrest procedures were streamlined. To illustrate this, presented in table 1 are examples of best practices reported in five states with low alcohol-fatality rates visited during our review.

² California, Connecticut, Ohio, Illinois, Missouri, New Jersey, New Mexico, New York, Texas, and South Carolina were selected for review based on 2003 data.

³ Saturation patrols are coordinated law enforcement efforts in locations known to have high concentrations of alcohol-related arrests, crashes, injuries, or fatalities.

Table 1. Best Practices Reported for Generating Sustained Enforcement in Five States With Low Fatality Rates

<ul style="list-style-type: none"> ✓ NY* encouraged participation by directing \$20 million yearly in alcohol-impaired driving fines and penalties back to local communities for use on impaired driving enforcement and related equipment. NJ* also directed a portion of fines and penalties to local communities. ✓ NY and OH* established traffic-safety organizations to support local efforts throughout the state and improve communication: <ul style="list-style-type: none"> - NY's STOP DWI program. - OH's "Safe Communities" program. ✓ NY and NJ state police performed numerous alcohol-impaired driving enforcement activities in areas lacking local police resources. ✓ CT* state police used "flexible" enforcement to target risk areas in conjunction with local enforcement or on their own. ✓ CA,* CT, NJ, NY, and OH used various data other than fatalities to target enforcement, such as increased impaired driving citations or traffic crashes, blood alcohol content (BAC) levels, or citizen complaints. ✓ CA, NJ, NY, and OH provided grant information and guidance on-line to assist local communities in applying for grants. ✓ CA developed streamlined grant applications for routine high visibility enforcement grants. ✓ CA and NY required reports on county performance establishing greater accountability. ✓ CA used task forces to pool resources for impaired-driving issues. ✓ NY, CT, and CA directed the largest portion of their TEA-21 grant funding toward impaired driving. ✓ CT and NY used standing statewide committees to address traffic safety issues. ✓ NY and OH used traffic safety-related committees or boards at local levels. ✓ NY, CA, and NJ used a regional approach or regional safety zones to monitor local activities. ✓ CT deployed a mobile BAC and impaired driving processing vehicle. <p>*NY=New York, OH=Ohio, NJ=New Jersey, CT=Connecticut, CA=California.</p>
<p>Source: OIG analysis of information from the five low-fatality rate states reviewed.</p>

Our work also highlighted the fact that more needs to be done to improve the use of a sustained enforcement strategy. As demonstrated in table 2, states we reviewed reported challenges in carrying out the strategy. Specifically, some states reported their inability to fund all requests for police patrols, which either produced gaps in enforcement or decreased the states' ability to target areas with a higher incidence of alcohol-impaired driving. Some states also noted lengthy arrest procedures that increased the cost of making arrests, decreased the number of offenders arrested during peak alcohol-impaired driving periods, and acted as a disincentive for police to make arrests.

Table 2. Challenges Reported in Generating Sustained Enforcement

<ul style="list-style-type: none">✓ Evidentiary requirements of alcohol-impaired driving arrests tied up police officers during high-risk impaired driving periods.✓ State budget cuts or resource availability limited traffic safety funding choices.✓ Eligible local communities did not apply for grants.✓ State police were not available to support alcohol-impaired driving programs due to competing priorities. A high concentration of rural roads or out-of-state drivers made it harder to enforce impaired driving laws.✓ State highway safety programs were able to fund only a limited number of grant requests.✓ It was difficult to fund high-visibility enforcement when needed to coincide with high-risk driving periods.✓ Police were unable to perform sobriety checkpoints due to legal restrictions.✓ State police had jurisdiction limitations, such as the inability to operate within local communities.✓ State and local police forces were understaffed.✓ Organizational conflicts or the political climate limited program implementation.✓ Insufficient resources were available to routinely use task forces.✓ Safety officials were prohibited by state law from lobbying for legislative changes.✓ Officials had difficulties getting the type of data needed to better plan and run programs.✓ There were too many or unclear national priorities or recommended approaches to choose from.
Source: OIG analysis of information from all states reviewed.

