

Countermeasures That Work:

A Highway Safety Countermeasure Guide
For State Highway Safety Offices
Fourth Edition, 2009



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Preface to the Fourth Edition (2009)

The original *Countermeasures That Work* guide was prepared in 2005 by James H. Hedlund, Ph.D., of Highway Safety North, with the assistance of Barbara Harsha, executive director of the Governors Highway Safety Association. The guide was updated in 2007 by Hedlund and William A. Leaf, Preusser Research Group. The Third and Fourth Editions of *Countermeasures That Work* were updated by the University of North Carolina Highway Safety Research Center (HSRC). Researchers with HSRC who contributed to the current edition include Arthur H. Goodwin, William L. Hall, J. Craig Raborn, Libby J. Thomas, and Mary Ellen Tucker.

The first seven chapters – from Alcohol-Impaired Driving to Older Drivers – were included in the original guide. Chapters 8 and 9, on pedestrian and bicycle safety, were added in the Second Edition. In this Fourth Edition, the chapter on seat belts has been expanded to include child passenger safety. All chapters have been revised and updated for this edition. Information and research studies through May 31, 2008, have been reviewed and included as appropriate. Data has been updated to include information from the National Highway Traffic Safety Administration's (NHTSA's) Traffic Safety Facts 2006 annual report.

User Suggestions and Future Editions

NHTSA will update this guide annually and may expand it with additional problem areas and countermeasures as appropriate. In particular, NHTSA is considering adding a chapter on child passenger safety and drugs other than alcohol to the next edition. Users are invited to provide their suggestions and recommendations for the guide:

- How can it be improved, in form and content?
- Specific comments on information in the guide.
- Additional problem areas to include.
- Additional countermeasures to include for the current problem areas.
- Additional key references to include.

Please send your suggestions and recommendations to:

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Introduction

Purpose of the Guide

This guide is a basic reference to assist State Highway Safety Offices (SHSOs) in selecting effective, science-based traffic safety countermeasures for major highway safety problem areas.

The guide:

- describes major strategies and countermeasures that are relevant to SHSOs;
- summarizes their use, effectiveness, costs, and implementation time; and
- provides references to the most important research summaries and individual studies.

The guide is not intended to be a comprehensive list of countermeasures available for State use or a list of expectations for SHSO implementation. For a description of an optimal State countermeasure program, SHSOs should refer to the *Highway Safety Program Guidelines*, which delineate the principal components of each of the major program areas.

States should identify problem areas through systematic data collection and analysis and are encouraged to continue to apply innovation in developing appropriate countermeasures. The evaluations summarized in this guide allow SHSOs to benefit from the experience and knowledge gained by others and to select countermeasure strategies that either have proven to be effective or that have shown promise. States choosing to use innovative programs can contribute to the collective knowledge pool by carefully evaluating the effectiveness of their efforts and publishing the findings for the benefit of others.

How to Use the Guide

What's included: The guide contains a chapter for each problem area. Each chapter begins with a brief overview of the problem area's size and characteristics, the main countermeasure strategies, a glossary of key terms, and a few general references. Next, a table lists specific countermeasures and summarizes their use, effectiveness, costs, and implementation time. Each countermeasure is then discussed in approximately one page.

The guide provides an overview and starting point for readers to become familiar with the behavioral strategies and countermeasures in each program area. It has attempted to include countermeasures that have the most evidence of effectiveness as well as those that are used most regularly by SHSOs. Only those countermeasures that could be supported by traditional highway safety grant programs have been considered. In addition, updates to the guide are based only on published research. Unpublished programs and efforts are not included in this edition.

Some countermeasure areas are covered in more depth than others due to the availability of published research. For example, impaired driving has a long and rich research history while other topics, such as driver distraction and fatigue, have received less attention. This difference in the availability of published research findings is due to a number of factors, including the relative scale of the problem areas, the availability of reliable data on the frequency and

characteristics of some safety problems, and the challenge of conducting scientifically valid studies in certain behavioral areas.

References are provided for each countermeasure. When possible, summaries of available research are cited, with Web links where available, so users can find most of the evaluation information in one place. If no summaries are available, one or two key studies are cited. There has been no attempt to list all research, current studies, or program information available on any countermeasure. Readers interested in any problem area or in specific countermeasures are urged to consult the references.

What's not included: Since the guide is intended as a tool for SHSO use, it does not include countermeasures for which SHSOs have little or no authority or responsibility, or that cannot be supported under typical highway safety grant programs. For example, the guide does not include vehicle- or roadway-based solutions. Also, it does not include countermeasures that already are in place in every State, such as .08 grams per deciliter blood alcohol concentration (BAC) laws. Finally, the guide does not include administrative or management topics such as traffic safety data systems and analyses, program planning and assessments, State and community task forces, or comprehensive community traffic safety programs.

What the effectiveness data mean: The effectiveness of any countermeasure can vary immensely from State to State or community to community. *What* is done is often less important than *how* it is done. The best countermeasure may have little effect if it is not implemented vigorously, publicized extensively, and funded satisfactorily. Evaluation studies generally examine and report on high-quality implementation because there is little interest in evaluating poor implementation. Also, the fact that a countermeasure is being evaluated usually gets the attention of those implementing it, so that it is likely to be done well. *The countermeasure effectiveness data presented in this guide probably shows the maximum effect that can be realized with high-quality implementation.* Many countermeasures have not been evaluated well, or at all, as noted in the effectiveness data.

NCHRP Guides: The National Cooperative Highway Research Program (NCHRP) is developing a series of guides for State Departments of Transportation (DOTs) to use in implementing the American Association of State Highway and Transportation Officials (AASHTO) Strategic Highway Safety Plan. As of summer 2008, 21 out of 22 guides had been published. This guide draws heavily on the published NCHRP guides and on several draft guides. It differs from the NCHRP guides because it is written for SHSOs, contains only behavioral countermeasures, and is considerably more concise. Readers are urged to consult the NCHRP guides relevant to their interests. They are available at <http://safety.transportation.org/guides.aspx>

Disclaimers: As with any attempt to summarize a large amount of sometimes-conflicting information, this guide is highly subjective. All statements, judgments, omissions, and errors are solely the responsibility of the authors and do not necessarily represent the views of the Governors Highway Safety Association (GHSA) or NHTSA. Users who disagree with any statement or who wish to add information or key references are invited to send their comments and suggestions for future editions (see bottom of page viii for details).

New traffic safety programs and research appear almost weekly. Web sites change frequently. This means that this guide was out of date even before it was published. Readers interested in a specific problem area or countermeasures are urged to contact NHTSA for up-to-date information.

Abbreviations, acronyms, and initials used throughout:

- AAA: was the American Automobile Association but now the organization uses only the initials
- AAAFTS: AAA Foundation for Traffic Safety
- AAMVA: American Association of Motor Vehicle Administrators
- AARP: was the American Association of Retired Persons but now the organization uses only the initials
- AASHTO: American Association of State Highway and Transportation Officials
- ADTSEA: American Driver and Traffic Safety Education Association
- ALR: administrative license revocation
- ALS: administrative license suspension
- AMA: American Medical Association
- ASA: American Society on Aging
- BAC: blood alcohol concentration, measured in grams per deciliter (g/dL)
- CDC: Centers for Disease Control and Prevention
- CPSC: Consumer Product Safety Commission
- CTIA: Cellular Telecommunications and Internet Association
- DOT: Department of Transportation (Federal or State)
- DWI: driving while intoxicated/driving while impaired
- DWS: driving while driver's license is suspended
- FHWA: Federal Highway Administration
- FMCSA: Federal Motor Carrier Safety Administration
- GDL: graduated driver licensing
- GHSA: Governors Highway Safety Association
- HOS: hours of service
- IIHS: Insurance Institute for Highway Safety
- ITS: Intelligent Transportation Systems
- MAB: medical advisory board
- MSF: Motorcycle Safety Foundation
- NCHRP: National Cooperative Highway Research Program
- NCSDR: National Center for Sleep Disorders Research
- NCUTLO: National Committee on Uniform Traffic Laws and Ordinances
- NHTSA: National Highway Traffic Safety Administration
- NIAAA: National Institute on Alcohol Abuse and Alcoholism (a branch of NIH)
- NIH: National Institutes of Health
- NMSL: National Maximum Speed Limit
- NSC: National Safety Council

- NSF: National Sleep Foundation
- NTSB: National Transportation Safety Board
- SFST: Standardized Field Sobriety Tests
- SHSO: State Highway Safety Office
- SMSA: National Association of State Motorcycle Safety Administrators
- STEP: selective traffic enforcement program
- TIRF: Traffic Injury Research Foundation
- TRB: Transportation Research Board
- UVC: Uniform Vehicle Code

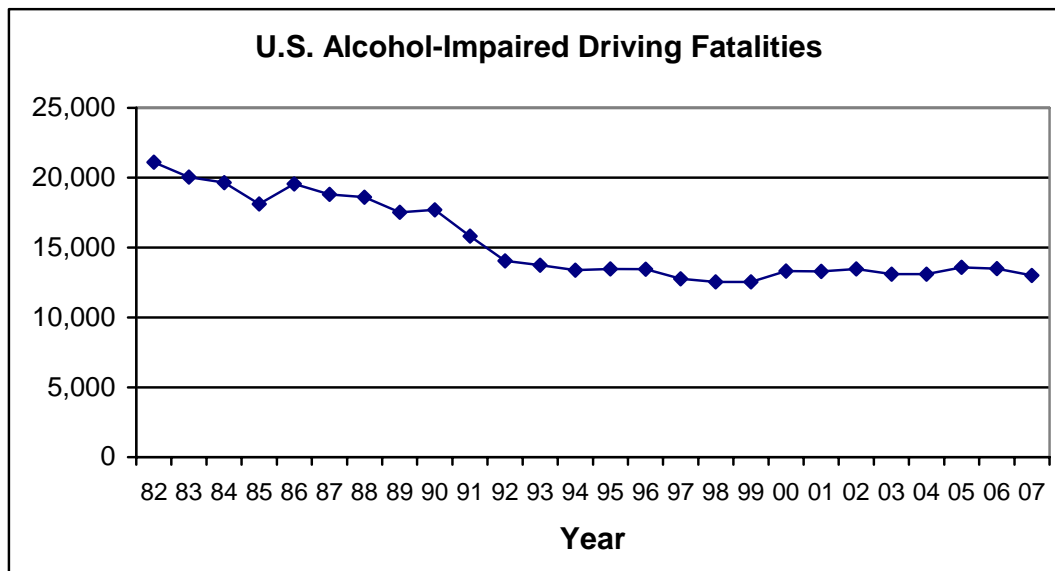
1. Alcohol-Impaired Driving

Overview

In 2007, 12,998 people were killed in crashes involving alcohol-impaired drivers (i.e., a driver with a BAC level of $\geq .08$ g/dL), a decrease of 3.7% from the 13,491 fatalities in 2006 (NHTSA, 2008a). Fatalities in crashes involving an alcohol-impaired driver represent one-third of the total motor vehicle fatalities in the United States (NHTSA, 2008a). See NHTSA's most recent *Traffic Safety Facts—Research Note* (NHTSA, 2008a) for the latest national and State data.

Trends. Alcohol-impaired driving dropped steadily from 1982 to the mid-1990s. A study showed that much of this decrease could be attributed to alcohol-related legislation (e.g., .08 BAC, administrative license revocation, and minimum drinking age laws) and to demographic trends (e.g., the aging of the population and the increased proportion of female drivers) (Dang, 2008). However, during this period there also was substantial public attention to the issue of alcohol-impaired driving, a growth of grassroots organizations such as Mothers Against Drunk Driving (MADD) and Remove Intoxicated Drivers (RID), increased Federal programs and funding, State task forces, increased enforcement and intensive publicity, all of which combined to help address this critical traffic safety problem.

Unfortunately, as the chart shows, impaired driving levels have changed very little since 1992. The easy gains have been made. Public attention and government resources have been redirected to other social problems.



Source: NHTSA, 2007 Alcohol-Impaired Driving Fatalities Research Note

There is one age group that has recently shown a decrease in alcohol-related traffic fatalities. Between 1996 and 2005, the percentage of fatally-injured 16-year-old drivers with positive BACs (i.e., a BAC of $\geq .01$ g/dL or higher) decreased by 16% (Ferguson, Teoh, & McCartt, 2007). It should be noted that most States implemented graduated driver licensing systems (GDL)

during this time period. GDL systems have had a substantial impact on reducing the crash risk of young, beginning drivers. (For more information on young drivers and GDL, see Chapter 6.)

Drinking and driving characteristics. Drinking and driving is common, with at least 80 million trips made annually by drivers who are over .08 BAC. Arrests are rare, with less than one arrest for every 50 trips by a driver over .08 BAC (Hedlund & McCartt, 2002).

Many drinking drivers are “high risk,” with one or more of the following characteristics (Century Council, 2003):

- Half of drinking drivers in crashes or arrests have BACs of .15 or higher.
- One-third of drinking drivers in crashes or arrests have a prior DWI conviction.
- One-quarter of drinking drivers in surveys have some indication of alcohol problems.

Alcohol-impaired driving is affected by several external factors, including geography, urbanization, road structure and conditions, and economic activity, as well as by a State’s laws and programs. For all of these reasons, both the current level of alcohol-impaired driving and the progress in reducing alcohol-impaired driving vary greatly from State to State. For example, comparing all 50 States and the District of Columbia:

- The proportion of drivers in fatal crashes with BACs of .08 or higher in 2006 ranged from 17% in the lowest States to 39% in the highest (NHTSA, 2008a).
- The change in traffic fatalities involving any alcohol from 1982 to 2005 ranged from a decrease of 64% in the best State to an increase of 5% in the worst (NHTSA, 2006a).

Strategies to Reduce Alcohol-Impaired Driving

Five basic strategies are used to reduce alcohol-impaired driving crashes and consequences:

- Deterrence: enact, publicize, enforce, and adjudicate laws prohibiting alcohol-impaired driving so that people choose not to drive impaired;
- Prevention and intervention: reduce drinking, keep drinkers from driving;
- Communications and outreach: inform the public of the dangers of impaired driving and establish positive social norms that make driving while impaired unacceptable;
- Alcohol treatment: reduce alcohol dependency or addiction among drivers; and
- Other traffic safety measures: implement strategies that affect alcohol-impaired drivers and other drivers as well.

This chapter includes countermeasures for the first four strategies. Deterrence countermeasures are divided into four sections: (1) laws, (2) enforcement, (3) prosecution and adjudication, and (4) offender treatment, monitoring, and control. Prevention, intervention, communications, and outreach countermeasures are combined in a single section. Alcohol treatment is included in the offender section. The Underage Drinking and Alcohol-Related Driving section includes deterrence, prevention, and communications measures specific to this age group.

Many other traffic safety countermeasures help reduce alcohol-related crashes and casualties but are not discussed in this chapter. Behavioral countermeasures, such as those that increase seat belt use and reduce speeding, are discussed in other chapters. Vehicle and environmental countermeasures, such as improved vehicle structures and centerline rumble strips, are not

included because State Highway Safety Offices have little or no authority or responsibility for them.

This chapter does not consider drugs other than alcohol. Other drugs pose quite different and difficult issues at every step, from estimating their prevalence and effect on driving, to developing effective laws and strategies for enforcement, prevention, and treatment. Nevertheless, at least some of the countermeasures discussed herein may also help to deter drug-impaired driving.

Key terms

- BAC: Blood alcohol concentration in the body, expressed in grams of alcohol per deciliter (g/dL) of blood, usually measured with a breath or blood test.
- DWI: the offense of driving while impaired by alcohol. In different States the offense may be called driving while intoxicated, driving under the influence (DUI), or other similar terms.
- MADD: Mothers Against Drunk Driving.
- PAS: Passive alcohol sensor, a device to detect alcohol presence in the air near a driver's face, used to estimate whether the driver has been drinking.
- PBT: Preliminary breath test device, a small handheld alcohol sensor used to estimate or measure a driver's BAC.
- RID: Remove Intoxicated Drivers
- SFST: Standardized Field Sobriety Tests, a battery of three simple tests (One-Leg Stand, Walk-and-Turn, and Horizontal Gaze Nystagmus) used by law enforcement at the roadside to estimate whether a driver is at or above the legal limit of .08 BAC.
- Illegal per se law: A law that makes it an offense to operate a motor vehicle with a BAC at or above a specified level.

Countermeasures That Work

Countermeasures to reduce alcohol-impaired driving are listed below and discussed individually in the remainder of this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The symbols and terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Deterrence: Laws

Countermeasure	Effectiveness	Use	Cost	Time
1.1 ALR/ALS	★★★★★	High	High	Medium
1.2 Open containers	★★★	High	Low	Short
1.3 High-BAC sanctions	★★★	Medium	Low	Short
1.4 Alcohol-impaired driving law review	★★★	Low	Medium	Medium
1.5 BAC test refusal penalties	★★★	Unknown	Low	Short

2. Deterrence: Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Sobriety checkpoints	★★★★★	Medium	High	Short
2.2 Saturation patrols	★★★★	High	Medium	Short
2.3 Preliminary Breath Test devices (PBTs)	★★★★	High	Medium	Short
2.4 Passive alcohol sensors	★★★★	Unknown	Medium	Short
2.5 Integrated enforcement	★★★	Unknown	Low	Short

3. Deterrence: Prosecution and Adjudication

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Diversion/plea agreement restrictions	★★★★	Medium	Low	Short
3.2 Court monitoring	★★★★	Low	Low	Short
3.3 DWI courts	★★★	Low	High	Medium
3.4 Sanctions	★★	Varies	Varies	Varies

4. Deterrence: DWI Offender Treatment, Monitoring, and Control

Countermeasure	Effectiveness	Use	Cost	Time
4.1 Alcohol problem assessment, treatment	★★★★★	High	Varies	Varies
4.2 Alcohol interlocks	★★★★★	Medium	Medium	Medium
4.3 Vehicle and license plate sanctions	★★★★	Medium	Varies	Medium
4.4 DWI offender monitoring	★★★★	Unknown	High	Varies
4.5 Lower BAC limit for repeat offenders	★★★	Low	Low	Short

5. Prevention, Intervention, Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
5.1 Alcohol screening and brief interventions	★★★★★	Medium	Medium	Short
5.2 Mass-media campaigns	★★★★★ [†]	High	High	Medium
5.3 Responsible beverage service	★★	Medium	Medium	Medium
5.4 Alternative transportation	★★	Unknown	Medium	Short
5.5 Designated drivers	★	Medium	Low	Short

[†] High-quality campaigns supporting other program activities, such as enforcement

6. Underage Drinking and Alcohol-related Driving

Countermeasure	Effectiveness	Use	Cost	Time
6.1 Zero-tolerance enforcement	★★★	Unknown	Medium	Short
6.2 Age 21 enforcement	★★	Varies	Varies	Varies
6.3 Youth programs	★★	High	Varies	Medium
6.4 School education programs	★	Unknown	Low	Long

Effectiveness:

- ★★★★★ - Demonstrated to be effective by several high-quality evaluations with consistent results
- ★★★★ - Demonstrated to be effective in certain situations
- ★★★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

High: more than two-thirds of the States, or a substantial majority of communities

Medium: between one-third and two-thirds of States or communities

Low: less than one-third of the States or communities

Unknown: data not available

Cost to implement:

High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources

Medium: requires some additional staff time, equipment, facilities, and/or publicity

Low: can be implemented with current staff, perhaps with training; limited costs for equipment, facilities, and publicity

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

Long: more than one year

Medium: more than three months but less than one year

Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

Deterrence

Deterrence means enacting laws that prohibit driving while impaired, publicizing and enforcing those laws, and punishing the offenders. Deterrence works by changing behavior through the fear of apprehension and punishment. If drivers believe that impaired driving is likely to be detected and that impaired drivers are likely to be arrested, convicted and punished, many will not drive while impaired by alcohol. This strategy is called *general deterrence* when it influences the general driving public through well publicized and highly visible enforcement activities and subsequent punishment. In contrast, *specific deterrence* refers to efforts to influence drivers who have been arrested for impaired driving so that they will not continue to drive while impaired by alcohol.

Deterrence works when consequences are swift, sure, and severe (with swift and sure being more important in affecting behavior than severe). All States have the basic laws in place to define impaired driving, set illegal per se limits at .08 BAC, and provide standard penalties.

Deterrence, however, is far from straightforward, and complexities can limit the success of deterrence measures. For instance:

- Detecting alcohol-impaired drivers is difficult. Alcohol-impaired driving is a common behavior, law enforcement agencies have limited resources, and (except at checkpoints) officers must observe some traffic violation or other aberrant behavior before they can stop a motorist.
- Conviction also may be difficult. DWI laws are extremely complicated (20 pages in some State codes); the evidence needed to define and demonstrate impairment is complex; judges and juries may not impose specified penalties for an action that they do not believe is a “real crime.”
- The DWI control system is complex. There are many opportunities for breakdowns in the system that allow impaired drivers to go unpunished.

DWI control system operations and management. The DWI control system consists of a set of laws together with the enforcement, prosecution, adjudication, and offender follow-up policies and programs to support the laws. In this complicated system, the operations of each component affect all the other components. Each new policy, law, or program affects operations throughout the system, often in ways that are not anticipated.

