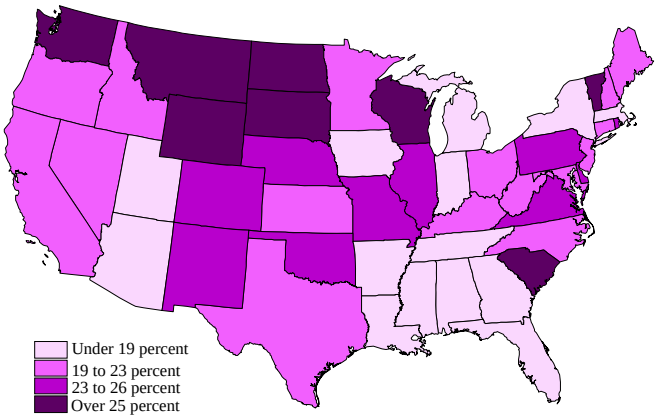
DUI: Northern Rocky Mountain Region

Driver drinking is a prominent traffic safety concern in the Northern Rocky Mountain Region (NRMR) states of Montana, North Dakota, South Dakota, and Wyoming. The NRMR is unique because of the rural nature of its driving environments, characterized by weather extremes, wide-open spaces and areas with sparse population. The federal government has had some success in enticing states to invest resources in occupant safety issues such as driver drinking, but occupant behavior continues to be somewhat of an enigma in the traffic safety mission. While the NRMR shares many traffic safety issues with urban areas, the policies, educational initiatives and enforcement activities for this region may benefit from considering local criteria for adapting or developing their own policies and initiatives. The region's states share several commonalities in traffic safety priorities, which offer great opportunities for peer-learning and leveraging of resources to more effectively address critical personal-safety and public-mobility issues such as driver drinking.



Share of Drivers Drinking in Fatal Crashes, 2005

Driver Drinking

The National Highway Traffic Safety Administration's Fatality Reporting System (FARS) data shows that more than 180 thousand deaths occurred in the United States due to fatal vehicle crashes from 2001 to 2005. Impaired driving is a significant attribute of fatal crashes in the United States. Nationally, approximately one-fifth of all drivers involved in fatal accidents are characterized as drinking, according to 2005 data. The NRMR is much higher in comparison.

The NRMR states have the highest shares for drivers who have been drinking in fatal traffic accidents when comparing all U.S. states. While the national average is 21 percent, North Dakota was at 42 percent, Wyoming at 40 percent, Montana at 38 percent, and South Dakota (with the lowest share among the NRMR states) at 31 percent..

While economically viable vehicle safety enhancements and low-cost road gains do offer some potential for improvement in traffic safety, driver-behavior-based solutions are an attractive choice for traffic safety strategy. Given that a decision to not drink before driving costs $0 and the cost for an interlock device is about $1,000 per year for those drivers who need "help" deciding, these are favorable alternatives in addressing a cost that is estimated to be $1 million per traffic fatality.

NRMR Safety Priorities Among States: Top Four Average Ranks in 2006

Source: State Departments of Transportation Strategic Highway Safety Plans

Emphasis Area	Average Rank	MT CHSP	ND SHSP	SD HSP	WY SHSP
Impaired Driving	**1.7**	**2**	**1**	**1**	**3**
Occupant Protection	2.0	1	2	3	2
Off-the-Road Crashes	2.7	4			1
Speeding, Enforcement	2.7		4	2	4

Risky Business

Drinking and driving is associated with other risks such as fatal rollovers, not using seatbelts, and driving too fast.

Rollovers are more common among drivers who have been drinking. Approximately 67 percent of drivers involved in fatal crash vehicle rollovers in the NRMR were reported to have been drinking. This is a 71 percentage increase from the U.S. as a whole, which reports 39 percent of fatal rollovers involved alcohol. The increased likelihood for drinking drivers to be involved in rollovers may result from their decreased abilities such as reaction times and decision-making.

Risky Driver Behavior Incidence in NRMR Fatal Crashes, 2001 to 2005

Drinking drivers exhibit higher risk behaviors related to personal safety and vehicle options. The NRMR states are among the 12 states with the lowest seatbelt usage considering drivers in fatal crashes. As expected, a drinking driver is less likely to buckle-up.

Drinking drivers also have a greater propensity to speed than non-drinking drivers. The relationship between driver drinking and going too fast for conditions in fatal crashes is significant in all four of the NRMR states.

DUI Fatality Initiatives

The four states in the NRMR consider drinking and driving to be one of the top priorities for safety emphasis. However, some differences between the states exist and are reflected in existing policies, past experiences, culture, and group composition.

Wyoming reports 35 percent of fatal crashes in 2004 were alcohol related. Strategies to reduce driving under the influence (DUI) crashes include media campaigns, targeting the 21-34 age group, and legislation education

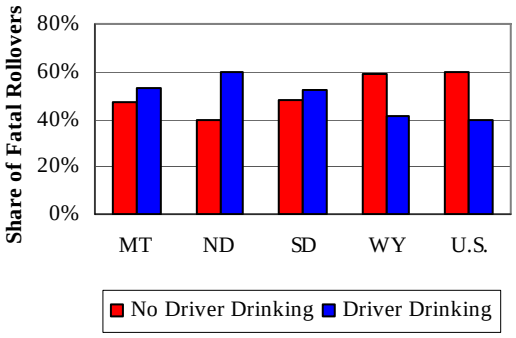
South Dakota reports 40 percent of its fatalities were alcohol related in 2004. Mitigation strategies include a media campaign similar to Wyoming's along with strengthening retail compliance checks, retail server training, and enforcement visibility. They also plan to engage local communities by developing safe community coalitions, supporting youth-targeted programs, and encouraging programs that offer alternative transportation choices.

North Dakota traffic fatalities were alcohol related 38 percent of the time in 2004. North Dakota strategies include a mix of enforcement and education such as retailer compliance checks, visible enforcement, and community action programs such as MADD and SADD.

Montana's traffic fatalities were reported to be alcohol related approximately 46 percent of the time. Montana's approach to reducing DUI fatalities is based more heavily on enforcement. The state is pursuing stronger penalties for blood alcohol content test refusal, developing a DUI tracking system, and adding notice into driver's license record for any drug or alcohol offense.

Now What?

Impaired driving is a critical issue in the realm of NRMR traffic safety. When asking, "What can be done to reduce traffic fatalities and injuries in these states?", drinking and driving stands out. Drinking and driving is a top priority for education and enforcement initiatives in all NRMR states. More research is needed for driver behavior and decision-making in order to allocate scarce resources available in these states. Driver-based initiatives addressing this issue are necessary in our rural region to improve the startling trends.



Full Research Report available at: http://www.ugpti.org/pubs/pdf/DP188.pdf

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