In the other key strategy, ensuring that offenders were convicted and sanctions were applied,⁴ all states we reviewed reported challenges. Some officials perceived that ineffective prosecution and the states' failure to apply sanctions against those convicted of alcohol-impaired driving were weakening deterrent effects. For example:

- A safety official expressed concern that judges imposed court supervision against guilty parties instead of fines or penalties.
- Officials reported difficulty in preventing individuals from driving with a revoked or suspended license and in identifying repeat offenders.

To address these challenges, some states trained prosecutors and educated judges regarding applicable laws; tried cases in courts specializing in alcohol-impaired driving; and established a prosecutor liaison responsible for addressing questions on the enforcement strategy from prosecutors throughout the state.

⁴ According to NHTSA, one aspect of effective prosecution depends on the involvement of well-trained police officers and effective prosecutors. Another aspect is the application of sanctions as determined by an adjudicating official.

The states we reviewed also applied educational and medical strategies.⁵ However, in contrast to the key strategies of sustained enforcement of laws and effective prosecution with full application of sanctions, the states reported on these strategies less frequently. In the area of educational initiatives, each state provided some form of educational program on alcohol abuse at elementary schools, secondary schools, and colleges.

The medium through which schools implemented the strategy varied not only by state, but also by schools in a particular state. For example, states provided education material in public forums and in schools; used police officers to make presentations to elementary and secondary school students; held mock alcohol-impaired driving trials at schools or had students witness actual court proceedings; had convicted offenders, victims of alcohol crashes, or surviving family members of crash victims address students; and conducted information sessions on college campuses.

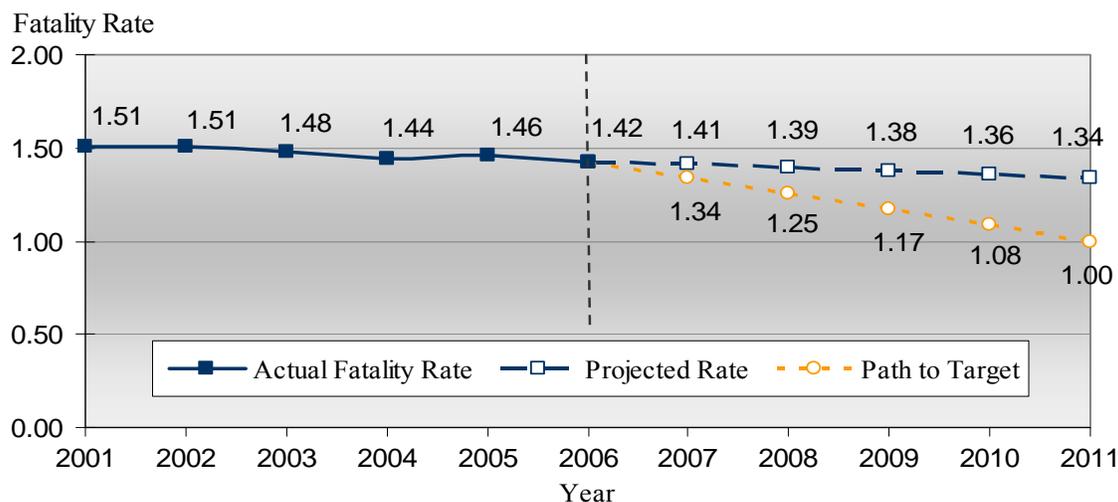
Finally, our audit noted that officials in all states reviewed reported that the resources provided under TEA-21 had benefited their efforts. States used this money on activities such as providing overtime pay for police to carry out enforcement efforts.

Effectively Implementing Key Strategies With Better Performance Measures

In 2006, the overall rate of highway fatalities per 100 million vehicle miles traveled declined slightly to 1.42, while the fatality rate for alcohol-related crashes with the highest blood alcohol concentration (.08 or above) remained flat. The Department's goal is to reach an overall highway fatality rate of 1.0 by 2011. As shown in figure 2, the Department needs to move quickly and effectively if it is to reach its goal by 2011. No appreciable improvement in reaching the Department's goal of reducing overall fatalities can occur unless alcohol-related fatalities also drop.

⁵ According to NHTSA, medical strategies include medical screening, which consists of a primary or emergency room physician conducting short interviews with patients to screen for alcohol problems and to discuss the adverse effects of alcohol abuse and possible treatments. One state reported that it was actively exploring the implementation of medical screening in emergency rooms. Additional medical strategies advocated by NHTSA included offender treatment and rehabilitation.