This guide documents 19 specific impaired-driving countermeasures in the deterrence section, in four groups: laws, enforcement, prosecution and adjudication, and offender treatment, monitoring, and control. But the overall DWI control system, including its management and leadership, is more important than any individual countermeasure.

Studies have highlighted the key characteristics of an efficient and effective DWI control system (Hedlund & McCart, 2002; Robertson & Simpson, 2003):

- Training and education for law enforcement, prosecutors, judges, and probation officers;
- record systems that are accurate, up-to-date, easily accessible, and able to track each DWI offender from arrest through the completion of all sentence requirements;
- adequate resources for staff, facilities, training, equipment, and new technology; and

- coordination and cooperation within and across all components.

A few of the countermeasures discussed in this guide, such as BAC test refusal penalties (Chapter 1, Section 1.5), alcohol-impaired driving law review (1.4), and DWI courts (3.3), are directed at improving DWI system operations. In some instances, the most important action that SHSOs can take to reduce alcohol-impaired driving is to review and improve DWI control system operations, perhaps using a State DWI task force and/or a State alcohol program assessment.

Ulmer, Hedlund, and Preusser (1999) investigated why some States reduced alcohol-related traffic fatalities more than others. They concluded that there is no “silver bullet,” no single critical law, enforcement practice, or communications strategy. Once a State has effective laws, high-visibility enforcement, and substantial communications and outreach to support them, the critical factors are strong leadership, commitment to reducing impaired driving, and adequate funding. SHSOs should keep this in mind as they consider the specific countermeasures in this chapter.

1. Deterrence: Laws

1.1 Administrative License Revocation or Suspension (ALR or ALS)

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: High	Time: Medium
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Administrative license revocation or suspension laws allow law enforcement and driver licensing authorities to revoke or suspend a driver's license if the driver fails or refuses to take a BAC test. The license revocation or suspension occurs very quickly: usually the arresting officer takes the license at the time that a BAC test is failed or refused. The driver typically receives a temporary license that allows the driver time to make other transportation arrangements and to request and receive an administrative hearing or review. In most jurisdictions, offenders may obtain an occupational or hardship license during part or all of the revocation or suspension period (McCartt, Geary, & Nissen, 2002; NHTSA, 2007c). NHTSA recommends that ALR laws include a minimum license suspension of 90 days (NHTSA 2006b). A model ALR law is provided by National Committee on Uniform Traffic Laws and Ordinances (NCUTLO, 2007).

ALR and ALS laws provide for swift and certain penalties for DWI, rather than the lengthy and uncertain outcomes of criminal courts. They also protect the driving public by removing some DWI offenders from the road (but see the discussion of driving with a suspended license, under other issues, below). More information about ALR laws can be found in the NCHRP Report 500 guide on reducing impaired-driving (Strategy C1; NCHRP, 2005) and NHTSA's recent *Traffic Safety Facts* (NHTSA, 2008b).

Use: As of June 2007, 41 States and the District of Columbia had some form of ALR or ALS law (NHTSA, 2008b). An additional two States had an alternative method for removing the license quickly, before criminal action in court (MADD, 2008; McCartt, Geary, & Nissen, 2002).

Effectiveness: A summary of 12 evaluations through 1991 found that ALR and ALS laws reduced crashes of different types by an average of 13% (Wagenaar, Zobek, Williams, & Hingson, 2000). Another study examining the effects of license suspension policies across the U.S. concluded that ALR reduces alcohol-related fatal crash involvement by 5%, saving an estimated 800 lives each year (Wagenaar & Maldonado-Molina, 2007). There is some evidence that ALR laws also are effective in reducing repeat offenses (Jones & Lacey, 2001). The Centers for Disease Control and Prevention concluded that ALR and ALS effectiveness is so well established that a synthesis of the evaluation evidence is not needed.

Costs: ALR laws require funds to design, implement, and operate a system to record and process administrative license actions. In addition, a system of administrative hearing officers must be established and maintained. Some States have recovered ALR system costs through offender fees (Century Council, 2003; NHTSA, 2008b).

Time to implement: Six to 12 months are required to design and implement the system and to recruit and train administrative hearing officers.

Other issues:

- **Two-track system:** Under ALR or ALS laws, drivers face both administrative and criminal actions for DWI. The two systems operate independently. Drivers whose licenses have been suspended or revoked administratively still may face criminal actions that also may include license suspension or revocation. This two-track system has been challenged in some States. All State supreme courts have ruled against these challenges (NHTSA, 2008b).
- **Driving with a suspended license:** Many DWI offenders continue to drive with a suspended or revoked license, though there is some evidence that they drive less frequently and/or more carefully than before their license action. Both administrative and criminal laws that remove a driver's license should be accompanied by strategies to reduce driving with a suspended or revoked license (see NCHRP, 2003, for a thorough discussion of ten potential strategies; see also Chapter 1, Sections 4.2, 4.3 and 5.4).
- **Hearings:** An effective ALR system will restrict administrative hearings to the relevant facts: that the arresting officer had probable cause to stop the vehicle and require a BAC test and that the driver refused or failed the test. Such a system will reduce the number of hearings requested, reduce the time required for each hearing, and minimize the number of licenses that are reinstated. When administrative hearings are not restricted in this way they can serve as an opportunity for defense attorneys to question the arresting officer about many aspects of the DWI case. This may reduce the chance of a criminal DWI conviction (Hedlund & McCartt, 2002). Officers often spend substantial time appearing in person at ALR hearings, and cases may be dismissed if an officer fails to appear. Some States use telephonic hearings to solve these problems (Wiliszowski, Jones, & Lacey, 2003).

1.2 Open Containers

Effectiveness: ★ ★ ★	Use: High	Cost: Low	Time: Short
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Open-container laws prohibit the possession of any open alcoholic beverage container and the consumption of any alcoholic beverage by motor vehicle drivers or passengers. These laws typically exempt passengers in buses, taxis, and the living quarters of mobile homes.

In 1998, Congress required States to enact open-container laws or have a portion of their Federal aid highway construction funds redirected to alcohol-impaired driving or hazard elimination activities (NHTSA, 2008d).

Use: As of January 2008, 39 States and the District of Columbia had open-container laws that complied with the Federal requirements (NHTSA, 2008e). IIHS (2008) lists 43 States and the District of Columbia with some form of open container law (IIHS, 2008).

Effectiveness: The only study of open-container law effectiveness (Stuster, Burns, & Fiorentino, 2002) examined four States that enacted laws in 1999. It found that the proportion of alcohol-involved fatal crashes appeared to decline in three of the four States during the first six months after the laws were implemented, but the declines were not statistically significant. In general, the proportion of alcohol-involved fatal crashes was higher in States with no open-container law than in States with a law (Stuster, Burns, & Fiorentino, 2002). Survey data in both law and no-law States show strong public support for open-container laws (NHTSA, 2008d).

Costs: Open-container law costs depend on the number of offenders detected and the penalties applied to them.

Time to implement: Open-container laws can be implemented as soon as appropriate legislation is enacted.

1.3 High-BAC Sanctions

Effectiveness: ★ ★ ★	Use: Medium	Cost: Low	Time: Short
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Many States increase the penalties for the standard impaired driving (DWI) offense for two classes of drivers. Almost all States increase the penalties for repeat offenders. Recently, some States also have increased the penalties for drivers with a high BAC, typically .15 or .16 or higher.

High-BAC sanctions are based on the observation that many high-BAC drivers are habitual impaired driving offenders, even though they may not have a record of previous arrests and convictions. Moreover, drivers with high BACs put themselves and other road users at risk: 57% of all alcohol-impaired fatalities in 2007 involved a driver with a BAC of .15 or higher. Enhanced sanctions for high-BAC drivers vary by State, and may include mandatory assessment and treatment for alcohol problems, close monitoring or home confinement, installation of an ignition interlock, and vehicle or license plate sanctions (see Chapter 1, Sections 4.1, 4.2, 4.3 and 4.4).

Use: As of January 2008, 41 States and the District of Columbia had high-BAC laws (NHTSA, 2008e). In 2007, new high BAC laws were passed in Arizona, Kansas and Hawaii (Savage, Sundeen, & Teigen, 2007).

Effectiveness: In the only evaluation of high-BAC sanctions to date, McCartt and Northrup (2003, 2004) found that Minnesota's law appears to have increased the severity of case dispositions for high-BAC offenders, although the severity apparently declined somewhat over time. They also found some evidence of an initial decrease in recidivism among high-BAC first offenders (which again dissipated with time). The BAC test refusal rate declined for first offenders and was unchanged for repeat offenders after the high-BAC law was implemented. The authors point out that Minnesota's law has a high threshold of .20 BAC, relatively strong administrative and criminal sanctions, and strong penalties for BAC test refusal.

Costs: High-BAC sanctions will produce increased costs if the high-BAC penalties are more costly per offender than the lower-BAC penalties. Over a longer period, if high-BAC sanctions reduce recidivism and deter alcohol-impaired driving, then costs will decrease.

Time to implement: High-BAC sanctions can be implemented as soon as appropriate legislation is enacted.

Other issues:

- **Test refusal:** High-BAC sanctions may encourage some drivers to refuse the BAC test unless the penalties for test refusal are at least as severe as the high-BAC penalties. See Chapter 1, Section 1.5.

1.4 Alcohol-Impaired Driving Law Review

Effectiveness: ★ ★ ★	Use: Low	Cost: Medium	Time: Medium
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Alcohol-impaired driving laws in many States are extremely complex. They are difficult to understand, enforce, prosecute, and adjudicate, with many inconsistencies and unintended consequences. In many States, a thorough review and revision would produce a system of laws that would be far simpler and more understandable, efficient, and effective.

DWI laws have evolved over the past 30 years to incorporate new definitions of the offense of driving while impaired (illegal *per se* laws), new technology and methods for determining impairment (BAC tests, Standardized Field Sobriety Tests), and new sentencing and monitoring alternatives (electronic monitoring, alcohol ignition interlocks). Many States modified their laws to incorporate these new ideas without reviewing their effect on the overall DWI control system. The result is often an inconsistent patchwork. Robertson and Simpson (2003) summarized the opinions of hundreds of law enforcement officers, prosecutors, judges, and probation officials across the country: “Professionals unanimously support the simplification and streamlining of existing DWI statutes” (p. 18). See also Hedlund and McCart (2002).

NCUTLO has prepared a model DWI law, which has been incorporated into the Uniform Vehicle Code (NCUTLO, 2007). It addresses BAC testing, BAC test refusals, higher penalties for high-BAC drivers, ALR hearing procedures, and many other issues of current interest. States can use the NCUTLO model as a reference point in reviewing their own laws. In addition, the Traffic Injury Research Foundation (TIRF) has a guidebook to assist policymakers in leading a strategic review of DWI systems, with the goal of streamlining systems and closing loopholes that can be exploited by offenders (Robertson, Vanlaar, & Simpson, 2007).

Use: Minnesota and Virginia reviewed and revised their DWI laws.

Effectiveness: The effect of a law review will depend on the extent of inconsistencies and inefficiencies in a State’s current laws. A law review may be the most important single action a State can take to address its alcohol-impaired driving problem, because a thorough law review will examine the function of the entire DWI control system and will identify problem areas. The immediate effect of a law review will be a more efficient and effective DWI control system.

Costs: The review itself will require substantial staff time. Implementation costs of course will depend on the extent to which the laws are changed.

Time to implement: It can take considerable time to identify qualified stakeholders and establish a task force to conduct the law review. The review itself will require four to six months. Its recommendations must then be enacted by the legislature and implemented.

1.5 BAC Test Refusal Penalties

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Low	Time: Short
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All States have implied consent laws stipulating that people implicitly consent to be tested if they are suspected of impaired driving (NHTSA, 2008c). However, many drivers refuse to provide a breath or blood sample for a BAC test. In 2001, about 25% of all drivers arrested for DWI refused the BAC test (Zwicker, Hedlund, & Northrup, 2005). Two States had test refusal rates over 80%. A driver's BAC is a critical piece of evidence in an alcohol-impaired driving case. The absence of a BAC test can make it more difficult to convict the impaired driver.

All States have established separate penalties for BAC test refusal, typically involving administrative license revocation or suspension. If the penalties for refusal are less severe than the penalties for failing the test, many drivers will refuse (see also Simpson & Robertson, 2001). The Model DWI code sets a more severe penalty for test refusal than for test failure (NCUTLO, 2007).

Reduced test refusal rates will help the overall DWI control system by providing better BAC evidence. Having a driver's BAC may increase DWI and high-BAC DWI convictions, increase the likelihood that prior DWI offenses will be properly identified, and provide the court with better evidence for offender alcohol assessment.

Use: The relative penalties in each State for failing and refusing a BAC test cannot be categorized in a straightforward manner due to the complexity of State alcohol-impaired driving laws and the differences in how these laws are prosecuted and adjudicated. All States except Nevada impose administrative sanctions for test refusal (NHTSA, 2008c). In 2007, new laws regarding testing or refusals were enacted in five States – Colorado, Kansas, Maine, New Mexico, and Wyoming (Savage, Sundeen, & Teigen, 2007). NHTSA (2006c) gives more detail on each State's laws.

Effectiveness: Zwicker et al. (2005) found that test refusal rates appear to be lower in States where the consequences of test refusal are greater than the consequences of test failure. No study has examined whether stronger test refusal penalties are associated with reduced alcohol-related crashes.

Costs: There are no direct costs of increasing penalties for BAC test refusal.

Time to implement: Increased BAC test refusal penalties can be implemented as soon as appropriate legislation is enacted.

Other issues:

- **Criminalizing test refusal:** BAC test refusal is a criminal offense in 15 States (NHTSA, 2008c; see also Zwicker et al., 2005, Appendix A; Century Council, 2003, p. 31; NCHRP, 2005, Strategy C2). Criminalizing test refusal decreases the likelihood that drinking drivers can avoid penalties by refusing to be tested. It also ensures the drinking driver will be identified as a repeat offender upon subsequent arrests.

- **Warrants:** To reduce breath test refusals and increase the number of drivers successfully prosecuted for DWI, some States issue warrants for drivers who refuse to provide breath tests. Issued by a judge or magistrate, the warrant requires the driver to provide a blood sample, by force if necessary. Hedlund and Beirness (2007) reviewed how warrants are used in four States – Arizona, Michigan, Oregon, and Utah. They found that warrants successfully reduce breath test refusals and result in more pleas, fewer trials, and more convictions. A disadvantage of warrants is they require additional time for law enforcement, and some judges are reportedly not satisfied that DWI cases justify the use of warrants to obtain BAC evidence.

2. Deterrence: Enforcement

2.1 Sobriety Checkpoints

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: High	Time: Short
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At a sobriety checkpoint, law enforcement officers stop vehicles at a predetermined location to check whether the driver is impaired. They either stop every vehicle or stop vehicles at some regular interval, such as every third or tenth vehicle. The purpose of checkpoints is to deter driving after drinking by increasing the perceived risk of arrest. To do this, checkpoints should be highly visible, publicized extensively, and conducted regularly. Fell, Lacey, and Voas (2004) provide an overview of checkpoint operations, use, effectiveness, and issues.

Use: Sobriety checkpoints are authorized in 38 States and the District of Columbia (NHTSA, 2008f), but few States conduct them regularly. Fell, Ferguson, Williams, and Fields (2003) found that 37 States and the District of Columbia conducted checkpoints at least once in the year 2000 but only 11 States conducted them on a weekly basis. The main reasons given for not using checkpoints more frequently were lack of law enforcement personnel and lack of funding.

Effectiveness: CDC's systematic review of 11 high-quality studies found that checkpoints reduced alcohol-related fatal, injury, and property damage crashes each by about 20% (Elder et al., 2002). In recent years, NHTSA has supported a number of efforts to reduce alcohol-impaired driving through sobriety checkpoints. Recent statewide campaigns in Connecticut and West Virginia involving sobriety checkpoints and extensive paid media found a decrease in alcohol-related fatalities following the program as well as fewer drivers with positive BACs at roadside surveys (Zwicker, Chaudhary, Maloney, & Squeglia, 2007; Zwicker, Chaudhary, Solomon, Siegler, & Meadows, 2007). In addition, demonstration programs from 7 States found reductions in alcohol-related fatalities between 11 and 20% in States that employed numerous checkpoints and intensive publicity of the enforcement activities, including paid advertising (Fell, Langston, Lacey, & Tippetts, 2008). States with lower levels of enforcement and publicity did not demonstrate a decrease in fatalities relative to neighboring States. See also NHTSA's recent Strategic Evaluation States initiative (NHTSA, 2007b; Syner et al., 2008)

Costs: The main costs are for law enforcement time and for publicity. A typical checkpoint requires several hours from each law enforcement officer involved. Officers must either be diverted from other duties or paid overtime. Law enforcement costs can be reduced by operating checkpoints with 3 to 5 officers, perhaps supplemented by volunteers, instead of the 10 to 12 or more officers used in some jurisdictions (NHTSA, 2002; NHTSA, 2006d; Stuster & Blowers, 1995). Police agencies in two rural West Virginia counties were able to sustain a year-long program of weekly low-staff checkpoints (Lacey, Ferguson, Kelley-Baker, & Rider, 2006). The proportion of nighttime drivers with BACs of .05 and higher was 70% lower in these counties compared to drivers in comparison counties that did not operate additional checkpoints. NHTSA has a guidebook available to assist law enforcement agencies in planning, operating and evaluating low-staffing sobriety checkpoints (NHTSA, 2006d).

Checkpoint publicity can be costly if paid media are used, although publicity can also include earned media.

Time to implement: Checkpoints can be implemented very quickly if officers are trained in detecting impaired drivers, SFST, and checkpoint operational procedures. See NHTSA (2002) for implementation information.

Other issues:

- **Legality:** Checkpoints currently are permitted in 38 States and the District of Columbia (NHTSA, 2008f). Checkpoints are permitted under the U.S. Constitution but some State courts have held that checkpoints violate their State's constitution. Other State legislatures have not authorized checkpoints. States where checkpoints are not permitted may use saturation patrols (see Chapter 1, Section 2.2).
- **Publicity:** Checkpoints must be highly visible and publicized extensively to be effective. Communication and enforcement plans should be coordinated. Messages should clearly and unambiguously support enforcement. Paid media may be necessary to complement news stories and other earned media, especially in a continuing checkpoint program (NCHRP, 2005, Strategy B1).
- **Arrests:** The purpose of checkpoints is to deter impaired driving, not to increase arrests. Impaired drivers detected at checkpoints should be arrested and arrests should be publicized, but arrests at checkpoints should not be used as a measure of checkpoint effectiveness.
- **Other offenses:** Checkpoints may also be used to check for valid driver licenses, seat belt use, outstanding warrants, stolen vehicles, and other traffic and criminal infractions.

2.2 Saturation Patrols

Effectiveness: ★ ★ ★ ★	Use: High	Cost: Medium	Time: Short
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A saturation patrol (also called a blanket patrol, “wolf pack,” or dedicated DWI patrol) consists of a large number of law enforcement officers patrolling a specific area for a set time to detect and arrest impaired drivers. The purpose of saturation patrols is to arrest impaired drivers and also to deter driving after drinking by increasing the perceived risk of arrest. To do this, saturation patrols should be publicized extensively and conducted regularly. A less-intensive strategy is the “roving patrol” in which individual patrol officers concentrate on detecting and arresting impaired drivers in an area where impaired driving is common or where alcohol-involved crashes have occurred (Stuster, 2000). A “how-to” guide for planning and publicizing saturation patrols and sobriety checkpoints is available from NHTSA (NHTSA, 2002).

Use: The Century Council (2003) survey reported that 44 States used saturation patrols.

Effectiveness: Saturation patrols can be very effective in arresting impaired drivers. For example, in 2001 Minnesota’s 96 saturation patrols stopped 13,681 vehicles and arrested 566 impaired drivers (Century Council, 2003). Moreover, a recent demonstration program in Michigan revealed that saturation patrols can be effective in reducing alcohol-related fatal crashes when accompanied by intensive publicity (Fell et al., 2008). Michigan is prohibited by State law from conducting sobriety checkpoints.

Costs: The main costs are for law enforcement time and for publicity. Saturation patrol operations are quite flexible in both the number of officers required and the time that each officer participates in the patrol. As with sobriety checkpoints, publicity can be costly if paid media is used.

Time to implement: Saturation patrols can be implemented within three months if officers are trained in detecting impaired drivers and in SFST. See NHTSA (2002) for implementation information.

Other issues:

- **Legality:** Saturation patrols are legal in all jurisdictions.
- **Publicity:** As with sobriety checkpoints, saturation patrols should be highly visible and publicized extensively to be effective in deterring impaired driving. Communication and enforcement plans should be coordinated. Messages should clearly and unambiguously support enforcement. Paid media may be necessary to complement news stories and other earned media, especially in a continuing saturation patrol program (NCHRP, 2005, Strategy B1).
- **Other offenses:** Saturation patrols are effective in detecting other driving and criminal offenses.

2.3 Preliminary Breath Test Devices (PBTs)

Effectiveness: ★ ★ ★ ★ †	Use: High	Cost: Medium	Time: Short
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† Proven for increasing arrests

A preliminary breath test device is a small handheld alcohol sensor used to estimate or measure a driver's BAC. Law enforcement officers use PBTs in the field to help establish evidence for a DWI arrest. The driver blows into a mouthpiece and the PBT displays either a numerical BAC level, such as .12, or a BAC range, such as a red light for BACs above .08.