Figure 2: Overall Highway Fatality Rates Will Need To Improve Faster than Projected To Meet the Target Rate by 2011



Source: Actual fatality rates are from NHTSA's 2005 Transportation Safety Facts and 2006 Annual Assessment Report. Projected rates for 2007 through 2011 were calculated using NHTSA's forecasting methodology. The Path to Target line drops from 1.42 in 2006 to 1.00 in 2011 and assumes an equal annual decrease.

Better performance measures addressing the key strategies identified would help target resources to the areas most likely to lead to future reductions in alcohol-related traffic fatalities. States are required⁶ to include performance measures in their annual reports and evaluations on traffic safety initiatives funded through Federal resources. Accordingly, it is the states' responsibility to develop the specific measures. Our work has found that the states' plans and reports do not include measures showing the degree to which they carry out key strategies for countering alcohol-impaired driving. NHTSA should prompt the states to include in their annual plans and reports more meaningful performance measures.

For example, the Highway Safety Plans and Annual Evaluation Reports for the 10 states we reviewed did not include a measure addressing the degree to which the states had carried out sustained enforcement. NHTSA defined this strategy as a sobriety checkpoint or a saturation patrol, conducted weekly in areas of the state where 60 percent or more of fatalities occur. It will be particularly important for NHTSA to verify states' performance regarding sustained enforcement because SAFETEA-LU requires states to provide assurances that they will support sustained enforcement of impaired driving laws as a condition for receiving certain highway traffic safety grants.

Regarding effective prosecution, neither NHTSA nor 9 of the 10 states we reviewed had established a specific gauge to measure the states' success. The one state, South Carolina, did include a performance-related measurement in the form

⁶ Title 23, Code of Federal Regulations, Part 1200.

of a conviction rate under grants designed to increase the number of successful convictions.

Table 3 illustrates the potential benefits of improved performance measures addressing the key strategies identified by state and Federal officials and includes elements of the sustained enforcement definition NHTSA has set forth.

Table 3. Benefits From Potential Improved Performance Measures

Strategy	Potential Improved Performance Measure	Potential Benefits for NHTSA if States Used Such Measures
Sustained Enforcement	Accomplish sustained enforcement at a set percentage* of at-risk areas in the state.	<p>NHTSA could better determine the degree to which states were carrying out SAFETEA-LU-required assurances to pursue this strategy.</p> <p>NHTSA could better determine whether emphasis on sustained enforcement had an impact on alcohol-related fatalities and injuries in at-risk areas.</p>
Prosecution and Sanctions	Achieve a set percentage* of successful convictions for alcohol-impaired driving offenses.	<p>NHTSA could better determine whether specialized training programs for prosecutors had an impact on conviction rates.</p> <p>NHTSA could better determine the impact of structural changes, such as the establishment of courts specializing in alcohol-impaired driving cases.</p>
<p>Source: OIG *Percentage to be determined by NHTSA and the states.</p>		

Our ongoing work on NHTSA’s oversight of state highway safety programs has also identified areas for improvement in performance measures, such as a mismatch between performance measures used in the state plans and those in the annual reports. For example, one state’s performance plan measured the number of alcohol-related fatal crashes but its annual performance report measured the alcohol-impaired driving rate. This makes it difficult to determine whether the state had made progress in reaching its goal.

The need for improving performance measures in other traffic safety programs was also found. For example, one state’s performance plan did not include a measure for reducing the number of motorcycle fatalities. The state’s annual report identified a general measure for reducing motorcycle fatalities but the

measure did not identify a specific target. This is an important area given that the number of motorcycle deaths increased nationwide by 5.1 percent in 2006.

While we recognize the autonomy granted to states to formulate performance measures and plans tailored to their specific needs, NHTSA's leadership in promoting the establishment and consistent use of improved performance measures would allow the states and NHTSA to better determine the effectiveness of key strategies. This in turn would give both the impetus to adjust programs and the application of resources as necessary.