Several PBT models are available commercially. They are quite accurate and generally reliable. NHTSA maintains a "Conforming Products List" of alcohol testing and screening instruments, including PBTs, that meet accuracy and reliability standards (NHTSA, 2004).

Use: PBTs are used in 39 States to provide evidence of alcohol use to support a DWI arrest (Century Council, 2003). This evidence of alcohol use is admissible in court in approximately half the States, but in most States PBT evidence cannot be used to establish a driver's BAC. California allows officers to use PBT evidence to enforce zero-tolerance laws for drivers under the age of 21: officers at the roadside can issue a citation and seize the driver's license (Ferguson, Fields, & Voas, 2000).

Effectiveness: Law enforcement officers generally agree that PBTs are useful. Sixty-nine percent of the 2,731 law enforcement officers surveyed by Simpson and Robertson (2001) supported greater PBT availability and use. PBTs are especially valuable for two classes of drivers who may appear to perform normally on many tasks: drivers with a high tolerance to alcohol (Simpson & Robertson, 2001) and drivers under 21 who may be in violation of zero-tolerance laws (Ferguson et al., 2000). PBTs also can be useful at crash scenes where a driver is injured and unable to perform a Standardized Field Sobriety Test. There is some direct evidence that PBT use increases DWI arrests and reduces alcohol-involved fatal crashes (Century Council, 2003).

Costs: PBTs cost from \$450 to \$750 apiece. Many law enforcement departments have only a limited number of PBTs and many patrol officers do not have regular access to them. Officers surveyed by Simpson and Robertson (2001) estimated that three-fourths of all DWI arrests occur on routine patrol, so that DWI detection would be substantially improved if every patrol officer had a PBT.

Time to implement: PBTs can be used as soon as they are purchased and officers are trained in their use and maintenance. PBT instruments must have regular calibration checks. Most law enforcement agencies have the facilities to conduct these checks.

Other issues:

- **The "one test" rule:** Some State statutes allow only one chemical BAC test to be taken from a driver arrested for DWI. These States do not use PBTs because an evidential BAC test cannot be requested if an officer previously has taken a PBT test in the field.
- **Other drugs:** A PBT will not detect the presence of drugs other than alcohol.

2.4 Passive Alcohol Sensors

Effectiveness: ★ ★ ★ ★ †	Use: Unknown	Cost: Medium	Time: Short
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† Proven for detecting impaired drivers

A passive alcohol sensor is a device to detect alcohol presence in the air. The sensor usually is integrated into a flashlight or clipboard. Officers hold the flashlight or clipboard near the driver’s mouth, where it measures alcohol presence in the air where the driver is breathing. The PAS can be used without the driver’s knowledge and without any probable cause because the PAS is considered “an extension of the officer’s nose” and records information that is “in plain view” (Preusser, 2000).

Several PAS models are available commercially. They generally are reliable and effective at detecting alcohol in the surrounding air. In one study, both breath samples and PAS measures were obtained from over 12,000 drivers. Results showed that PAS scores were a strong predictor of a driver’s BAC status, leading to the conclusion that “the PAS can be an effective tool for officers when deciding whether to initiate a DWI investigation” (Voas, Romano, & Peck, 2006). NHTSA does not maintain a list of PAS models.

Use: PAS units typically are used at the vehicle window after a traffic stop or at a checkpoint. A PAS report of alcohol presence gives the officer probable cause to request further examination with SFSTs or a PBT device. No data are available on how many PAS units are in use.

Effectiveness: The PAS is especially effective at checkpoints, where officers must screen drivers quickly with little or no opportunity to observe the drivers on the road. Evaluations show that officers using a PAS at checkpoints can detect 50% more drivers at BACs of .10 and above than officers not using a PAS (Century Council, 2003; Farmer, Wells, Ferguson, & Voas, 1999; Fell et al., 2004; Voas, 2008). The PAS can help officers avoid detaining drivers with BACs of .04 or below. The PAS also assists officers on routine patrol in detecting alcohol-impaired drivers (Preusser, 2000). The PAS can be used to help enforce zero-tolerance laws for drivers under 21, where violators may have relatively low BAC levels.

Costs: PAS units cost from \$500 to \$750 apiece.

Time to implement: PAS units can be used as soon as they are purchased and officers are trained in their use and maintenance. Training can usually be accomplished quickly.

Other issues:

- **Acceptance by law enforcement:** Some officers dislike using a PAS because they believe it requires them to be closer to the driver than they wish to be, it requires some portion of the officer’s attention at a time when the officer has several other things to be concerned about (including personal safety), or it may keep the officer from having a hand free. Other officers believe they can detect the odor of alcohol accurately without assistance from a PAS (Preusser, 2000).
- **Other drugs:** As with a PBT, a PAS will not detect the presence of drugs other than alcohol.

2.5 Integrated Enforcement

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Low	Time: Short
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Impaired drivers are detected and arrested through regular traffic enforcement and crash investigations as well as through special impaired driving checkpoints and saturation patrols. A third opportunity is to integrate impaired-driving enforcement into special enforcement activities directed primarily at other offenses such as speeding or seat belt nonuse, especially since impaired drivers often speed or fail to wear seat belts.

Use: There are no data on how frequently integrated enforcement methods are used.

Effectiveness: Jones, Joksch, Lacey, Wiliszowski, and Marchetti (1995) evaluated a three-site evaluation of integrated impaired driving, speed, and seat belt use enforcement. They found that the sites that combined high publicity with increased enforcement reduced crashes likely to involve alcohol (such as single-vehicle nighttime crashes) by 10% to 35%. They concluded that the results were encouraging but not definitive. See also Jones and Lacey (2001, pp. 113-115), NCHRP (2005, Strategy B2), and Stuster (2000).

The *Massachusetts Saving Lives* comprehensive programs in six communities used integrated enforcement methods. The programs reduced fatal crashes involving alcohol by 42% (Hingson et al., 1996). About half the speeding drivers detected through these enforcement activities had been drinking and about half the impaired drivers were speeding.

Costs: As with other enforcement strategies, the primary costs are for law enforcement time and for publicity.

Time to implement: Impaired driving can be integrated into other enforcement activities within three months if officers are trained in detecting impaired drivers and in SFST.

Other issues:

- **Publicity:** Integrated enforcement activities should be publicized extensively to be effective in deterring impaired driving and other traffic offenses. Paid media may be necessary to complement news stories and other earned media, especially in an ongoing program (NCHRP, 2005, Strategy B2).
- **Priorities:** Integrated enforcement activities send a message to the public and to law enforcement officers alike that traffic safety is not a single-issue activity.

3. Deterrence: Prosecution and Adjudication

3.1 Diversion/Plea Agreement Restrictions

Effectiveness: ★ ★ ★ ★ [†]	Use: Medium	Cost: Low	Time: Short
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[†] Proven for increasing convictions

Diversion programs defer sentencing while a DWI offender participates in some form of alcohol education or treatment. In many States, charges are dropped or the offender's DWI record is erased if the education or treatment is completed satisfactorily.

Negotiated plea agreements are a necessary part of efficient and effective DWI prosecution and adjudication. However, plea agreements in some States allow offenders to eliminate any record of a DWI offense and to have their penalties reduced or eliminated.

Effective DWI control systems can use a variety of adjudication and sanction methods and requirements. The key feature is that an alcohol-related offense must be retained on the offender's record (Hedlund & McCartt, 2002; NCHRP, 2005; NTSB, 2000; Robertson & Simpson, 2002a).

Use: As of July 2006, 33 States provide for diversion programs in State law or statewide practice, and local courts and judges in some additional States also offer diversion programs (NHTSA 2006e; see also Century Council, 1997). Sixteen States restrict plea agreements in at least some DWI cases (MADD, 2008). The Century Council (2003) documented diversion programs and plea agreement restrictions in several States.

Effectiveness: There are no studies that demonstrate that diversion programs reduce recidivism (NTSB, 2000) and there is substantial anecdotal evidence that diversion programs, by eliminating the offense from the offender's record, allow repeat offenders to avoid being identified (Hedlund & McCartt, 2002). Eliminating diversion programs should remove a major loophole in the DWI control system.

Wagenaar et al. (2000) reviewed 52 studies of plea agreement restrictions applied in combination with other DWI control policies and found that they reduced various outcome measures by an average of 11%. However, the effects of plea agreement restrictions by themselves cannot be determined in these studies. The only direct study of plea agreement restrictions was completed over 15 years ago (NHTSA, 1989; NTSB, 2000). It found that plea agreement restrictions reduced recidivism in all three study communities.

Costs: Costs for eliminating diversion programs can be determined by comparing the per-offender costs of the diversion program and the non-diversion sanctions. Similarly, costs for restricting plea agreements will depend on the relative costs of sanctions with and without the plea agreement restrictions. In addition, if plea agreements are restricted, some charges may be dismissed or some offenders may request a full trial, resulting in significant costs.

Time to implement: Eliminating diversion programs and restricting plea agreements statewide may require changes to a State's DWI laws. Once legislation is enacted, policies and practices can be changed within three months. Individual prosecutor offices and courts also can change local policies and practices without statewide legislation.

3.2 Court Monitoring

Effectiveness: ★★ ★★ ★†	Use: Low	Cost: Low	Time: Short
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† Proven for increasing convictions

In court monitoring programs, citizens observe, track, and report on DWI court or administrative hearing activities. Court monitoring provides data on how many cases are dismissed or pled down to lesser offenses, how many result in convictions, what sanctions are imposed, and how these results compare across different judges and different courts. Court monitoring programs usually are operated and funded by citizen organizations such as MADD, though Mississippi funds a statewide court monitor (Century Council, 2003). MADD is preparing a policy and procedures manual for its court monitoring programs, which is scheduled to be available in 2008.

Use: Court monitoring programs are active in at least 13 States (Syner, 2006). It is generally believed that court monitoring has decreased substantially since the mid-1980s, when Probst, Lewis, Asunka, Hershey, and Oram (1987) identified over 300 programs in the United States.

Effectiveness: Shinar (1992) found that court-monitored cases in Maine produced higher conviction rates and stiffer sentences than unmonitored cases. Probst et al. (1987) found that judges, prosecutors, and other officials in 51 communities believed that court monitoring programs helped increase DWI arrests, decrease plea agreements, and increase guilty pleas.

Costs: The main requirement for a court monitoring program is a reliable supply of monitors. Monitors typically are unpaid volunteers from MADD, RID, or a similar organization. Modest funds are needed to establish and maintain court monitoring records and to publicize the results.

Time to implement: Court monitoring programs can be implemented very quickly if volunteer monitors are available. A few weeks will be required to set up the program and train monitors.

3.3 DWI Courts

Effectiveness: ★ ★ ★	Use: Low	Cost: High	Time: Medium
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A dedicated DWI court provides a systematic and coordinated approach to prosecuting, sentencing, monitoring, and treating DWI offenders. A DWI court's underlying goal is to change offenders' behavior by identifying and treating their alcohol problems and by holding offenders accountable for their actions.

Prosecutors and judges in DWI courts specialize in DWI cases. Probation officers monitor offenders closely and report any probation infraction to the judge immediately for prompt action. Restrictions and monitoring are relaxed as offenders demonstrate responsible behavior. DWI courts follow the model established by the more than 1,600 drug courts around the nation (Huddleston, Freeman-Wilson, Marlowe, & Roussell, 2005; NADCP, 2005; NCHRP, 2005, Strategy D3). See Brunson and Knighten (2005), Practice #1, for an excellent overview of DWI courts and the National Drug Court Institute (NDCI, 2008) for a more complete description.

DWI courts can reduce recidivism because judge, prosecutor, probation staff, and treatment staff work together as a team to assure that alcohol treatment and other sentencing requirements are satisfied. DWI courts can be more efficient and effective than regular courts because judges and prosecutors are familiar with the complex DWI laws, evidentiary issues, and sentencing options. NHTSA (2003) describes the operation of a DWI court in Albuquerque, New Mexico.

Over half the judges in Robertson and Simpson's survey (2002b) recommended DWI courts, as did participants in NHTSA's Criminal Justice Summit (NHTSA, 2003).

Use: As of July 2008, NDCI reported 110 designated DWI courts and 283 hybrid DWI/drug courts, which are drug courts that also take DWI offenders (NDCI, 2008).

Effectiveness: Some individual program evaluations show that DWI courts are quite successful. Low DWI recidivism rates have been found for graduates of DWI courts in Athens (Georgia), Maricopa County (Arizona), Kootenai County (Idaho), and elsewhere (NDCI, 2008). For example, a study in Michigan found that DWI court participants were 19 times *less* likely to be rearrested for DWI within one year than a comparison group of offenders who were in traditional probation (Michigan Supreme Court and NPC Research, 2008).

Evaluations have shown that close monitoring and individualized sanctions for DWI offenders reduce recidivism (see Chapter 1, Section 4.4). When these are incorporated within a comprehensive DWI court program, their effect is likely to be even greater.

Costs: DWI court costs are difficult to estimate and compare with regular courts. Court operations may become more efficient as judges and prosecutors specialize in DWI cases. Follow-up costs may be greater because probation officer caseloads may need to be reduced to provide close monitoring and because judges must allocate time to meet regularly with probationers and to deal with any probation violations. Offenders can bear some of the monitoring and treatment costs (see Chapter 1, Sections 4.1, 4.2, 4.3, and 4.4). DWI courts may

reduce long-term system costs substantially if they decrease DWI recidivism as expected. Moreover, DWI court programs cost far less than jail time. For example, the cost per offender in the Anchorage, Alaska, DWI court is less than 10% of the cost of jail (NDCI, 2008).

Time to implement: DWI courts can be implemented four to six months after the participating organizations agree on the program structure if enough trained prosecutors, judges, probation officers, and treatment providers are available. Otherwise, planning and implementation may require a year or more.

3.4 Sanctions

Effectiveness: ★ ★	Use: Varies	Cost: Varies	Time: Varies
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The standard court sanctions for DWI offenses are driver's license suspension or revocation, fines, jail, and community service. All States use some combination of these sanctions. Details of each State's laws may be found in NHTSA's *Digest of Impaired Driving and Selected Beverage Control Laws* (NHTSA, 2007c), which is updated annually. MADD summarizes current alcohol-related laws by State and by topic (MADD, 2008). Some States set mandatory minimum levels for some sanctions, which often increase for second and subsequent offenders.

DWI offenders also may have their driver's licenses revoked or suspended administratively and may have sanctions imposed on their vehicles or license plates. See Chapter 1, Section 1.1, Administrative License Revocation or Suspension, and Chapter 1, Section 4.3, Vehicle and License Plate Sanctions, for discussions of these sanctions. See also NHTSA's *Guide to Sentencing DWI Offenders* (NHTSA, 2006f) for an overview of sanctions and sentencing practices for judges and prosecutors, with extensive references. The *Guide* also includes screening and brief intervention, alcohol treatment, and DWI courts.

License suspension or revocation: All States allow post-conviction license actions. Twenty-eight States set a mandatory minimum length for first offenders. This suspension or revocation typically runs concurrently with any administrative license action. In most States, offenders may obtain an occupational or hardship license during part of all of the revocation or suspension period (McCartt et al., 2002; NHTSA, 2007c).

Although administrative license actions are highly effective in reducing crashes (see Chapter 1, Section 1.1), court-imposed license actions appear less effective. A recent study found that post-conviction license suspension had no discernable effects on alcohol-related fatal crashes (Wagenaar & Maldonado-Molina, 2007). Court-imposed license actions have few direct costs. As with administrative license actions, they should be accompanied by strategies to reduce driving with a suspended or revoked license.

Fines: Most States impose fines on DWI offenders. Twenty-eight States have mandatory minimum fines for first offenders, typically ranging from \$250 to \$500. In addition to fines, offenders often face substantial costs for license reinstatement, mandated alcohol education or treatment, insurance rate increases, and legal fees. Available evidence suggests that fines appear to have little effect on reducing alcohol-impaired driving (Wagenaar et al., 2008). For example, in examining alcohol-related fatal crashes across 32 States, Wagenaar et al. (2008) concluded that mandatory fines "do not have clearly demonstrable general deterrent or preventive effects" (p. 992).

Jail: All States allow some DWI offenders to be sentenced to jail. Eighteen States require some jail time for first offenders, though 11 of these States allow community service in lieu of jail. Forty-nine States require jail for third offenders, though even these offenders can substitute community service in 9 States.

Jail is the most severe and most contentious of the DWI sanctions. Jail is expensive: about \$16,500 per offender per year in Maryland and \$27,500 in New Mexico, for example (Century Council, 2003). Judges and prosecutors may be reluctant to use limited jail space for DWI offenders rather than “real” criminals. Offenses with mandatory jail terms may be pled down, or judges simply may ignore the mandatory jail requirement (Robertson & Simpson, 2002b).

Research on the effectiveness of jail is equivocal at best (Jones & Lacey, 2001, p. 119; NTSB, 2000). Very short (48-hour) jail sentences for first offenders may be effective (NTSB, 2000) but other jail policies appear to have little effect. Wagenaar et al. (2000) reviewed 18 studies and concluded: “The balance of the evidence clearly suggests the ineffectiveness of mandatory jail sentence policies” (p. 12). In fact, they find “numerous studies that indicate that [mandatory jail] might be a counterproductive policy” (p. 12) that increases alcohol-related crashes.

Community service: Many States allow community service as part of a DWI offender’s sentence and 11 States allow community service in lieu of mandatory jail for first-time offenders. Community service can provide benefits to society if offenders perform useful work, but even if appropriate jobs can be found there are costs for program operation, offender supervision, and liability. The effects of community service programs on alcohol-impaired driving have not been evaluated (Century Council, 2003).

4. Deterrence: DWI Offender Treatment, Monitoring, and Control

4.1 Alcohol Problem Assessment and Treatment

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Varies	Time: Varies
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It is widely recognized that many DWI first offenders and most repeat offenders are dependent on alcohol or have alcohol use problems. They likely will continue to drink and drive unless their alcohol problems are addressed. A DWI arrest provides an opportunity to identify offenders with alcohol problems and to refer them to treatment as appropriate. However, treatment should not be provided in lieu of other sanctions or as part of a plea bargain or diversion program that eliminates the record of a DWI offense (see Chapter 1, Section 3.1).

Alcohol problem assessment can take many forms, from a brief paper-and-pencil questionnaire to a detailed interview with a treatment professional. Alcohol treatment can be even more varied, ranging from classroom alcohol education programs to long-term inpatient facilities. For brief overviews of alcohol assessment and treatment programs and further references see Century Council (2003), Dill and Wells-Parker (2006), Jones and Lacey (2001), and NCHRP (2005, Strategy C4).

Use: At present, 36 States require alcohol assessment and treatment as part of their alcohol-impaired driving laws (MADD, 2008). However, it is likely that some judges in all States assign some form of treatment to some DWI offenders.

Effectiveness: Even the best of the many assessment instruments currently in use is relatively inaccurate. Chang, Gregory, and Lapham (2002) found that none correctly identified more than 70% of offenders who were likely to recidivate. Wells-Parker, Bangert-Drowns, McMillan, and Williams (1995) reviewed the studies evaluating treatment effectiveness. They found that, on average, treatment reduced DWI recidivism and alcohol-related crashes by 7 to 9%. Treatment appears to be most effective when combined with other sanctions and when offenders are monitored closely to assure that both treatment and sanction requirements are met (Century Council, 2003; Dill & Wells-Parker, 2006).

Costs: Trained personnel are required to assess offenders. Treatment expenses vary widely depending on program type. Offenders can bear some of the costs of both assessment and treatment, though provisions must be made for indigent offenders. Both assessment and treatment require good record systems to track offenders and monitor progress.

Time to implement: Implementation time also varies depending on program type. The simplest can be implemented in several months, while others may take years.

Other issues:

- **Treatment options:** Alcohol assessment and treatment programs are long-term and expensive investments. States and communities should carefully weigh the costs and benefits of the many options available before implementing any such programs. Implementation time will depend on the specific programs chosen.

- **DWI Courts:** Alcohol problem assessment and treatment are an integral part of DWI courts. Conversely, a DWI court can sanction offenders who fail to complete assigned treatment programs. See Chapter 1, Section 3.3.
- **Other mental health issues:** In addition to alcohol abuse or dependence, more than 60% of DWI repeat offenders have experienced other psychiatric disorders such as posttraumatic stress disorder, anxiety disorders, or bipolar disorder (Shaffer et al., 2007). Alcohol assessment and treatment provides an opportunity to address other problems that may underlie, or contribute, to problems with alcohol.

4.2 Alcohol Interlocks

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Medium	Time: Medium
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An alcohol ignition interlock prevents a vehicle from starting unless the driver provides a breath sample with a BAC lower than a pre-set level, usually .02. Interlocks typically are used as a condition of probation for DWI offenders, to prevent them from driving while impaired by alcohol after their driver's licenses have been reinstated.

Interlocks are highly effective in allowing a vehicle to be started by sober drivers but not by alcohol-impaired drivers. A "running retest" requires the driver to remain sober while driving. A data recorder logs the driver's BAC at each test and can be used by probation officers to monitor the offender's drinking and driving behavior. Beirness and Marques (2004) provide an overview of interlock use, effectiveness, operational considerations, and program management issues. Marques (2005), Beirness and Robertson (2005), and Robertson, Vanlaar, and Beirness (2006) summarize interlock programs in the United States and other countries and discuss typical problems and solutions. See also Brunson and Knighten (2005), Practice #5, and NCHRP (2003, Strategy C2).

Use: As of July 2008, 47 States and the District of Columbia allow interlocks to be used for some DWI offenders, although only 8 States require the use of interlocks for all (including first) offenders (MADD, 2008). Three States – Illinois, Louisiana and New Mexico – passed new laws in 2007 pertaining to interlocks (Savage et al., 2007). New Mexico now requires interlocks for all offenders, including first offenders. Despite widespread laws, only about 133,000 interlocks were in use in 2007, on the vehicles of just over 10% of eligible offenders (Marques, 2007).

Effectiveness: Beirness and Marques (2004) summarized 10 evaluations of interlock programs in the United States and Canada. Interlocks cut DWI recidivism at least in half, and sometimes more, compared to similar offenders without interlocks. After the interlock was removed, the effects largely disappeared, with interlock and comparison drivers having similar recidivism rates. A Cochrane review of 11 completed and 3 ongoing studies reached similar conclusions (Willis, Lybrand, & Bellamy, 2006). Thus, interlocks are an effective method for preventing alcohol-impaired driving while they are installed.

Costs: Interlock programs are managed by private interlock equipment providers. Costs in 2006 averaged about \$175 to install an interlock and \$2.25 per day while the interlock is installed. The offenders usually pay these costs (Marques, 2006).

Time to implement: Interlock programs may require enabling legislation. Once authorized, interlock programs require four to six months to implement a network of interlock providers.

Other issues:

- **Barriers to use:** Interlocks have demonstrated their effectiveness in controlling impaired driving while they are installed. In light of this success, their limited use may be due to several factors, such as long license suspension periods during which offenders are not eligible for any driving, judges who lack confidence in the interlock technology or who

fail to enforce “mandatory” interlock requirements, and interlock costs. See Beirness and Marques (2004), Beirness and Robertson (2005), and NCHRP (2003, Strategy C2) for discussion.

4.3 Vehicle and License Plate Sanctions

Effectiveness: ★★ ★★ ★†	Use: Medium	Cost: Varies	Time: Short
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† Proven for reducing recidivism

In recent years many States have implemented sanctions affecting a DWI offender’s license plate or vehicle. These sanctions both prevent the offender from driving the vehicle while the sanctions are in effect and also deter impaired driving by the general public. Vehicle and plate sanctions include:

- Special license plates for drivers whose licenses have been revoked or suspended. The plates allow family members and other people to drive the offender’s vehicle but permit law enforcement to stop the vehicle to verify that the driver is properly licensed.
- License plate impoundment. Officers seize and impound or destroy the license plate.
- Vehicle immobilization. Vehicles are immobilized on the offender’s property with a “boot” or “club.”
- Vehicle impoundment. Vehicles are stored in a public impound lot.
- Vehicle forfeiture. Vehicles are confiscated and sold at auction.

NHTSA (2008g) and Voas, Fell, McKnight, and Sweedler (2004) give an overview of vehicle and license plate sanctions and are the basic reference for the information provided below. See also Brunson and Knighten (2005), Practice #4, and NCHRP (2003), Strategies B1, B2, and C1. All vehicle and license plate sanctions require at least several months to implement.

Use, effectiveness, and costs:

- Special license plates: Used in some jurisdictions in Hawaii, Iowa, Minnesota, and Ohio (NHTSA, 2006e). A 2004 law in Ohio requires special plates for all first-time offenders with a BAC of .17 and above and for all repeat offenders. Effectiveness and costs have not been evaluated in any State. In the 1990s Oregon and Washington adopted a version of this strategy by allowing arresting officers to place a “zebra stripe” sticker on the license plate at the time of arrest. Oregon’s program proved effective in reducing DWI recidivism but Washington’s did not. Use has been discontinued in both States (NCHRP, 2003, Strategy B1; NHTSA 2008g).
- License plate impoundment: Used in 20 States including Minnesota, where it has been shown to reduce recidivism (Rogers, 1995). Since plate impoundment does not involve the courts, it occurs quickly, consistently, and efficiently (NCHRP, 2003, Strategy B2; NHTSA, 2008g; NTSB, 2000). Twenty-seven other States and the District of Columbia allow for impounding a vehicle’s registration (NHTSA, 2006e).
- Vehicle immobilization: Laws in 17 States allow vehicle immobilization but it is currently used only in a few States (NHTSA, 2006e). An evaluation in Ohio found that immobilization reduced recidivism (Voas, Tippetts, & Taylor, 1998). Costs are minimal compared to impoundment or forfeiture (NCHRP, 2003, Strategy C1; NTSB, 2000).
- Vehicle impoundment: 26 States and the District of Columbia allow for vehicle impoundment and some use it extensively (MADD, 2008). Vehicle impoundment reduces recidivism while the vehicle is in custody and to a lesser extent after the vehicle has been released. The strategy is costly, as storage fees can be \$20 daily and owners may abandon low-value vehicles rather than pay substantial storage costs (NCHRP, 2003, Strategy C1; NTSB, 2000). In California, impoundment programs are administered largely by towing

contractors and supported by fees paid when drivers reclaim their vehicles or by the sale of unclaimed vehicles. An evaluation of California's impoundment law found that both first-time and repeat offenders whose vehicles were impounded had fewer subsequent arrests for driving with a suspended license and fewer crashes (De Young, 1997).

- **Vehicle forfeiture:** Vehicle forfeiture has been applied to first-DWI offenders in New York City, to first Driving While Suspended (DWS) offenders in Portland, Oregon, and to second-DWS offenders in California. Twenty-nine States have provisions allowing vehicle forfeiture but there is little information on its use or effectiveness (MADD, 2008). Vehicle forfeiture programs must pay storage costs until the vehicles are sold or otherwise disposed (NCHRP, 2003, Strategy C1; NTSB, 2000).

Other issues:

- **To whom are vehicle sanctions applied:** Most vehicle sanctions have been applied to repeat offenders rather than first offenders, although some States also apply vehicle sanctions to high-BAC first offenders (e.g., a BAC of .15 or higher). If someone other than the offender owns the vehicle, the vehicle owner should be required to sign an affidavit stating they will not allow the offender to drive the vehicle while the suspension is in effect (NHTSA, 2008g).
- **Administrative issues:** All license plate and vehicle sanctions require an administrative structure to process the license plates or vehicles. Laws should permit officers to impound vehicles or license plates at the time of arrest so offenders do not have the opportunity to transfer vehicle ownership (NHTSA, 2008g).

4.4 DWI Offender Monitoring

Effectiveness: ★ ★ ★ ★ †	Use: Unknown	Cost: High	Time: Varies
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† Proven for reducing recidivism

The most successful methods for controlling convicted DWI offenders and reducing recidivism have the common feature that they monitor offenders closely. Close monitoring can be accomplished at various levels and in various ways, including a formal intensive supervision program, home confinement with electronic monitoring, and dedicated detention facilities. For overviews of DWI offender monitoring and further references, see Century Council (2003), Jones and Lacey (2001), and NCHRP (2005, Strategy D4). DWI courts and alcohol ignition interlocks, which are discussed in Chapter 1, Sections 3.3 and 4.2, also assist in monitoring offenders closely. Guidelines for community supervision of DWI offenders are available from NHTSA (NHTSA, 2008h).

Use: There are no data showing how extensively these programs are used.

Effectiveness: All three methods cited above have been evaluated in individual settings and show substantial reductions in DWI recidivism. Recidivism was reduced by one-half in an intensive supervision program (Lapham, Kapitula, C’de Baca, & McMillan, 2006), by one-third in an electronic monitoring program (Bruson & Knighten, 2005; Jones, Wiliszowski, & Lacey, 1996), and by one-half in a dedicated detention facility (Century Council, 2003).

Costs: All close monitoring programs are more expensive than the standard high-caseload and low-contact probation but less expensive than jail. Electronic monitoring fees typically range from \$3 to \$15 per day (NCHRP, 2005, Strategy D3). New Mexico estimated that intensive supervision costs \$2,500 per offender per year compared to \$27,500 per offender per year for jail (Century Council, 2003). Dedicated detention facility costs can approach jail costs: \$13,500 annually in Maryland for dedicated detention compared to \$16,500 for jail (Century Council, 2003). Offenders can bear some program costs, especially for the less expensive alternatives (Century Council, 2003).

Time to implement: All close monitoring programs require many months to plan and implement. Dedicated facilities require years to plan and build.

4.5 Lower BAC Limits for Repeat Offenders

Effectiveness: ★ ★ ★	Use: Low	Cost: Low	Time: Short
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All States now have an illegal *per se* BAC limit of .08. All States also have a BAC limit of .02 or lower for drivers under the age of 21. These laws reinforce the minimum drinking age 21 laws in all States that prohibit people under 21 from purchasing or possessing alcohol in public. Five States also lower the BAC limit for people convicted of DWI, to emphasize that they should not be driving after drinking even moderate amounts.

Use: As of July 2008, five States have established lower BAC limits for some drivers with one or more DWI offenses (MADD, 2008).

Effectiveness: In 1988, Maine established a .05 BAC limit for 1 year after a first DWI offense and for 10 years after a subsequent offense. Violators received an administrative license suspension. In 1995, this BAC limit was lowered to .00. Hingson, Heeren, and Winter (1998) evaluated the 1988 law and concluded that it reduced the proportion of repeat offender drivers in fatal crashes by 25%. Jones and Rodriguez-Iglesias (2004) evaluated the overall effects of both laws, using data from 1988-2001. They also concluded that the laws contributed to a reduction in the proportion of repeat offenders in fatal crashes, primarily due to a reduction in drivers at BACs of .10 and higher.

Costs: Implementation and operation costs are minimal. Jones and Rodriguez-Iglesias (2004) found that Maine's laws had little or no effect on the operations of the DWI control system.

Time to implement: Lower BAC limit laws can be implemented as soon as legislation is enacted.

5. Prevention, Intervention, Communications, and Outreach

Prevention and intervention.

Prevention and intervention strategies seek to reduce drinking, especially drinking associated with driving, or to prevent driving by people who have been drinking. Prevention and intervention work through laws, policies, and programs that:

- control alcohol sales hours, locations, and promotions;
- implement responsible alcohol service practices;
- control alcohol purchase and use through increased alcohol taxes and restrictions on consumption in public locations such as parks and sports facilities; or
- provide alternatives to driving for people who have been drinking.

Prevention and intervention measures are especially important for those under 21. These are discussed in the Youth section that follows.

Many prevention and intervention measures fall under the authority of a State's alcohol control board rather than the SHSO. However, the SHSO can be a critical partner in many prevention and intervention activities. Only countermeasures directly associated with drinking and driving are discussed in this section. For information regarding more general countermeasures directed at alcohol see Grube and Stewart (2004), Toomey and Wagenaar (1999), and Alcohol Epidemiology Program (2000).

Communications and outreach.

Communications and outreach strategies seek to inform the public of the dangers of driving while impaired by alcohol and to promote positive social norms of not driving while impaired. As with prevention and intervention, education through various communications and outreach strategies is especially important for youth under 21. Education may occur through formal classroom settings, news media, paid advertisements and public service announcements, and a wide variety of other communication channels such as posters, billboards, Web banners, and the like.

Communications and outreach strategies are a critical part of many deterrence and prevention strategies. This section discusses only stand-alone communications and outreach countermeasures.

5.1 Alcohol Screening and Brief Interventions

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Medium	Time: Short
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Alcohol screening is a quick assessment that estimates the level and severity of alcohol use and also identifies the appropriate level of treatment (SAMHSA, 2007). Brief interventions are short, one-time encounters with people who may be at risk of alcohol-related injuries or other health problems. Brief interventions focus on the awareness of the problem and motivation toward behavior change (SAMHSA, 2007). The combination of alcohol screening and brief intervention is most commonly used with injured patients in emergency departments or trauma centers. Patients are usually screened for alcohol use problems. If appropriate, they may be counseled on how alcohol can affect injury risk and overall health and may be referred to a follow-up alcohol treatment program. Brief interventions take advantage of a “teachable moment” when a patient can be shown that alcohol use can have serious health consequences. Dill, Wells-Parker, and Soderstrom (2004) provide a summary and bibliography of alcohol screening and brief intervention studies.

Use: Approximately one-half of trauma centers screen patients for alcohol problems and one-third use some form of brief intervention (NCHRP, 2005, Strategy A4; Schermer et al., 2003). Alcohol screening and brief interventions also are used in colleges, primary care medical facilities, and social service settings (NCHRP, 2005, Strategy A4; Jones & Lacey, 2001). NHTSA offers a toolkit to assist in conducting screenings and brief interventions on college campuses (NHTSA, 2007d).

Effectiveness: Many studies show that alcohol screening and brief interventions in medical facilities can reduce drinking and self-reported driving after drinking (D’Onofrio & Degutis, 2002; Moyer, Finney, Swearingen, & Vergun, 2002; Wilk, Jensen, & Havighurst, 1997). Dill et al. (2004) reviewed nine studies that evaluated alcohol screening and brief intervention effects on injury. These studies generally found that alcohol screening and brief interventions reduced both drinking and alcohol-related traffic crashes and injuries.

Costs: Alcohol screening and brief interventions in medical facilities require persons trained in alcohol screening and brief intervention to administer the intervention.

Time to implement: Procedures for alcohol screening and brief interventions are readily available, for example from American College of Emergency Physicians (ACEP, 2006) or the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2005), and can be implemented as soon as staff is identified and trained.

Other issues:

- **Alcohol exclusion laws:** An alcohol exclusion law (Uniform Accident and Sickness Policy Provision Law) allows insurance companies to deny payment to hospitals for treating patients who are injured while impaired by alcohol or a non-prescription drug. These laws may make hospitals reluctant to determine the BAC of an injured driver and may limit the use of alcohol screening. As of January 2008, alcohol exclusion laws were

in effect in 29 States and the District of Columbia, though the extent to which insurance companies do deny payment is not known (NHTSA, 2008i).

5.2 Mass Media Campaigns

Effectiveness: ★ ★ ★ ★ ★ †	Use: High	Cost: High	Time: Medium
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† High-quality campaigns supporting other program activities, such as enforcement

A mass media campaign consists of intensive communications and outreach activities regarding alcohol-impaired driving that use radio, television, print, and other mass media, both paid and/or earned. Mass media campaigns are a standard part of every State's efforts to reduce alcohol-impaired driving. Some campaigns publicize a deterrence or prevention measure such as a change in a State's DWI laws or a checkpoint program. Others promote specific behaviors such as the use of designated drivers, illustrate how impaired driving can injure and kill, or simply urge the public not to drink and drive. Campaigns vary enormously in quality, size, duration, funding, and every other way imaginable. Effective campaigns identify a specific audience and communications goal and develop messages and delivery methods that are appropriate to, and effective for, the audience and goal.

Use: Most States use some form of alcohol-impaired driving mass media campaign every year. Mass media campaigns are an essential part of many deterrence and prevention countermeasures that depend on public knowledge to be effective.

Effectiveness: Most mass media campaigns are not evaluated. Elder et al. (2004) studied the few available high-quality evaluations. The campaigns being evaluated were carefully planned, well-funded, well-executed, achieved high levels of audience exposure (usually by using paid advertising), had high-quality messages that were pre-tested for effectiveness, and were conducted in conjunction with other impaired-driving activities. These mass media campaigns were associated with a 13% reduction in alcohol-related crashes. Levy, Compton, and Dienstfrey (2004) documented the costs and media strategy of a high-quality national media campaign and its effects on driver knowledge and awareness.

Costs: High-quality and effective mass media campaigns are expensive. Funds are needed for market research, design, pre-testing, and production. Paid advertising expenses depend on the media chosen and the media markets needed to reach the target audience.

Time to implement: A high-quality mass media campaign will require at least six months to research, plan, produce, and distribute.

Other issues:

- **Campaign quality:** *These conclusions apply only to high-quality and well-funded mass media campaigns that complement other impaired driving activities.* Poor-quality or stand-alone campaigns are likely to be ineffective. Public service announcements may be an easy way to spend money quickly and to appear to be doing something about impaired driving but they are likely to be aired infrequently, reach small audiences, and have little or no effect.
- **Comprehensive media strategy:** Mass media campaigns should be planned as part of an overall communications and outreach strategy that supports specific impaired driving activities.

- **Social norms campaigns:** Social norms marketing campaigns are a relatively new approach for reducing alcohol-related crashes. They are built on the premise that people's behavior is influenced by their perception of how they think most people behave. A study in Montana demonstrates the potential effectiveness of this approach. Surveys of young adults age 21 to 34 in Montana revealed that only 20% had driven in the previous month after consuming two or more alcoholic drinks, although more than 90% thought their peers had done so. Based on this finding, a paid media campaign was developed with the normative message, "MOST Montana Young Adults (4 out of 5) Don't Drink and Drive." By the end of the campaign, there was a 13.7% decrease in young adults who reported driving after drinking relative to a comparison community (Linkenbach & Perkins, 2005).

5.3 Responsible Beverage Service

Effectiveness: ★ ★	Use: Medium	Cost: Medium	Time: Medium
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Responsible beverage service covers a range of alcohol sales policies and practices that prevent or discourage restaurant and bar patrons from drinking to excess or from driving while impaired by alcohol. Server training programs teach servers how to recognize the signs of intoxication and how to prevent intoxicated patrons from further drinking and from driving. Management policies and programs include limits on cheap drinks and other promotions, support for designated driver programs, strong commitment to server training, and strong support for servers who refuse alcohol to intoxicated patrons. NCHRP (2005, Strategy A2) provides an overview of responsible beverage service. See also Wagenaar and Tobler (2007) for a review and discussion of the research literature on this issue.

Beginning in the early 1980s, a major effort was undertaken to encourage compliance by alcohol servers with laws prohibiting the sale of alcoholic beverages to visibly intoxicated patrons. Since that time, many “server intervention” programs have been developed as a means of securing more responsible behavior on the part of servers. Some States have mandatory programs that require at least some alcohol retail employees to attend a server training course. Other States have voluntary programs that provide incentives for retailers to participate (e.g., liability protection or insurance discounts). The quality of server training programs can vary considerably. Wagenaar and Tobler (2007) note that many current server training laws “are not optimally designed, do not ensure quality training, and do not ensure all servers are consistently trained, or retained periodically” (p. 158).

Server training programs are the only segment of responsible beverage service for adults that has been documented and evaluated well. Activities directed at people under 21 are discussed separately in Chapter 1, Sections 6.1 through 6.4.

Use: Eighteen States have some form of mandatory server training programs in place; another 15 States have voluntary programs (Wagenaar & Tobler, 2007).

Effectiveness: The findings on the effectiveness of server training have been mixed. In their systematic review, Shults et al. (2001) found five high-quality evaluations of server training programs. They concluded that “intensive, high-quality, face-to-face server training, when accompanied by strong and active management support, is effective in reducing the level of intoxication in patrons” (p. 80). When server training programs are not intensive and are not supported, they are unlikely to result in greater refusals of service to intoxicated patrons.

Few studies have examined the effect of server training on alcohol-related crashes. An evaluation of a statewide server training program in Oregon found a 23% reduction in single-vehicle nighttime injury crashes following the program (Holder & Wagenaar, 1994). However, Molof and Kimball (1994) reviewed the same Oregon program and observed no decline in alcohol-related fatalities.

Costs: A typical alcohol server course takes about 4 to 8 hours. Course costs can be borne by the servers themselves, their employers, or the State.

Time to implement: Server training courses are offered by several private vendors and can be implemented in a few weeks. A statewide requirement for server training or more general responsible beverage service policies would require time to enact any necessary legislation, establish policies, and provide for program administration.

Other issues:

- **Program quality:** The quality of responsible beverage service programs can vary enormously, from excellent to abysmal. Management support can vary from enthusiastic to nonexistent. Shults et al. (2001) clearly limit their conclusions to high-quality programs with strong management support. The Alcohol Epidemiology Program (2000) cites some server training program evaluation studies that found no effect and notes that these programs may have been poorly supported or implemented.
- **Responsible beverage service is more than server training:** Grube and Stewart (2004) emphasize that management policy and its implementation may be at least as important as server training in determining responsible beverage service program effectiveness.
- **Enforcement of responsible beverage service:** Enforcement of alcohol service laws is key, but largely lacking. Alcohol enforcement by police is almost exclusively directed toward drivers. As a result, action against licensed establishments has historically been limited to case law action involving serious crashes. However, research has demonstrated that enforcement of alcohol service laws can help ensure that alcohol retailers follow responsible serving practices. For example, an enforcement program in Michigan resulted in a three-fold increase in refusals of service to “pseudo-patrons” who simulated intoxication (McKnight & Streff, 1994).

5.4 Alternative Transportation

Effectiveness: ★ ★	Use: Unknown	Cost: Medium	Time: Short
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Alternative transportation describes methods by which people can get to and from places where they drink without having to drive. Alternative transportation supplements normal public transportation provided by subways, buses, taxis, and other means.