Specific Actions for NHTSA To Take, In Concert With the States, To Improve Performance Measures

In responding to our March 2007 audit, NHTSA agreed to take a number of steps that would provide better tools for assessing the degree to which states are carrying out key strategies to combat alcohol-impaired driving. We would encourage the timely completion of these actions in advance of NHTSA's proposed 3-year time period.

NHTSA noted that carrying out our recommendations would allow it and the states to better determine the effectiveness of key strategies and adjust the states' Highway Safety Plans as necessary. NHTSA officials also noted challenges posed, such as states experiencing difficulties with consistently collecting the needed data. Despite these challenges, NHTSA agreed to take the lead in working with states and other key stake holders, such as the Governors Highway Safety Association, to improve performance measures for alcohol-impaired driving. Specifically, it agreed to:

- Work in coordination with the states to develop performance measures to use in carrying out the key strategies identified for countering alcohol-impaired driving. NHTSA committed to initiating this work in 2007 and completing it by 2009.
- Provide the recommended measures to the states by March 2010.
- Modify the checklists its regional staff used when reviewing state safety plans and reports, to include checks on the use of and reporting on the performance measures. All this would be accomplished after NHTSA develops the recommended measures.

NHTSA must act with a greater sense of urgency. While we support the actions planned by NHTSA, given the importance of the issue, NHTSA should work with its state partners more aggressively to accomplish these actions in advance of the 3-year time period scheduled. Prompt action will provide more timely information

on the degree to which states are using limited Federal resources to carry out the key strategies identified. Moreover, these steps would benefit state programs by providing data the states can use to promote best practices, and identify and correct the challenges states face in implementing laws designed to reduce alcohol-impaired driving.

Mr. Chairman, that concludes my statement. I would be pleased to address any questions that you or other Members of the Subcommittee might have.

State Alcohol-Related Driving Fatalities (Calendar Years 2002 through 2006)					
State	2002	2003	2004	2005	2006
Alabama	410	414	432	445	475
Alaska	37	37	31	37	23
Arizona	489	471	446	508	585
Arkansas	241	252	264	218	254
California	1,628	1,629	1,667	1,769	1,779
Colorado	314	252	265	252	226
Connecticut	144	137	131	130	129
Delaware	50	61	51	64	57
D.C.	24	35	19	28	18
Florida	1,279	1,287	1,224	1,553	1,376
Georgia	533	483	536	562	604
Hawaii	47	71	64	72	84
Idaho	91	106	93	89	106
Illinois	653	637	613	595	594
Indiana	262	261	304	325	319
Iowa	137	145	111	117	148
Kansas	227	199	139	142	170
Kentucky	302	277	307	311	272
Louisiana	427	410	424	439	475
Maine	50	75	70	60	74
Maryland	276	287	286	239	268
Massachusetts	224	215	207	186	174
Michigan	494	485	431	438	440
Minnesota	256	266	191	208	183
Mississippi	335	321	352	390	375
Missouri	518	493	460	535	500
Montana	126	127	105	125	126
Nebraska	117	121	92	93	89
Nevada	165	180	154	169	186
New Hampshire	50	51	59	61	52
New Jersey	281	279	270	284	341
New Mexico	219	206	213	193	186
New York	482	540	594	580	558
North Carolina	592	528	549	562	554
North Dakota	49	53	39	59	50
Ohio	558	466	492	519	488
Oklahoma	251	260	282	286	263
Oregon	180	207	204	177	196

**State Alcohol-Related Driving Fatalities
(Calendar Years 2002 through 2006)**

State	2002	2003	2004	2005	2006
Pennsylvania	649	621	616	639	600
Rhode Island	46	59	43	48	42
South Carolina	549	490	463	555	523
South Dakota	92	97	83	81	80
Tennessee	485	443	542	473	509
Texas	1,810	1,771	1,704	1,672	1,677
Utah	71	47	75	40	69
Vermont	27	29	32	30	29
Virginia	379	367	363	362	379
Washington	299	261	247	302	294
West Virginia	179	148	142	129	161
Wisconsin	360	388	358	380	364
Wyoming	67	63	59	66	80
Total	17,531	17,108	16,898	17,590	17,602

Source: NHTSA

*Fatalities presented are based on crashes that resulted in fatalities where at least one driver, motorcycle operator, pedestrian, or pedal cyclist involved had a BAC of .01 grams per deciliter or above.