Ride service programs transport drinkers home from, and sometimes to and between, drinking establishments using taxis, private cars, buses, tow trucks, and even police cars. Some will drive the drinker's car home along with the drinker. For an overview, see Jones and Lacey (2001, pp. 133-134) and NCHRP (2003, Strategy E1). Most operate only for short periods of the year, such as the Christmas and New Year's holidays. Many are free; some charge users a minimal fee; some are operated commercially on a for-profit basis. Ride service programs are relatively inexpensive and easy for communities to implement. Although it can be difficult to measure the effectiveness of these programs, they can play a role in a community's efforts to reduce drinking and driving.

Use: There are no data on current ride service programs, but 325 programs were in operation in 44 States and the District of Columbia during the 1980s (Harding, Apsler, & Goldfein, 1987).

Effectiveness: Unless a ride service program operates for a long period of time or over a large area it is difficult to determine whether it has any effect on alcohol-related crashes. Three studies have evaluated ride service programs. The first examined one year-round and one holiday program. Both functioned smoothly and delivered rides but neither demonstrated any effect on crashes (Molof et al., 1995). The second study examined a year-round program in Aspen, Colorado, and concluded that it reduced injury crashes in the surrounding county by 15% (Lacey, Jones, & Anderson, 2000). Finally, a program in Wisconsin that provided rides to and from bars using older luxury vehicles resulted in a 17% decline in alcohol-related crashes during the first year (Rothschild, Mastin, & Miller, 2006). The program became largely self-sustaining through fares and tavern contributions.

Costs: The major ride service program costs are for the rides that are provided. Short-term ride service programs can be operated largely with donated rides. Year-round programs need enough steady funding to accommodate demand (NCHRP, 2003, Strategy E1).

Time to implement: Short-term ride service programs can be established and operated informally in a few weeks. Longer-term programs need to establish long-term strategies for funding and managing the program.

5.5 Designated Drivers

Effectiveness: ★	Use: Medium	Cost: Low	Time: Short
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Designated drivers are individuals who agree not to drink so they can drive their friends who have been drinking. Formal designated driver programs in drinking establishments provide incentives such as free soft drinks for people who agree to be designated drivers. Usually, though, designated driver arrangements are completely informal.

Use: The designated driver concept is widely understood and accepted. Surveys show that designated driver use is common: for example, about one-third of college students in a national survey in 1993 reported that they had served as a designated driver and one-third of students who drink had ridden with a designated driver (Hedlund, Ulmer, & Preusser, 2001).

Effectiveness: The designated driver concept has been questioned on two grounds: that it may encourage passengers to drink to excess and that the designated driver may drink, though perhaps less than the passengers. In a survey of drinkers age 21 to 34, 62% said they did not drink the last time they served as a designated driver, and only 3% said they had three or more drinks. However, almost half reported drinking more than usual the last time someone else served as the designated driver (Rivara et al., 2007). Because designated drivers are informally determined and somewhat imprecisely defined, it's no surprise there appear to be no data on the impact of designated drivers on crashes. CDC's systematic review found insufficient evidence to determine the effectiveness of designated driver programs (Ditter et al., 2005).

Costs: The only costs associated with informal designated driver programs are for publicity. Designated drivers can be promoted independently or can be included with other impaired driving publicity. Establishments that operate formal designated driver programs have minimal costs for the drinks provided and for publicity.

Time to implement: Designated driver promotion can be implemented in a few weeks and formal programs can be established equally quickly.

6. Underage Drinking and Alcohol-Related Driving

In addition to the deterrence, prevention, intervention, communications, and outreach countermeasures that apply to all drivers, some countermeasures are directed specifically to those under 21.

Since 1987, minimum-drinking-age laws in all States prohibit youth under 21 from purchasing alcohol or consuming it in public. These laws influence all youth impaired-driving strategies. For people over 21, drinking is legal but driving while impaired by alcohol is not. With a BAC limit of .08, drivers know they should not drive after drinking “too much,” but are faced with mixed messages at low levels of alcohol, because a BAC of .05 is not illegal per se. The message for those under 21 is unambiguous: they should not be drinking at all, and certainly should not be driving after drinking.

Zero-tolerance laws in all States reinforce this message by setting a maximum BAC limit of .02 or less for drivers under 21. This effectively prohibits driving after drinking *any* amount of alcohol. Many policies and programs reinforcing the no-drinking message are directed primarily at youth (beer keg registration) or take place in schools or youth organizations (Students Against Destructive Decisions clubs, alcohol-free prom and graduation parties). Youth receive education and information about alcohol and alcohol-impaired driving in schools and colleges and through media directed to youth.

The minimum-drinking-age laws and the no-drinking message for youth mean that youth impaired-driving activities must work hand-in-hand with activities to control youth drinking. With the exception of zero-tolerance law enforcement, all the countermeasures discussed below require cooperative activities between traditional highway safety organizations, such as law enforcement and motor vehicle departments, and community, health, and educational organizations with a broader social agenda than traffic safety.

6.1 Zero-Tolerance Law Enforcement

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Medium	Time: Short
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Zero-tolerance laws set a maximum BAC of .02 or less for drivers under 21. Violators have their driver's licenses suspended or revoked. There is strong evidence that zero-tolerance laws reduce alcohol-related crashes and injuries (Jones & Lacey, 2001; NCHRP, 2005, Strategy B3; Shults et al., 2001).

However, zero-tolerance laws often are not actively enforced or publicized (Hedlund et al., 2001; Jones & Lacey, 2001). Studies have found that young drivers are not arrested in proportion to their involvement in alcohol-related crashes (Hingson, Assailly, & Williams, 2004). One exception is the State of Washington, where a study found that arrests for alcohol violations among 16- to 20-year-old drivers increased by about 50% after the zero-tolerance law went into effect (McCartt, Blackman, & Voas, 2007). Enforcement may be greater in Washington because the law allows police to request a test for alcohol based on suspicion of either a DWI or zero-tolerance offense. In other States where drivers can only be tested if DWI is suspected, zero-tolerance laws may be more difficult to enforce.

Use: Zero-tolerance laws have been in effect in all States since 1998. The degree to which zero-tolerance laws are enforced in States is unknown.

Effectiveness: An early study in Maryland found that alcohol-involved crashes for drivers under age 21 dropped by 21% in six counties after the zero-tolerance law was implemented. After the law was publicized extensively, these crashes dropped by an additional 30% (Blomberg, 1992). No other studies have examined the effect of increasing enforcement and publicity for an existing zero-tolerance law. Lacey, Jones, and Wiliszowski (2000) document how zero-tolerance laws are administered and enforced in four States. Highly publicized enforcement has proven effective in increasing compliance with many traffic safety laws and reducing crashes and injuries: see for example checkpoints (Chapter 1, Section 2.1) and seat belt use mobilizations (Chapter 2, Section 2.1).

Costs: Zero-tolerance laws can be enforced on regular patrol or on special patrols directed at times and areas when young drinking drivers may be present. Enforcement will require moderate costs for appropriate training, publicity, and perhaps equipment (see Other Issues).

Time to implement: Enforcement programs can be implemented within three or four months, as soon as appropriate training, publicity, and equipment are in place.

Other issues:

- **Zero-tolerance-law provisions:** Zero-tolerance laws are far easier to enforce if the offense is an administrative rather than criminal violation and if law enforcement officers can use PBTs at the roadside to determine if the law has been violated and to seize the driver's license if it has (Jones and Lacey, 2001). Some State laws require the same probable cause as for a standard DWI arrest, or even require a full DWI arrest, before a BAC test for a zero-tolerance-law violation can be administered. In these States, the zero-

tolerance law is not enforced independently of the standard DWI law, and in fact young drivers may not be aware of the zero-tolerance law (Hingson et al., 2004).

- **PBT and PAS:** Preliminary breath test devices (PBTs) are critical to effective and efficient enforcement in States that allow PBT use for zero-tolerance laws. A passive alcohol sensor (PAS) can help officers detect violators who have consumed alcohol. See Chapter 1, Sections 2.3 and 2.4.
- **Holding juveniles in custody:** A complication of enforcing zero-tolerance laws is deciding how and where to hold young offenders once they are taken into custody. NHTSA helped produce an implementation guide for developing a juvenile holdover program (NHTSA, 2001).

6.2 Minimum Drinking Age 21 Law Enforcement

Effectiveness: ★ ★	Use: Varies	Cost: Varies	Time: Varies
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The minimum legal drinking age (MDA) has been 21 in all States since 1987. There is strong evidence that MDA-21 laws reduced drinking, driving after drinking, and alcohol-related crashes and injuries among youth (Hingson et al., 2004; Shults et al., 2001). In fact, MDA-21 laws reduced youth drinking and driving more than youth drinking alone (using the measurements of self-reporting and testing of drinking drivers in fatal crashes). Drinking and driving has become less socially acceptable among youth, and more youth have separated their drinking from their driving (Hedlund et al., 2001).

The specific laws implementing MDA 21 for alcohol vendors, adults, and youth differ substantially from State to State. See Alcohol Epidemiology Program (2000) and Century Council (2005) for State-by-State summaries of some of the key provisions.

MDA-21 law enforcement is very limited in many communities (Hedlund et al., 2001). Enforcement can take several forms, as summarized by Stewart (1999):

- Actions directed at alcohol vendors: compliance checks to verify that vendors will not sell to youth.
- Actions directed at youth: “use-and-lose” laws that confiscate the driver’s license of an underage drinker, “Cops in Shops” directed at underage alcohol purchasers, law enforcement “party patrols” using party dispersal techniques, and penalties for using false identification.
- Actions directed at adults: beer keg registration laws, enforcement of laws prohibiting purchasing alcohol for youth, shoulder tap operations, and programs to limit parties where parents provide alcohol to youth.

While these enforcement strategies have been used frequently, few have been evaluated. Four strategies with some research evidence are discussed below, followed by a program and a discussion of comprehensive, multi-strategy community programs.

Alcohol vendor compliance checks: In a compliance check or “sting,” law enforcement officers watch as underage people attempt to purchase alcohol and cite the vendor for an MDA-21 violation if a sale is made. Vendors can include on-premise retailers (e.g., bars and restaurants) or off-premise outlets (e.g., convenience stores or liquor stores). Several studies document that well-publicized and vigorous compliance checks reduce alcohol sales to youth; for example, a review of eight high quality studies found that compliance checks reduced sales to underage persons by an average of 42% (Elder et al., 2007). Compliance checks require strong community support, education for alcohol vendors on their responsibilities under MDA 21, and publicity to underage youth. They require staff time from traffic or alcohol beverage control staff. See NCHRP (2005, Strategy A3) for a full discussion.

“Use and lose” laws: These laws allow confiscation of the driver’s license or postpone licensure for a period of time for youth who violate a State’s MDA-21 law. In the only study to date, Ulmer et al. (2001) investigated “use and lose” law implementation and effects in Missouri and

Pennsylvania. Missouri suspended the driver's licenses of most youth arrested for DWI but rarely suspended the licenses of youth who violated the MDA-21 law by drinking but not driving. Pennsylvania, in contrast, applied the "use and lose" law to violations of the MDA-21 both for youth arrested while driving and youth arrested while not driving. Pennsylvania's "use and lose" license suspensions appeared to reduce subsequent traffic violations and crashes. "Use and lose" laws can be implemented quickly and inexpensively once enacted. To be effective, they should be publicized extensively. As of 2006, 29 States have "use and lose" laws and another 10 States and the District of Columbia have "use and lose" authority that may be applied in varying circumstances (NHTSA, 2006e).

Keg registration laws: These laws link beer keg purchasers to an identification number on the keg, which provides a method of identifying adults who supply beer to parties attended by youth. As of January 2007, 29 States and the District of Columbia had keg registration laws, as did many communities in other States (MADD, 2008; Alcohol Epidemiology Program, 2000). In the only study on the effectiveness of these laws, keg registration was shown to be associated with reduced traffic fatality rates in 97 U.S. communities (Cohen, Mason, & Scribner, 2001). However, the authors could not conclude that key registration *caused* the lower fatality rates.

Media campaigns: Ohio has conducted a statewide media campaign, *Parents Who Host Lose the Most*, since 2000. The campaign informs parents and youth about Ohio's underage drinking laws and attempts to discourage parents from providing alcohol to underage drinkers at parties. Telephone surveys in 2006 showed that about 55% of parents and youth had heard messages about underage drinking (Applied Research Center, Miami University Middletown, 2008). About two-thirds of those who had heard a message said that it prompted a conversation between parents and their teenagers about drinking. In comparison with surveys conducted in 2001, there was a 42% decrease among youth who reported knowing of parents who host parties where alcohol is served to teens. For more information on the program, see www.drugfreeactionalliance.org/pwh.php.

Underage Drinking Tipline: In 2006 Kansas launched a statewide underage drinking tipline, 866-MustB21. The toll-free tipline operates 24 hours a day, seven days a week, for citizens to report parties involving underage drinking, plans to purchase alcohol for underage people, and willingness of retailers to sell alcohol to underage people.

Comprehensive community programs: Several comprehensive community initiatives have reduced youth drinking and alcohol-related problems (Hingson et al., 2004). These initiatives typically bring together several community government departments, such as schools, health, and law enforcement, with alcohol sellers, parents, youth, and citizen organizations. They may include school-based programs, law enforcement, media, and other intervention strategies. They require strong leadership and organization. They may take many months to plan and implement. Costs depend on the activities included.

6.3 Youth Programs

Effectiveness: ★ ★	Use: High	Cost: Varies	Time: Medium
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States and communities have conducted extensive youth drinking-and-driving-prevention programs over the past 25 years. These programs seek to motivate youth not to drink, not to drink and drive, and not to ride with a driver who has been drinking. Although some programs use scare tactics, many employ positive messages and methods: providing positive role models that discourage alcohol use, promoting positive norms that do not involve alcohol, and encouraging youth activities that do not involve or lead to alcohol use.

The best-known youth program is SADD, founded in 1981 as Students Against Driving Drunk, then renamed Students Against Destructive Decisions. In 1994 an estimated 16,000 U.S. high schools had SADD chapters (Hedlund et al, 2001). Some States conducted similar activities under different names, such as Students Taking a New Direction (STAND) in Colorado and Stopping Automobile Fatalities Through Youth Efforts (SAFTYE) in Washington State. MADD's Youth n Action program is active in 43 States (www.youthinaction.org/index.cfm?cID=home). One specific activity, operated either by a youth program or independently, is Project Graduation, which provides alcohol-free prom and graduation parties for high school students. See Hedlund et al. (2001) for brief examples of State programs.

One relatively new type of approach is so-called "social norms" or "normative feedback" programs. Social norms programs are based on studies showing that students often overestimate alcohol use among their peers. By providing students with accurate information about drinking, social norms programs reduce the pressure that light- or non-drinkers feel to drink, and help heavier drinkers realize that their drinking is atypical (Perkins 2002, 2003). Although many social norms programs focus on alcohol or other substance use, a few have addressed drinking and driving. Examples of social norms programs can be found at the National Social Norms Institute (www.socialnorms.org).

Use: Youth programs of some type are conducted in most, if not all, States.

Effectiveness: CDC's systematic review found that there was insufficient evidence to determine the effectiveness of youth programs (Elder et al., 2005). Two studies have attempted to evaluate SADD's activities and effects. One study, in two schools, found that neither school implemented the model SADD program well and found no evidence of SADD effects on any drinking and driving measure. The second study, in six schools, found that SADD affected drinking and driving attitudes as well as self-reported drinking and driving (Hedlund et al., 2001).

One study has examined the long-term effects of a social norms program on drinking and driving. Breath samples were taken from students at a large public university as they returned home late at night. Following the social norms program, there was a marginally significant decrease in drivers who registered a positive BAC, from 15.3% to 10.8%. Among drivers who had been drinking, self-reported number of drinks consumed and measured BACs decreased, as

did the number of drinking-drivers who reported having five or more drinks at one sitting on the night of the survey (Goodwin, 2004).

Costs: Youth program costs can vary substantially depending on the size and nature of the individual activities. States have spent substantial funds, both Federal and non-Federal, on youth drinking-and-driving programs. These funds have been used for a variety of youth education, enforcement, and program activities.

Time to implement: With model programs available and organizations such as SADD and MADD available for assistance, youth programs can be started easily in six months.

6.4 School Education Programs

Effectiveness	Use: Unknown	Cost: Low	Time: Long
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Elementary and secondary schools often include education on alcohol, impaired driving, and traffic safety as regular topics in health and driver education courses.

Use: Health education is a standard course for most students, but the coverage of impaired-driving issues is not known. Driver education is an elective course in some schools and is not offered in others. Commercial instructors offer driver education courses in many communities. In each, the coverage of impaired-driving issues is not known.

Effectiveness: Evaluations generally have found that prevention curricula have weak and inconsistent effects on alcohol use (Stewart, 1999). CDC's systematic review found that education programs are effective in reducing riding with a drinking driver. There was insufficient evidence to determine the programs' effectiveness in reducing drinking and driving (Elder et al., 2005).

Costs: Many education programs or course units are available. They must compete with other pressing educational needs for space in a crowded school curriculum.

Time to implement: School education programs require at least a year to plan, schedule, acquire material, and train teaching staff.

Alcohol-Impaired Driving References

ACEP. (2006). *Alcohol Screening and Brief Intervention in the ED*. Washington, DC: American College of Emergency Physicians. www.acep.org/practres.aspx?id=34358

Alcohol Epidemiology Program (2000). *Alcohol Policies in the United States: Highlights from the 50 States*. Minneapolis, MI: University of Minnesota, School of Public Health.

Applied Research Center (2008). *Executive Summary of "Parents Who Host, Lose the Most: Don't Be a Party to Teenage Drinking" Campaign Survey*. Middletown, OH: Applied Research Center, Miami University Middletown.

www.drugfreeactionalliance.org/docs/PWHExecSummary2006.pdf

Beirness, D. J., & Marques, P. R. (2004). Alcohol ignition interlock programs. *Traffic Injury Prevention, 5*, 299-308.

Beirness, D. J., & Robertson, R. D. (2005). *Alcohol Interlock Programs: Enhancing Acceptance, Participation and Compliance*. Ottawa, ON: Traffic Injury Research Foundation.

trafficinjuryresearch.com/publications/PDF_publications/Hilton_Head_Proceedings.pdf

Blomberg, R. D. (1992). *Lower BAC limits for youth: evaluation of the Maryland .02 law*.

Publication No. DOT HS 807 859. Washington, DC: National Highway Traffic Safety Administration.

Brunson, W., & Knighten, P., editors. (2005). *Strategies for Addressing the DWI Offender: 10 Promising Sentencing Practices*. Publication No. DOT HS 809 850. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/enforce/PromisingSentence/images/10Promising.pdf

The Century Council. (1997). *Combating Hardcore Drunk Driving: A Sourcebook of Promising Strategies, Laws & Programs*. Washington, DC: The Century Council.

The Century Council. (2003). *Hardcore Drunk Driving: A Sourcebook of Promising Strategies, Laws & Programs*. Washington, DC: The Century Council. www.dwidata.org

The Century Council. (2005). *Underage Drinking: A Resource Guide to State Laws*.

Washington, DC: The Century Council.

Chang, I., Gregory, C., & Lapham, S. C. (2002). *Review of Screening Instruments and Procedures for Evaluating DWI (Driving While Intoxicated/Impaired) Offenders*. Washington, DC: AAA Foundation for Traffic Safety. www.aaafoundation.org/pdf/DWIScreeningReport.pdf

Cohen, D. A., Mason, K., & Scribner, R. A. (2001). The population consumption model, alcohol control practices, and alcohol-related traffic fatalities. *Preventive Medicine, 34*, 187.

Dang, J. N. (2008). *Statistical Analysis of Alcohol-related Driving Trends, 1982-2005*. Publication No. DOT HS 810 942. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/NCSA/Content/Reports/2008/810942.pdf

Dill, P. L., & Wells-Parker, E. (2006). Court-mandated treatment for convicted drinking drivers. *Alcohol Research & Health*, 29, 41-8. pubs.niaaa.nih.gov/publications/arh291/41-48.htm

Dill, P. L., Wells-Parker, E., & Soderstrom, C. A. (2004). The emergency care setting for screening and intervention for alcohol use problems among injured and high-risk drivers: a review. *Traffic Injury Prevention*, 5, 278-291.

Ditter, S. M., Elder, R. W., Shults, R. A., Sleet, D. A., Compton, R., & Nichols, J. L. (2005). Effectiveness of designated driver programs for reducing drinking and driving and alcohol-involved crashes: A systematic review, *American Journal of Preventive Medicine*, 28(5S), 280-287.

D'Onofrio, G., & Degutis, L. C. (2002). Preventive care in the emergency department: screening and brief intervention for alcohol problems in the emergency department: a systematic review. *Academic Emergency Medicine*, 5, 627-638.

De Young, N. J. (1997). An evaluation of the specific deterrent effect of vehicle impoundment on suspended, revoked and unlicensed drivers in California. DOT HS 808 727. Washington, DC: National Highway Traffic Safety Administration.

Elder, R. W., Lawrence, B., Janes, G., Brewer, R. D., Toomey, T. L. et al. (2007). Enhanced enforcement of laws prohibiting sale of alcohol to minors. Systematic review of effectiveness for reducing sales and underage drinking. *Transportation Research Circular: Traffic Safety and Alcohol Regulation*, Number E-C123, 181-187. onlinepubs.trb.org/onlinepubs/circulars/ec123.pdf

Elder, R. W., Nichols, J. L., Shults, R.A., Sleet, D. A., Barrios, L. C., Compton, R., & the Task Force on Community Preventive Services. (2005). Effectiveness of school-based programs for reducing drinking and driving and Riding with Drinking Drivers. *American Journal of Preventive Medicine*, 28(5S), 288-297. www.thecommunityguide.org/mvoi/mvoi-AJPM-evrev-school-based.pdf

Elder, R. W., Shults, R. A., Sleet, D. A., Nichols, J. L., Zaza, S., & Thompson, R. S. (2002). Effectiveness of Sobriety Checkpoints for Reducing Alcohol-Involved Crashes. *Traffic Injury Prevention*, 3, 266-274.

Elder, R. W., Shults, R. A., Sleet, D. A., Nichols, J. L., Thompson, R. S., Rajab, W., & the Task Force on Community Preventive Services. (2004). Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes. *American Journal of Preventive Medicine*, 27, 57-65. www.thecommunityguide.org/mvoi/glance_massmediaAJPM.pdf

Farmer, C. M., Wells, J. K., Ferguson, S. A., & Voas, R. B. (1999). Field evaluation of the PAS III Passive Alcohol Sensor. *Traffic Injury Prevention, 1*, 55-61.

Fell, J. C., Ferguson, S. A., Williams, A. F., & Fields, M. (2003). Why are sobriety checkpoints not widely adopted as an enforcement strategy in the United States? *Accident Analysis and Prevention, 35*, 897-902.

Fell, J. C., Lacey, J. H., & Voas, R. B. (2004). Sobriety checkpoints: Evidence of effectiveness is strong, but use is limited. *Traffic Injury Prevention, 5*, 220-227.

Fell, J. C., Langston, E. A., Lacey, J. H., & Tippetts, A. S. (2008). *Evaluation of Seven Publicized Enforcement Demonstration Programs to Reduce Impaired Driving: Georgia, Louisiana, Pennsylvania, Tennessee, Texas, Indiana, and Michigan*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810941.pdf

Ferguson, S. A., Teoh, E. R., & McCartt, A. T. (2007). Progress in teenage crash risk during the last decade. *Journal of Safety Research, 38*, 137-145.

Ferguson, S. A., Fields, M., & Voas, R. B. (2000). Enforcement of zero-tolerance laws in the United States. In *Proceedings of the 15th International Conference on Alcohol, Drugs and Traffic Safety*. Stockholm, Sweden. www.icadts.org/proceedings/2000/icadts2000-108.pdf

Goodwin, A. H. (2004). A social norms approach to reduce drinking-driving among university students. In *Proceedings of the 17th International Conference on Alcohol, Drugs and Traffic Safety*. Glasgow, Scotland. www.icadts.org/T2004/pdfs/O42.pdf

Grube, J., & Stewart, K. (2004). Preventing impaired driving using alcohol policy. *Traffic Injury Prevention, 5*, 199-207.

Harding, W., Apsler, R., & Goldfein, J. (1987). *A directory of ride service programs*. Publication No. DOT HS 807 146. Washington, DC: National Highway Traffic Safety Administration.

Hedlund, J. H., & Beirness, D. J. (2007). *Use of Warrants for Breath Test Refusals: Case Studies*. Publication No. DOT HS 810 852. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810852.pdf

Hedlund, J. H., & McCartt, A. T. (2002). *Drunk Driving: Seeking Additional Solutions*. Washington, DC: AAA Foundation for Traffic Safety.
www.aaafoundation.org/pdf/DrunkDriving-SeekingAdditionalSolutions.pdf

Hedlund, J. H., Ulmer, R. G., & Preusser, D. F. (2001). *Determine Why There Are Fewer Young Alcohol Impaired Drivers*. Publication No. DOT HS 809 348. Washington, DC: National

Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/research/FewerYoungDrivers

Hingson, R. W., Assailly, J., & Williams, A. F. (2004). Underage drinking: Frequency, consequences, and interventions. *Traffic Injury Prevention, 5*, 228-236.

Hingson, R., Heeren, T., & Winter, M. (1998). Effects of Maine's 0.05% legal blood alcohol level for drivers with DWI convictions. *Public Health Reports, 113*, 440-446.

Hingson, R., McGovern, T., Howland, J., Heeren, T., Winter, M., & Zakocs, R. (1996). Reducing alcohol-impaired driving in Massachusetts: the Savings Lives Program. *American Journal of Public Health, 86*, 791-797.

Holder, H. D., & Wagenaar, A. C. (1994). Mandated server training and reduced alcohol-involved traffic crashes: A time series analysis of the Oregon experience. *Accident Analysis and Prevention, 26*, 89-97.

Huddleston, C. W., III, Freeman-Wilson, K., Marlowe, D.B., & Roussell, A. (2005). *Painting the Current Picture: A National Report Card on Drug Courts and Other Problem-Solving Court Programs in the United States, Vol. I, No. 2*. Alexandria, VA: National Drug Court Institute. www.ndci.org/publications/10697_PaintPict_fnl4.pdf

IIHS. (2008). *DUI/DWI laws*. (2008). Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/dui.aspx

Jones, R. K., Joksch, H. C., Lacey, J. H., Wiliszowski, C., & Marchetti, L. (1995). *Summary Report: Field Test of Combined Speed, Alcohol, and Safety Belt Strategies*. Publication No. DOT HS 808 242. Washington, DC: National Highway Traffic Safety Administration.

Jones, R. K., & Lacey, J. H. (2001). *Alcohol and Highway Safety 2001: A Review of the State of Knowledge*. Publication No. DOT HS 809 383. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/AlcoholHighway/

Jones, R. K., & Rodriguez-Iglesias, C. (2004). *Evaluation of Lower BAC Limits for Convicted OUI Offenders in Maine*. Publication No. DOT HS 809 827. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/alcohol/Maine-BAC-Limits/index.htm

Jones, R. K., Wiliszowski, C., & Lacey, J. H. (1996). *Evaluation of alternative programs for repeat DWI offenders*. DOT HS 808 493. Washington, DC: National Highway Traffic Safety Administration.

Lacey, J. H., Ferguson, S. A., Kelley-Baker, T., & Rider, R. P. (2006). Low-manpower checkpoints: can they provide effective DUI enforcement for small communities? *Traffic Injury Prevention, 7*, 213-218.

Lacey, J. H., Jones, R. K., & Anderson, E. W. (2000). *Evaluation of a Full-Time Ride Service Program: Aspen, Colorado's Tipsy Taxi Service*. Publication No. DOT HS 809 155. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/PEOPLE/injury/research/tipsytaxi/toc.htm

Lacey, J. H., Jones, R. K., & Wiliszowski, C. H. (2000). *Zero-Tolerance Laws for Youth: Four States' Experience*. Publication No. DOT HS 809 803. Washington, DC: National Highway Traffic Safety Administration.

Lapham, S. C., Kapitula, L. R., C'de Baca, J., & McMillan, G. P. (2006). Impaired-driving recidivism among repeat offenders following an intensive court-based intervention. *Accident Analysis and Prevention*, 38, 162-169.

Levy, M., Compton, R., & Dienstfrey, S. (2004). Public Perceptions of the July 2003 "You Drink & Drive. You Lose" Crackdown: Telephone Surveys Show the Media Campaign Reaches Target Audience. *Traffic Safety Facts: Research Note*. Publication No. DOT HS 809 708. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/RN-public04/RN%20PublicPercep/

Linkenbach, J., & Perkins, H. W. (2005). Montana's MOST of Us Don't Drink and Drive Campaign: A Social Norms Strategy to Reduce Impaired Driving Among 21-34-Year-Olds. Publication No. DOT HS 809 869. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/alcohol/SocialNorms_Strategy/pages/TOC.htm

MADD. (2008). *State-by-State Alcohol-Related Laws*. Irving, TX: Mothers Against Drunk Driving. www.madd.org/laws/

Marques, P. R., ed. (2005). *Alcohol Ignition Interlock Devices Vol. II: Research, Policy, and Program Status 2005*. International Council on Alcohol, Drugs and Traffic Safety. www.icadts.org/reports/AlcoholInterlockReport2.pdf

Marques, P. R. (2006). *Technology Today: Controlling DWI Offenders with Alcohol Ignition Interlock Programs*. Presentation at International Technology Symposium: A Nation Without Drunk Driving. Irving, TX: Mothers Against Drunk Driving.

Marques, P. R. (2007). *Engaging and Educating Treatment Professionals and Their System of Care*. Presentation at 9th Annual International Alcohol Interlock Symposium. Tallberg, Sweden.

McCartt, A. T., Blackman, K., & Voas, R. B. (2007). Implementation of Washington State's Zero Tolerance Law: Patterns of Arrests, Dispositions, and Recidivism. *Traffic Injury Prevention*, 8, 339-345.

McCartt, A. T., Geary, L. L., & Nissen, W. J. (2002). *Observational Study of the Extent of Driving While Suspended for Alcohol-Impaired Driving*. Publication No. DOT HS 809 491.

Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/research/observation_study/

McCartt, A. T., & Northrup, V. S. (2003). *Enhanced Sanctions for Higher BACs: Evaluation of Minnesota's High-BAC Law*. Publication No. DOT HS 809 677. Washington, DC: National Highway Traffic Safety Administration
www.nhtsa.dot.gov/people/injury/alcohol/EnhancedSanctions/

McCartt, A. T., & Northrup, V. S. (2004). Effects of enhanced sanctions for high-BAC DWI drivers on case dispositions and rates of recidivism, *Traffic Injury Prevention*, 5, 270-277.

McKnight, A. J., & Streff, F. M. (1994). The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. *Accident Analysis and Prevention*, 26, 79-88.

Michigan Supreme Court and NPC Research (2008). *Michigan DUI Courts Outcome Evaluation: Final Report Executive Summary*. Lansing, MI: Michigan Supreme Court State Court Administrative Office.
www.npcresearch.com/Files/MI_DUI_Outcome_Evaluation_EXECUTIVE_SUMMARY_Release_March_2008.pdf

Molof, M., Dresser, J., Ungerleider, S., Kimball, C., & Schaefer, J. (1995). *Assessment of year-round and holiday ride service programs*. Publication No. DOT HS 808 203. Washington, DC: National Highway Traffic Safety Administration.

Molof, M. J., & Kimball, C. (1994). *A Study of the Implementation and Effects of Oregon's Mandatory Alcohol Server Training Program*. Eugene, OR: Oregon Research Services Inc.

Moyer, A., Finney, J. W., Swearingen, C. E., & Vergun, P. (2002). Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment-seeking and non-treatment-seeking populations. *Addiction*, 97, 279-292.

NADCP. (2005). *Facts on Drug Courts*. Alexandria, VA: National Association of Drug Court Professionals. www.nadcp.org/docs/FactsFinal.pdf

NCHRP, Vol. 2. (2003). *A Guide for Addressing Collisions Involving Unlicensed Drivers and Drivers with Suspended or Revoked Licenses*. Washington, DC: Transportation Research Board. trb.org/publications/nchrp/nchrp_rpt_500v2.pdf

NCHRP, Vol. 16. (2005). *A Guide for Reducing Alcohol-related Collisions*. Washington, DC: Transportation Research Board. trb.org/publications/nchrp/nchrp_rpt_500v16.pdf

NCUTLO. (2007). *2007 Model DUI Law*. Alexandria, VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org/2007dui.htm

NDCI. (2008). *DWI Courts and DWI/Drug Courts: Reducing Recidivism, Saving Lives*. Alexandria, VA: National Drug Court Institute. www.ndci.org/dwi_drug_court.htm

- NHTSA. (1989). *An Evaluation of the Elimination of Plea Bargaining for DWI Offenders*. Publication No. DOT HS 807 435. Washington, DC: National Highway Traffic Safety Administration.
- NHTSA. (2001). *An Implementation Guide for Juvenile Holdover Programs*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/alcohol/juvenile/index.html
- NHTSA. (2002). *Saturation Patrols and Sobriety Checkpoints: A How-to Guide for Planning and Publicizing Impaired Driving Enforcement Efforts*. Publication No. DOT HS 809 063. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/alcohol/saturation_patrols/index.html
- NHTSA. (2003). *Criminal Justice Summit on Impaired Driving*. Publication No. DOT HS 809 605. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/enforce/CrimJustSum-HTML/
- NHTSA. (2004). *Conforming Products List*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/alcohol/ebtcpl040714FR.pdf
- NHTSA. (2006a). *Traffic Safety Facts 2005: State Alcohol Estimates*. Publication No. DOT HS 810 627. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/pubs/statealcholesttsf05.pdf
- NHTSA. (2006b). *Uniform Guidelines for State Highway Safety Programs*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/pages/ImpairedDrivingPDF.pdf
- NHTSA. (2006c). *Digest of Impaired Driving and Selected Beverage Control Laws, Twenty-Third Edition*. Publication No. DOT HS 810 571. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/alcohol/ImpairedDrivingBeverageControlDigest.pdf
- NHTSA. (2006d). *Low-Staffing Sobriety Checkpoints*. Publication No. DOT HS 810 590. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/enforce/LowStaffing_Checkpoints/images/LowStaffing.pdf
- NHTSA. (2006e). Office of Impaired Driving and Occupant Protection, personal communication, July 21, 2006.
- NHTSA. (2006f). *A Guide to Sentencing DWI Offenders. Second Edition, 2005*. Publication No. DOT HS 810 555. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/alcohol/DWIOffenders/

NHTSA. (2007a). *Traffic Safety Facts 2006*. Publication No. DOT HS 810 818. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/TSF2006FE.PDF

NHTSA. (2007b). *Evaluation of the National Impaired Driving High-Visibility Enforcement Campaign: 2003-2005*. Publication No. DOT HS 810 789. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/YDYDYL_2001-05.pdf

NHTSA. (2007c). *Digest of Impaired Driving and Selected Beverage Control Laws, Twenty-Third Edition*. Publication No. DOT HS 810 827. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS810827.pdf

NHTSA. (2007d). *Screening and Brief Intervention Tool Kit for College and University Campuses*. Publication No. DOT HS 810 751. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/alcohol/StopImpaired/3672Toolkit/

NHTSA. (2008a). 2007 Traffic Safety Annual Assessment—Alcohol-Impaired Driving Fatalities.—*Research Note (August 2008)*. Publication No. DOT HS 811 016. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/811016.PDF

NHTSA. (2008b). Administrative License Revocation. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 878. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810878.pdf

NHTSA. (2008c). Blood Alcohol Concentration Test Refusal Laws. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 884W. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810884.pdf

NHTSA. (2008d). Open Container Laws. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 882W. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810882.pdf

NHTSA. (2008e). High BAC Laws. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 883. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810883.pdf

NHTSA. (2008f). Sobriety Checkpoints. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 881W. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810881.pdf

NHTSA. (2008g). Vehicle and License Plate Sanctions. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 880. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810880.pdf

NHTSA. (2008h). *Guidelines for Community Supervision of DWI Offenders*. Publication No. DOT HS 810 940. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810940.pdf

NHTSA. (2008i). Alcohol Exclusion Laws. *Traffic Safety Facts: Laws*. Publication No. DOT HS 810 885. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810885.pdf

NIAAA. (2005). *A Pocket Guide for Alcohol Screening and Brief Intervention*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket_guide.htm

NTSB. (2000). *Actions to Reduce Fatalities, Injuries, and Crashes Involving the Hard Core Drinking Driver*. NTSB/SR-00/01. Washington, DC: National Transportation Safety Board.
www.nts.gov/publicctn/2000/sr0001.pdf

Perkins, H. W. (2002). Social norms and the prevention of alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol*, 14(S), 164-172.

Perkins, H. W. (2003). *The Emergence and Evolution of the Social Norms Approach to Substance Abuse Prevention*. In HW Perkins (Ed). The social norms approach to preventing school and college age substance abuse: A handbook for educators, counselors, clinicians. Jossey-Bass, San Francisco.

Preusser, D. F. (2000). Identification of alcohol impairment on initial interview. In *Issues and Methods in the Detection of Alcohol and Other Drugs*, TRB Circular E-C020, pp. E1-E7. Washington, DC: Transportation Research Board.
gulliver.trb.org/publications/circulars/ec020.pdf

Probst, J., Lewis, J., Asunka, K., Hershey, J., & Oram, S. (1987). *Assessment of Citizen Group Court Monitoring Programs*. Publication No. DOT HS 807 113. Washington, DC: National Highway Traffic Safety Administration.

Rivara, F. P., Relyea-Chew, A., Wang, J., Riley, S., Boisvert, D., & Gomez, T. (2007). Drinking behaviors in young adults: The potential role of designated driver and safe ride home programs. *Injury Prevention, 13*, 168-172

Robertson, R. D., & Simpson, H. M. (2002a). *DWI System Improvements for Dealing with Hard Core Drinking Drivers: Prosecution*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/Prosecution_Report.pdf

Robertson, R. D., & Simpson, H. M. (2002b). *DWI System Improvements for Dealing with Hard Core Drinking Drivers: Sanctioning*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/Sanctioning_Report.pdf

Robertson, R. D., & Simpson, H. M. (2003). *DWI System Improvement: Stopping the Revolving Door*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/DWI_Synthesis_Report.pdf

Robertson, R. D., Vanlaar, W. G. M., & Beirness, D. J. (2006). *Alcohol Interlock Programs: A Global Perspective*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/Summary_of_Papers_from_6th_Internationallock_Symposium.pdf

Robertson, R., Vanlaar, W., & Simpson, H. (2007). *10 Steps to a Strategic Review of the DWI System: A Guidebook for Policymakers*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/TIRF_Booklet.pdf

Rogers, A. (1995). Effects of Minnesota's license plate impoundment law on recidivism of multiple DWI violators. *Journal of Safety Research, 26*, 125-126.

Rothschild, M. L., Mastin, B., & Miller, T. W. (2006). Reducing alcohol-impaired driving crashes through the use of social marketing. *Accident Analysis and Prevention, 38*, 1218-1230.

SAMHSA. (2007). *Screening, Brief Intervention, Referral, and Treatment*. Washington, DC: Substance Abuse and Mental Health Services Administration. www.sbirt.samhsa.gov/

Savage, M. A., Sundeen, M., & Teigen, A. (2007). *Traffic Safety and Public Health: State Legislative Action in 2007*. Denver, CO: National Conference of State Legislatures. www.ncsl.org/print/transportation/07trafficsafety.pdf

Schermer, C. R., Gentilello, L. M., Hoyt, D. B., Moore, E. E., Moore, J. B., Rozycki, G., & Feliciano, D. V. (2003). National survey of trauma surgeons' use of alcohol screening and brief intervention. *The Journal of Trauma: Injury, Infection, and Critical Care, 55*, 849-856.

Shaffer, H. J., Nelson, S. E., LaPlante, D. A., LaBrie, R. A., Albanese, M., & Caro, G. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment-sentencing option. *Journal of Consulting and Clinical Psychology, 75*, 795-804.

Shinar, D. (1992). Impact of court monitoring on the adjudication of driving while intoxicated (DWI). *Accident Analysis and Prevention*, 24, 167-179.

Shults, R. A., Elder R. W., Sleet D. A., Nichols, J. L., Alao, M. O., Carande-Kulis, V. G., Zaza, S., Sosin, D. M., Thompson, R. S., & Task Force on Community Preventive Services. (2001). Review of evidence regarding interventions to reduce alcohol-impaired driving, *American Journal of Preventive Medicine*, 21(4S), 66-84. www.thecommunityguide.org/mvoi/default.htm

Simpson, H.M., and Robertson, R.D. (2001). *DWI System Improvements for Dealing with Hard Core Drinking Drivers: Enforcement*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/EnforcementReport.pdf

Stewart, K. (1999). *Strategies to Reduce Underage Alcohol Use: Typology and Brief Overview*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. www.udetc.org/documents/strategies.pdf

Stuster, J. W. (2000). Increasing the opportunity to examine impaired drivers, in *Issues and Methods in the Detection of Alcohol and Other Drugs*, TRB Circular E-C020, pp. D10-D14. Washington, DC: Transportation Research Board. onlinepubs.trb.org/Onlinepubs/circulars/ec020.pdf

Stuster, J. W., & Blowers, P. (1995). *Experimental Evaluation of Sobriety Checkpoint Programs*. Publication No. DOT HS 808 287. Washington, DC: National Highway Traffic Safety Administration.

Stuster, J., Burns, M. & Fiorentino, D. (2002). *Open Container Laws and Alcohol Involved Crashes: Some Preliminary Data*. Publication No. DOT HS 809 426. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/OpenContainer/index.htm

Syner, J. (2006). Personal communication.

Syner, J., Jackson, B., Dankers, L., Naff, B., Hancock, S., & Siegler, J. (2008). *Strategic Evaluation States Initiative – Case Studies of Alaska, Georgia, and West Virginia*. Publication No. DOT HS 810 923. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810923.pdf

Toomey, T. L., & Wagenaar, A. C. (1999). Policy options for prevention: the case of alcohol, *Journal of Public Health Policy*, 20, 192-13.

Ulmer, R. G., Hedlund, J. H., & Preusser, D. F. (1999). *Determine why alcohol-related fatalities decreased in five states*. Final report, contract DTHN22-97-D-05018. Washington, DC: National Highway Traffic Safety Administration.

- Ulmer, R. G., Shabanova, V. I., & Preusser, D. F. (2001). *Evaluation of Use and Lose Laws*. Publication No. DOT HS 809 285. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/pub/alcohol-laws/eval-of-law/
- Voas, R. B. (2008). A new look at NHTSA's evaluation of the 1984 Charlottesville sobriety checkpoint program: Implications for current checkpoint issues. *Traffic Injury Prevention, 9*, 22-30.
- Voas, R. B., Fell, J. C., McKnight, A.S., & Sweedler, B. M. (2004). Controlling impaired driving through vehicle programs: an overview. *Traffic Injury Prevention, 5*, 292-298.
- Voas, R. B., Romano, E., & Peck, R. (2006). Validity of the passive alcohol sensor for estimating BACs in DWI-enforcement operations. *Journal of Studies on Alcohol, 67*, 714-721.
- Voas, R. A., Tippetts, S., & Taylor, E. (1998). Temporary Vehicle Impoundment in Ohio: A Replication and Confirmation. *Accident Analysis and Prevention, 30*, 651-655.
- Wagenaar, A. C., & Maldonado-Molina, M. M. (2007). Effects of drivers' license suspension policies on alcohol-related crash involvement: Long-term follow-up in forty-six states. *Alcoholism: Clinical and Experimental Research, 31*, 1399-1406.
- Wagenaar, A. C., Maldonado-Molina, M. M., Erickson, D. J. et al. (2008). General deterrence effects of U.S. statutory DUI fine and jail penalties: Long-term follow-up in 32 states. *Accident Analysis and Prevention, 39*, 982-994.
- Wagenaar, A. C., & Tobler, A. L. (2007). Alcohol sales and service to underage youth and intoxicated patrons. Effects of responsible beverage service training and enforcement interventions. *Transportation Research Circular: Traffic Safety and Alcohol Regulation*, Number E-C123, 141-163. onlinepubs.trb.org/onlinepubs/circulars/ec123.pdf
- Wagenaar, A. C., Zobek, T. S., Williams, G. D., & Hingson, R. (2000). *Effects of DWI Control Efforts: a Systematic Review of the Literature from 1960-1991*. Minneapolis, MN: University of Minnesota, School of Public Health.
- Wells-Parker, E., Bangert-Drowns, R., McMillan, R., & Williams, M. (1995). Final results from a meta-analysis of remedial interventions with drink/drive offenders. *Addiction, 90*, 907-926.
- Wiliszowski, C. H., Jones, R. K., & Lacey, J. H. (2003). *Examining the Effectiveness of Utah's Law Allowing for Telephonic Testimony at ALR Hearings*. Publication No. DOT HS 809 602. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/Utah_telephonic/Images/UTAH.PDF
- Wilk, A. L., Jensen, N. M., & Havighurst, T. C. (1997). Meta-analysis of randomized control trials addressing brief interventions in heavy alcohol drinkers. *Journal of General Internal Medicine, 12*, 274-83.

Willis, C., Lybrand, S., & Bellamy, N. (2006). Alcohol ignition interlock programmes for reducing drink driving recidivism. *The Cochrane Database of Systematic Reviews*.
www.cochrane.org/reviews/en/ab004168.html

Zwicker, T. J., Chaudhary, N. K., Maloney, S., & Squeglia, R. (2007). Connecticut's 2003 Impaired-Driving High-Visibility Enforcement Campaign. Publication No. DOT HS 810 689. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/alcohol/StopImpaired/3025ConnImpDriving/pages/Contents.html

Zwicker, T. J., Chaudhary, N. K., Solomon, M.G., Siegler, J. N., & Meadows, J. D. (2007). West Virginia's Impaired Driving High-Visibility Enforcement Campaign, 2003-2005. Publication No. DOT HS 810 792. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/WVAImpairedDrivingLow.pdf

Zwicker, T. J., Hedlund, J., & Northrup, V. S. (2005). Breath Test Refusals in DWI Enforcement: An Interim Report. Publication No. DOT HS 809 876. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/Breath_TestRefusals.pdf

2. Seat Belt Use and Child Restraints

Overview

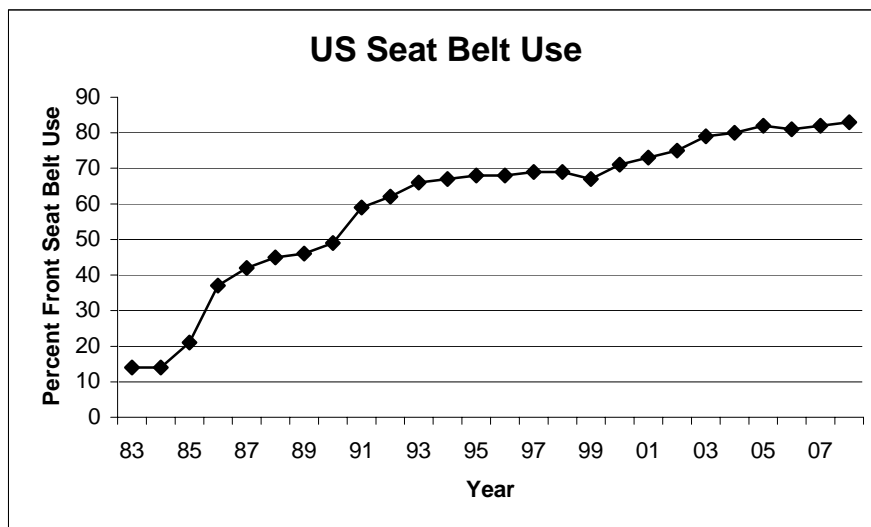
Correctly using a child restraint for a child or wearing a seat belt is the single most effective way to save lives and reduce injuries in crashes. Research has found that lap/shoulder seat belts, when used, reduce the risk of fatal injury to front-seat passenger car occupants by 45% and the risk of moderate-to-critical injury by 50%. For light-truck occupants, seat belts reduce the risk of fatal injury by 60% and moderate-to-critical injury by 65%. NHTSA (2007) estimates that child restraints are even more effective than seat belts in reducing fatalities. Child restraints reduce fatalities by 71% for infants (younger than 1 year old) and by 54% for toddlers (1 to 4 years old) in passenger cars. In light trucks, the fatality reductions are 58% for infants and 59% for children 1 to 4 years old. In addition, research conducted by the Partners for Child Passenger Safety (PCPS) Program at the Children's Hospital of Philadelphia found that belt-positioning booster seats reduce the risk of injury to children 4 to 7 in crashes by 59% when compared to the effectiveness of seat belts alone (Durbin, et. al., 2003).

The challenge is to convince all passenger vehicle occupants to buckle up. Current data show that:

For adult drivers and passengers:

- Seat belt use nationwide was 83% in 2008 (NHTSA, 2008a);
- In 2007, belt use was greater than 90% in 12 States and Territories (Hawaii, Washington, Oregon, California, Michigan, Maryland, Puerto Rico, Texas, New Mexico, New Jersey, Iowa, and Illinois) (NHTSA, 2008b); but
- In 2007, belt use was less than 70% in 3 States (Arkansas, New Hampshire, and Massachusetts) (NHTSA, 2008b).

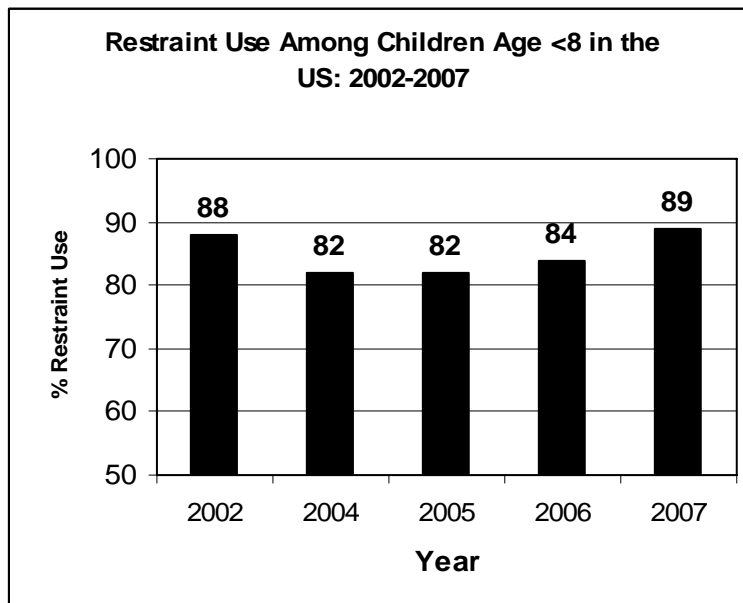
See NHTSA's most recent reports (NHTSA, 2008a, 2008b) for the latest national and State data.



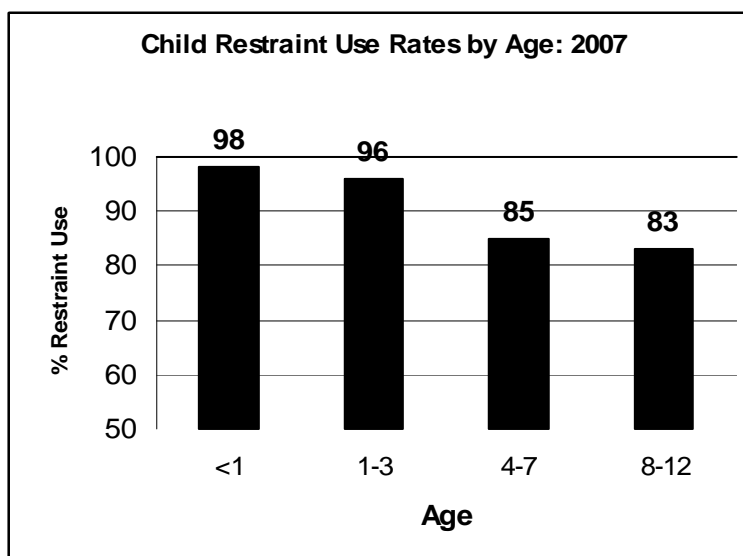
Source: NHTSA, Office of Impaired Driving and Occupant Protection, NOPUS

For child passengers:

- The restraint use for all children less than 8 years old was 89% in 2007 (Ye & Pickrell, 2008).
- In 2007, restraint use for children less than 12 years old was as follows: children less than age 1, 98%; children 1 to 3 years old, 96%; children 4 to 7 years old, 85%; and children 8 to 12 years old, 83% (Glassbrenner & Ye, 2008).
- In 2003, the overall measure of “critical” child restraint misuse - misuse that could reasonable be expected to result in serious injury or death to the child - was found to be 73% with the most common critical misuses being loose harness straps securing the child to the child restraint and loose seat belt used to install the child restraint in the vehicle (Decina & Lococo, 2004).



Source: NHTSA, Child Restraint Use in 2007 - Overall Results



Source: NHTSA, The National Survey of the Use of Booster Seats 2007

Seat Belts for Adults - Trends and Laws

Trends. All new passenger cars had some form of seat belts beginning in 1964, shoulder belts in 1968, and integrated lap and shoulder belts in 1974 (ACTS, 2001). Few occupants wore the belts: surveys in various locations recorded belt use of about 10%. The first widespread survey, taken in 19 cities in 1982, observed 11% belt use for drivers and front-seat passengers (Williams & Wells, 2004). This survey became the benchmark for tracking belt use nationwide. The first chart in the section above shows the best available estimate of national belt use annually since 1982.

New York enacted the first belt use law in 1984. Other States soon followed. In a typical State, belt use rose quickly to about 50% shortly after the State's belt law went into effect. However, during the year following the effective date of the law, the seat belt use rate usually decreased slightly, by about 4 percentage points on average (Nichols, 2002).

High-visibility, short-duration belt law enforcement programs, often called STEPs (Selective Traffic Enforcement Programs), "STEP waves," or "blitzes," were demonstrated in individual communities in the late 1980s. North Carolina's *Click It or Ticket* program took this model statewide beginning in 1993 and raised the use rate above 80% (Williams & Wells, 2004). Statewide, multi-State, and national enforcement programs increased through the 1990s under different names and sponsors. These enforcement programs typically raised belt use by 13 to 26 percentage points, with greater gains where belt use was lower (Dinh-Zarr et al., 2001; Nichols, 2002). Belt use often decreased by about 6 percentage points after the enforcement program ended.

The *Click It or Ticket* model expanded nationwide in 2003 (Solomon, Compton, & Preusser, 2004). Programs have used extensive paid advertising as part of their communications and outreach strategies and have included strategies designed specifically to increase seat belt use among low belt use groups such as pickup truck drivers, teens and rural residents (Nichols, 2005). The national belt use rate increased to 82% in 2005 (Glassbrenner, 2005a), decreased slightly to 81% in 2006 (NHTSA, 2007), returned to 82% in 2007 and reached 83% in 2008 (NHTSA 2008a).

Recent research has focused on the contrasts between daytime and nighttime crashes in terms of fatality rates and restraint use. According to 2005 FARS data, almost two-thirds (64%) of people killed at nighttime did not use restraints. In contrast, the percentage of fatally injured passenger vehicle occupants during daytime crashes who were unrestrained was just under one-half (47%) (Varghese & Shankar, 2007). Strategies are being developed to increase restraint use among nighttime drivers, but evaluations documenting the effectiveness of these programs have not been completed at this time.

For more information on the history of belt systems, belt use laws, enforcement programs, and belt use trends, see ACTS (2001), Solomon et al. (2004), Milano, McInturff, and Nichols (2004), NCHRP (2004), NHTSA (2001, 2003b), Nichols and Jones (in review), and Williams and Wells (2004).

Belt use laws. As of September 2008, all States except New Hampshire required adult passenger vehicle occupants to wear belts. The laws in 26 States and the District of Columbia permit law enforcement to stop and cite some or all nonusers. These are called standard or primary enforcement laws. The remaining 23 States have secondary enforcement laws that allow nonusers to be cited only after they first have been stopped for some other traffic violation (IIHS, 2008). In 2005, minimum fines in primary law States ranged from \$10 to \$101 with a fine of \$25 or more in all but four States. Minimum fines in secondary law States ranged from \$10 to \$75 with a fine of \$25 or less in all but two States (Glassbrenner, 2005b). Some laws cover only front-seat occupants or allow other exemptions. See also NHTSA (2007b) for details on State laws.

Child Restraints and Seat Belts for Children - Trends and Laws

Trends. The first Federal standard for child restraints, FMVSS 213, went into effect in 1971 but did not require restraint systems intended for infants and small children to be dynamically tested. FMVSS 213 was amended such that, beginning in 1981, child restraints were required to be dynamically tested in a simulated 30 mph crash into a barrier, and has been amended several times since then to address issues of potential misuse of the child restraints, to require more stringent head excursion requirements, to accommodate larger and heavier children, and, since 2002, to be equipped with LATCH (Lower Anchors and Tethers for Children) attachments.

Child restraints are specially designed for the anatomies of infants and small children. Child restraints hold children in place and prevent them from being ejected from the vehicle or hitting the vehicle interior, and they do so while not loading dangerous levels of crash forces on vulnerable parts of a child's body. Child restraints have been shown to be particularly effective in reducing deaths and serious injuries to children in crashes. Kahane (1986) found that correctly used child restraints reduce the risk of death and serious injuries among children up to 4 years old by 71% and 67% respectively. Estimates of child restraint effectiveness were revised by NHTSA in 1996. These revised estimates indicated that child restraints are 69% effective against fatalities for children and 47% effective for 1- to 4-year-old children when correctly installed and used (NHTSA, 1996). As was previously stated, research conducted by the Partners for Child Passenger Safety Program at the Children's Hospital of Philadelphia found that belt-positioning booster seats reduce the risk of injury to children ages 4 to 7 in crashes by 59% when compared to the effectiveness of seat belts alone (Durbin et. al., 2003).

In the 1970s, child restraints were purchased and used by only a few parents. For instance, only 5% of the children younger than 6 years old in North Carolina crashes were restrained in any manner in 1978 (Hall, 1985).

During the 1970s, the medical community, governmental agencies and consumer/advocacy groups conducted widespread public awareness campaigns educating the public that children need to be protected in cars by restraints designed specifically for them. These educational and public awareness campaigns achieved only a modicum of success. Restraint use for children up to 4 years old was estimated to be only 15% in 1979 when Tennessee was the only State to have

a child restraint law. Between 1978 and 1985, every State passed laws requiring safety seats for young child passengers. The public has supported the laws and generally understands why they are needed. By 1984, close to half of the child passenger population up to age 4 were riding in child restraints (Kahane, 1986).

One of the issues identified when these laws were being considered was the costs associated with obtaining child restraints. Many State and local organizations initiated programs to make child restraints available at low or no cost to parents through child restraint loan or rental programs (Orr, et. al., 1987). Continuing educational and distribution programs, and especially the implementation and enforcement of child passenger safety laws, increased the levels of child restraint use to 80% for children up to age 4 in 1987 (Partyka, 1988). By 2007, child restraint use was well over 90% (98% for age less than 1, 96% for ages 1 to 3), although rates drop markedly among children in successive age groups (Ye & Pickrell, 2008).

The misuse of child restraints - that is, when the child restraint was not being used according to the manufacturer's instructions - is an issue that has been a concern for many years. Kahane (1986) found that the misuse of child restraints can reduce their effectiveness and that in 1984, the overall effectiveness of child restraints in use was reduced to 46% when misuse was taken into consideration. Observational surveys conducted at Hardees restaurants in 1984 measured the overall misuse of child restraints at 65% (Cynecki & Goryl, 1984). More recently, the overall measure of "critical" child restraint misuse - misuse that could reasonably be expected to result in serious injury or death to the child - was found to be 73% (Decina, Lococo, & Doyle, 2004).

Many programs have been implemented to provide parents and other caregivers with "hands-on" assistance with the installation and use of child restraints in an effort to combat widespread misuse. Child passenger safety (CPS) inspection stations, sometimes called "fitting stations," are places or events where parents and caregivers can receive assistance from certified CPS technicians, and are popular services provided by a variety of local CPS programs. Guidebooks are available on how local programs can set up and operate a mobile CPS clinic or permanent inspection station (Hall, 1987; NHTSA 2003a).

Also in reaction to the high levels of child restraint misuse and incompatibility issues between seat belts and child restraints, a concept of standardized child restraint installation, initially called ISOFIX, was completed as an international standard in 1999. The intent of ISOFIX, later renamed as LATCH as implemented in the United States, is to provide a simpler way to install child restraints using lower anchors built into the vehicle. In addition, LATCH consists of ready-to-use top tether anchors to hold forward-facing child restraints more securely in place.

In a LATCH use and misuse study (Decina et al., 2006), 61% of child restraints installed in LATCH-equipped vehicles and installed with the lower attachments were correctly and securely installed. In the most recent national study before the LATCH study, less than 50% of child restraints installed with seat belts were correctly and securely installed (Decina & Lococo, 2004).

As was noted above, high-visibility short-duration belt law enforcement programs, such as *Click It or Ticket*, have proven to be the most effective countermeasure to date for increasing seat belt use. There is concern, however, that law enforcement officers are reluctant to enforce child

restraint laws due to a number of factors including a lack of commitment by their departments to enforce CPS laws and a lack of knowledge on the part of officers on the subject of child restraints (Decina, Temple, & Dorer, 1994; Decina, Lococo, Ashburn, Hall, & Rose, 2008; NHTSA, 1990).

Child passenger safety laws. In 1978, Tennessee became the first State to put a child passenger safety law into effect. Between 1978 and 1985, every State and the District of Columbia passed laws requiring safety seats for young child passengers (Kahane, 1986). State child restraint laws vary in their definitions of which children must be restrained, type of restraint, and the vehicle positions for restraint use. In some States, children as young as 5 may be restrained using the adult seat belt, while other State laws require children up to age 9 or 80 pounds or 57 inches tall to be restrained in a child safety seat or booster seat (Decina et. al., 2008). More than 80% of the States have booster seat provisions for children who have outgrown their child safety seats, but there are exemptions and limited coverage to many of these laws,

In general, child restraint laws require children to travel in child restraint devices that meet Federal standards (FMVSS 213) until they reach a certain age and/or weight and/or height. In addition, some State laws require older children to use adult safety belts. The age at which children are permitted to be restrained by a seat belt differs among the States. As noted by IIHS (2008), young children are usually covered by child restraint laws, while older children and adults are covered by seat belt laws. Enforcement and fines differ under belt use and child restraint laws. Enforcement is standard for all child restraint laws except in Montana. In addition, enforcement is secondary for children required to be in seat belts and/or booster seats in Colorado, Nebraska, Ohio, and Pennsylvania.

Strategies to Increase Child Restraint Use and Seat Belt Use for Adults and Older Children

This chapter addresses child restraint use for infants and young children as well as seat belt use by adults and older children. Younger children require rear-facing, forward-facing, or booster seats appropriate to their size and weight and are covered by separate restraint use laws. Many issues and strategies for increasing child occupant protection are quite different from those raised by adult belt use. Therefore, countermeasures in this chapter are organized by type and occupant age:

- Adults
- Pre-teens and Teenagers in Seat Belts, and
- Infants and Children in Child restraints/Booster Seats;

The most effective basic strategy for achieving and maintaining high belt use is highly publicized high-visibility enforcement of strong occupant restraint use laws. As referenced above, this strategy's effectiveness has been documented repeatedly in the United States and abroad. The strategy's three components – laws, enforcement, and publicity – cannot be separated: effectiveness decreases if any one is weak or lacking. The sections in this chapter discuss each component's key features. Some communications and outreach and incentive programs directed to well-defined and limited audiences such as schools, businesses, and communities have been

moderately successful and also are discussed in this chapter. NCHRP (2004) discusses several of these strategies and provides links to additional information.

Seat belt and child restraint use may also be affected by vehicle design features such as the comfort and convenience of belt systems, and by lights or buzzers to remind occupants to buckle up (NHTSA, 2003b). These vehicular countermeasures are not included in this guide because SHSOs have little or no authority or responsibility for them.

Key terms

- **Primary enforcement:** laws that permit child passenger safety law and seat belt use law violators to be stopped and cited by a law enforcement officer independently of any other traffic behavior.
- **Secondary enforcement:** laws that permit child passenger safety law and seat belt use law violators to be cited only after they have been stopped for some other traffic violation.

Countermeasures That Work

Countermeasures to increase seat belt use are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information on each item.

Countermeasures Targeting Adults

1. Seat Belt Use Laws

Countermeasure	Effectiveness	Use	Cost	Time
1.1 State primary enforcement belt use laws	★ ★ ★ ★ ★	Medium	Low	Short
1.2 Local primary enforcement belt use laws	★ ★ ★	Low	Low	Short
1.3 Increased belt use law penalties	★ ★ ★	Low	Low	Short
1.4 Coverage: seating position, vehicles, ages	★	Medium	Low	Short

2. Seat Belt Law Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Short high-visibility belt law enforcement	★ ★ ★ ★ ★	Medium [†]	High	Medium
2.2 Sustained enforcement	★ ★ ★	Unknown	Varies	Varies
2.3 Combined enforcement, nighttime	★ ★ ★	Unknown	High	Medium

[†] Used in many jurisdictions but often only once or twice each year

3. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Supporting enforcement	★ ★ ★ ★ ★	Medium	Varies	Medium
3.2 Strategies for low belt use groups	★ ★ [†]	Unknown	Unknown	Medium

[†] For stand-alone programs not supporting enforcement

4. Other Strategies

Countermeasure	Effectiveness	Use	Cost	Time
4.1 Employer programs	★ ★ ★ ★ ★ [†]	Unknown	Varies	Varies
4.2 Incentive programs	★ ★ ★ ★ ★ [†]	Low	Varies	Medium

[†] In low belt use settings with no belt use law

Countermeasures Targeting Pre-teens and Teenage Occupants

5. Restraint Use Laws

Countermeasure	Effectiveness	Use	Cost	Time
5.1 Coverage: seating position, vehicles, ages	★ ★ ★ ★ ★	Medium	Low	Short

6. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
6.1 Strategies for older children	★ ★ ★	Unknown	Varies	Medium

7. Other Strategies

Countermeasure	Effectiveness	Use	Cost	Time
7.1 School programs	★ ★ ★	Unknown	Varies	Varies

Countermeasures Targeting Infants and Children in Child Restraints and Booster Seats

8. Child Restraint/Booster Seat Use Laws

Countermeasure	Effectiveness	Use	Cost	Time
8.1 Implement child restraint use laws	★ ★ ★ ★ ★	High	Low	Short
8.2 Coverage: seating position, vehicles, ages	★ ★ ★ ★ ★	High	Low	Short

9. Child Restraint/Booster Seat Law Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
9.1 Short high-visibility CR law enforcement	★ ★ ★ ★ ★	Medium [†]	High	Medium

[†] Used in many jurisdictions but often only once or twice each year

10. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
10.1 Supporting enforcement	★ ★ ★ ★ ★	Medium	Varies	Medium

11. Other Strategies

Countermeasure	Effectiveness	Use	Cost	Time
11.1 CR distribution programs	★ ★	High	Medium	Short
11.2 Inspection stations	★ ★	High	Medium	Short

Effectiveness:

- ★★★★★ - Demonstrated to be effective by several high-quality evaluations with consistent results
- ★★★★ - Demonstrated to be effective in certain situations
- ★★★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by increases in observed occupant restraint use and decreases in motor vehicle occupant crash injuries. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

- High: more than two-thirds of the States, or a substantial majority of communities
- Medium: between one-third and two-thirds of States or communities
- Low: fewer than one-third of the States or communities
- Unknown: data not available

Cost to implement:

- High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources
- Medium: requires some additional staff time, equipment, and/or facilities
- Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

- Long: more than one year
- Medium: more than three months but less than one year
- Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

Countermeasures Targeting Adults

1. Seat Belt Use Laws

1.1 State Primary Enforcement Belt Use Laws

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Low	Time: Short
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Primary enforcement belt use laws permit seat belt use law violators to be stopped and cited independently of any other traffic behavior. Secondary enforcement laws allow violators to be cited only after they first have been stopped for some other traffic violation.

Use: As of September 2008, 26 States and the District of Columbia had primary belt use laws, 23 States had secondary enforcement laws, and New Hampshire had no belt use law applicable to adults (IIHS, 2008). Some of the primary laws are secondary for drivers and passengers older than a specified age.

Effectiveness: In June 2005, belt use averaged 85% in the 21 States and the District of Columbia (the States with primary laws at that time; South Carolina's primary law became effective in December 2005 and Mississippi's in May 2006) and averaged 75% in the 27 secondary law States (Glassbrenner, 2005b). Studies of 5 States that changed their belt use laws from secondary to primary enforcement found that belt use increased from 12 to 18 percentage points where all passenger vehicles were covered by the law and 8 percentage points in one State where pickup trucks were excluded (Nichols, 2002). The Center for Disease Control and Prevention's systematic review of 13 high-quality studies (Shults, Nichols, Dinh-Zarr, Sleet, & Elder, 2004) found that primary laws increase belt use by about 14 percentage points and reduce occupant fatalities by about 8% compared to secondary laws. In the most recent study, Farmer and Williams (2005) found that passenger vehicle driver death rates dropped by 7% when States changed from secondary to primary enforcement. On average, States that pass primary seat belt laws can expect to increase seat belt use by eight percentage-points. Depending on the level of high-visibility enforcement that they employ, however, far greater results are possible.

Recent research (Masten, 2007) has provided strong support that changing from secondary to primary enforcement seat belt laws increases occupant seat belt use during the nighttime hours as well as the daytime hours when most observational surveys of seat belt use are conducted.

The 2008 NOPUS survey found that seat belt use in States in which motorists can be pulled over solely for not using seat belts rose to 88% in 2008 (NHTSA, 2008a). There is now a 13-percentage-point difference between use in primary law States and those with weaker enforcement laws.

Costs: Once legislation has been enacted to upgrade a secondary law to primary, the costs are to publicize the change and enforce the new law. Publicity costs to inform the public of the law change should be low because the media will cover the law change extensively. Law enforcement can adapt its secondary law enforcement strategies for use under the primary law or may be able to use new strategies permitted by the primary law. States wishing to increase

enforcement and publicity to magnify the effect of the law change will incur additional costs: see Chapter 2, Section 2.1.

Time to implement: A primary belt use law can be implemented as soon as the law is enacted.

Other issues:

- **Opposition to primary belt laws:** In most States there is substantial opposition to changing a secondary law to a primary belt use law. Opponents claim that primary laws impinge on individual rights and provide opportunities for law enforcement to harass minority groups. Studies in several States have found that minority groups were ticketed at similar or lower rates than others after a primary law was implemented (Shults et al., 2004). When Michigan changed from a secondary to a primary law, harassment complaints were very uncommon both before and after the law change. The proportion of seat belt use citations issued to minority groups decreased under the primary law. In a telephone survey, the vast majority of people who actually received seat belt citations did not feel that they were singled out on the basis of race, age, or gender. However, some minorities and young drivers reported perceptions of harassment (Eby et al., 2004).
- **Effect on low-belt-use groups:** Studies in States that changed their law from secondary to primary show that belt use increased across a broad range of drivers and passengers. In some States, belt use increased more for low-belt-use groups, including Hispanics, African-Americans, and drinking drivers, than for all occupants (Shults et al., 2004).

1.2 Local Primary Enforcement Belt Use Laws and Ordinances

Effectiveness: ★ ★ ★	Use: Low	Cost: Low	Time: Short
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In some States with secondary enforcement belt use laws, individual communities have enacted and enforced community-wide primary laws or ordinances. These laws differ from statewide laws only in that they are enacted, publicized, and enforced locally.

Use: No data is available on how many communities have primary laws. NHTSA’s Region 5 reports that 47 communities in Illinois, with a combined population of 1.3 million residents, had local primary laws in effect before the Illinois statewide law was enacted. Similarly, Memphis had a primary law before Tennessee’s statewide primary law (Lacey et al., 2005).

Effectiveness: While there are no formal studies of local primary belt laws, the available evidence suggests that they increase belt use. See also NCHRP (2004, strategy A3).

- Illinois: The statewide primary belt use law was enacted in 2003. From 1997 to 2002, Illinois Department of Transportation data show that average belt use was higher in communities with local primary belt use laws. In the annual statewide belt use surveys over these six years, average belt use in the 39 sites with local laws was 5.6 percentage points higher than the statewide belt use rate (Nassirpour, 2005).
- Tennessee: The University of Tennessee conducted regional belt use surveys before and after the 2003 combined seat belt and impaired-driving campaigns. At this time Tennessee did not have a statewide primary belt law. The western region of the State is dominated by Memphis, where a local primary belt law was in place. The other three regions had no local belt use laws. Belt use was substantially higher in the western region than in the other regions before the campaigns: 74% in the west compared to 55%, 66%, and 68% in the other regions. The media campaign in the west used only the *You Drink & Drive. You Lose* impaired-driving message and no belt use message. Belt use in the west slipped slightly to 72 % after the campaign. The media campaigns in the other three regions used the *Click It or Ticket* seat belt message either alone or together with the *You Drink & Drive. You Lose* message. Belt use in these regions increased slightly to 62%, 67%, and 70%, respectively, still lower than the west’s 72% (Lacey et al., 2005).

Costs: As with a statewide law, the costs are for publicity and enforcement. Both must be directed to the community itself.

Time to implement: As with a statewide law, a local law can be implemented as soon as it is enacted. The law’s debate and passage likely will generate initial publicity.

Other issues: See the discussion under Chapter 2, Section 1.1, Primary Enforcement Belt Use Laws.

1.3 Increased Belt Use Law Penalties: Fines and Driver’s License Points

Effectiveness: ★ ★ ★	Use: Low	Cost: Low	Time: Short
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Penalties for most belt use law violations are low. As of November 2005, a violation resulted in a typical fine of \$25 or less in all but 9 States (Glassbrenner, 2005b). Low fines may not convince nonusers to buckle up. They also may send a message that belt use laws are not taken seriously.

Most States penalize serious traffic law violations by assessing demerit points against a driver’s license. Drivers lose their licenses if they accumulate more than a specified number of points within a specified period of time. In a national survey in 2000, drivers who were not regular belt users considered license points the most effective way to increase their belt use. License points were considered more effective than increased fines or increased enforcement, in both primary and secondary law States (ACTS, 2000).

Use: As of November 2005, 7 primary law States and 2 secondary law States had a minimum fine of \$30 or more. Three other States allowed a fine of \$30 or more in some circumstances. Three jurisdictions assessed driver’s license points: New Mexico, New York, and the District of Columbia (Glassbrenner, 2005b).

Effectiveness: Houston and Richardson (2006) studied the effects of belt law type (primary or secondary), fine level, and coverage (front seat only or front and rear seats) using belt use data from 1991 to 2001. They found that primary belt laws and higher fines increase belt use.

Evidence from 2005 is mixed. In primary law States, belt use averaged 4.1 percentage points higher in the 7 States with fines of \$30 or more compared to the 15 States with fines of \$25 or less (89.3% compared to 85.2%). In secondary law States, the 2 States with fines of \$30 or more averaged lower belt use than the 26 States at \$25 or less: 74.3% compared to 77.1% (Glassbrenner, 2005b). The laws may be publicized and enforced more vigorously in primary law States with higher fines, and the enforcement and publicity may account for some or all of the differences in usage rates.

In a national survey in 2000, 42% of drivers who did not use belts regularly said they would definitely be more likely to wear belts if the fine were increased. Another 25% of these drivers said they would probably be more likely to wear their belts (ACTS, 2001). Surveys in North Carolina also found that some nonusers would buckle up if the fine were doubled to \$50 (Williams & Wells, 2004).

The effect of driver’s license points on belt use has not been evaluated. The evidence from 2005 sheds little light on the effectiveness of points. All three jurisdictions with points had primary laws. Belt use averaged 86.1% in the three jurisdictions with points and 86.6% in the remaining primary law States (Glassbrenner, 2005b).

In the 2000 national survey, 49% of drivers who were not regular belt users said they would definitely be more likely to wear their seat belts if violators were assessed driver’s license points. Another 27% of these drivers said they would probably be more likely to wear their belts

(ACTS, 2001). In a North Carolina survey, 62% of nonusers said they always would wear their belts if violations led to driver's license points (Williams & Wells, 2004).

Costs: The direct costs associated with increasing fine levels or assessing driver's license points are minimal.

Time to implement: Both measures can be implemented as soon as they are publicized and appropriate changes are made to the motor vehicle records systems.

Other issues:

- **Balance:** If penalties are excessively low, then they may have little effect. If they are excessively high, then law enforcement officers may be reluctant to issue citations and judges may be reluctant to impose them. States should choose penalty levels that strike an appropriate balance.
- **Penalty levels are part of a system:** Penalty levels are part of the complete system of well-publicized enforcement of strong belt use laws. Appropriate penalty levels help make strong laws. But without effective enforcement, judicial support, and good publicity, increased penalties may have little effect.

1.4 Belt Use Law Coverage: Seating Positions, Vehicles, Ages

Effectiveness: ★	Use: Medium	Cost: Low	Time: Short
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Belt use laws do not cover adult rear seat passengers in more than half of the States (Glassbrenner, 2005b). Most States' laws exempt some vehicles, such as those designed for more than 10 passengers, taxis, postal delivery vehicles, farm vehicles, pickup trucks, or vehicles not required to have seat belts (Glassbrenner, 2005b).

Most State belt use laws cover passengers over a specified age and are designed to work in combination with child passenger safety laws covering younger passengers. Some States exempt passengers for specified medical or physical reasons (Glassbrenner, 2005b). Many States make belt use mandatory under their Graduated Driver Licensing laws for beginning drivers (see Chapter 6, Section 1.5).

A good belt use law should be comprehensive, covering all seating positions equipped with a seat belt in all passenger vehicles (ACTS, 2001; National Committee on Uniform Traffic Laws and Ordinances [NCUTLO], 2004; NHTSA, 2003b). Such a law sends a clear and consistent message to the public.

Use: In many States, belt use laws exempt adult passengers in some seating positions or in some passenger vehicles (Glassbrenner, 2005b).

Effectiveness: Since belt use surveys observe only front seat occupants, there is no direct survey evidence on whether belt laws that include rear seat adult passengers affect belt use. In NHTSA's 2003 national Motor Vehicle Occupant Safety Survey, rear-seat passengers who thought they were covered by their State's law reported higher belt use than those who did not: 62% "always use belts" compared to 45% (Boyle & Vanderwolf, 2003, p. 130).

In general, belt use is lower in pickup trucks than in other passenger vehicles: in 2005, belt use nationwide was 73% in pickup trucks compared to 83% in cars and 85% in vans and SUVs (Glassbrenner, 2005a). However, there are no available State-level data on whether pickup truck belt use is affected by a pickup truck or farm vehicle belt use law exemption.

Costs: The costs of expanding a belt use law to include all seating positions in all passenger vehicles are minimal.

Time to implement: Expanded belt use law coverage can be implemented as soon as the law is enacted and publicized.

2. Seat Belt Law Enforcement

2.1 Short-Term, High-Visibility Belt Law Enforcement

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: High	Time: Medium
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[†] Used in many jurisdictions but often only once or twice each year

The most common high-visibility belt law enforcement method consists of short (typically lasting for two weeks), intense, highly publicized periods of increased belt law enforcement, frequently using checkpoints (in States where checkpoints are permitted), saturation patrols, or enforcement zones. These periods sometimes are called STEP waves (Selective Traffic Enforcement Programs) or blitzes. The method was developed in Canada in the 1980s (Boase, Jonah, & Dawson, 2004) and demonstrated in several United States communities (Williams & Wells, 2004). It was implemented statewide in North Carolina in 1993 using the *Click It or Ticket* slogan (Reinfurt, 2004), and subsequently adopted in other States under different names and sponsors (Solomon et al., 2004). NHTSA's *Click It or Ticket* high-visibility enforcement model is described in detail in Solomon, Chaudhary, and Cosgrove (2003) and Solomon and Chaffe (2006).

Use: Most States currently conduct short-term, high-visibility belt law enforcement programs in May of each year as part of national seat belt mobilizations (Solomon et al., 2004; Solomon & Chaffe, 2006). In previous years, two mobilizations were conducted each year, in May and November. In recent years the Air Bag & Seat Belt Safety Campaign and NHTSA have supported these campaigns. Approximately 12,000 law enforcement agencies took part in the May 2006 campaign (NHTSA, 2006c). See Milano et al. (2004) for a detailed account of the history and evolution of the national campaigns.

Effectiveness: CDC's systematic review of 15 high-quality studies (Dinh-Zarr et al., 2001; Shults et al., 2004) found that short-term, high-visibility enforcement programs increased belt use by about 16 percentage points, with greater gains when pre-program belt use was lower. CDC noted that many of the studies were conducted when belt use rates were considerably lower than at present, so that new programs likely will not have as large an effect. Belt use often dropped by about 6 percentage points after the enforcement program ended. Short-term, high-visibility enforcement programs thus typically have a ratchet effect: belt use increases during and immediately after the program and then decreases somewhat, but remains at a level higher than the pre-program belt use.

NHTSA evaluated the effects of the May 2002, 2003, and 2004 *Click It or Ticket* campaigns on belt use in the States. In 2002, belt use increased by 8.6 percentage points across 10 States that used paid advertising extensively in their campaigns. Belt use increased by 2.7 percentage points across 4 States that used limited paid advertising and increased by 0.5 percentage points across 4 States that used no paid advertising (Solomon, Ulmer & Preusser, 2002).

The 2003 campaign used extensive paid advertising: about \$8 million nationally and \$16 million in individual States (Solomon, Chaudhary, & Cosgrove, 2003, Technical Summary). The advertising strongly supported the campaign with clear enforcement images and messages.

Nationally, belt use following the 2003 campaign was 79% compared to 75% at the same time in 2002 (Glassbrenner, 2005a). Twenty-eight States conducted small belt use surveys immediately before the May 2003 campaign. Across these States, belt use was 75.2% in 2002, 72.8% before the 2003 campaign and 78.5% immediately after the campaign. These results show the typical ratchet effect, with belt use dropping gradually after the 2002 campaign and then rising rapidly immediately after the 2003 campaign to a higher level than after the previous campaign (Solomon et al., 2003, Chapter IV).

The 2004 campaign increased paid advertising to about \$12 million nationally and \$20 million in the States (Solomon & Chafee, 2006). As in 2003, the advertising strongly supported enforcement activities. Belt use nationally reached 80% following the campaign (Glassbrenner, 2005a). Across the 50 States and the District of Columbia, belt use increased in 42 jurisdictions compared to the same time in 2003. When averaged across all 51 jurisdictions, belt use increased by 2.4 percentage points (Solomon & Chafee, 2006).

For the 2005 campaign, paid media valued at \$9.7 million nationally and \$22 million in States delivered a strong enforcement related message. Overall, seat belt use rates improved in 2005 in a majority of States (35 of 47). The level of improvement was slightly higher among primary law States compared to secondary law States (+2.0 versus +1.2, median point change). Among 22 primary law States, 18 showed an increase while among 25 secondary enforcement States, 17 showed an increase (Solomon et al., 2007). Nationally, the seat belt use increased to 82% in 2005.

Activities were similar in 2006, with approximately \$12 million in national paid advertising and \$20 million in the States each year (NHTSA, 2006c).

Costs: High-visibility enforcement campaigns are expensive. They require extensive time from State highway safety office and media staff and often from consultants to develop, produce, and distribute publicity and time from law enforcement officers to conduct the enforcement. Paid advertising increases a campaign's effectiveness, as discussed above, but can be quite expensive. Averaged across all States, paid advertising costs were about \$125,000 per State for the 2002 campaign and over \$400,000 in 2004 (Solomon & Chafee, 2006).

Time to implement: A high-visibility enforcement program requires four to six months to plan and implement.

Other issues:

- **Effects in primary and secondary belt law States:** High-visibility enforcement campaigns are effective in both primary and secondary law States. NHTSA's 2003 evaluation found that belt use increased by 4.6 percentage points across the primary law States and by 6.6 percentage points across the secondary law States; the primary law States had higher use rates before the campaigns (Solomon et al., 2003; see also Nichols, 2002). The 2004 evaluation found that the campaign increased belt use in 25 secondary jurisdictions by an average of 3.7 percentage points. Belt use decreased in the remaining 5 jurisdictions by an average of 2.3 percentage points (Solomon & Chafee, 2006).

- **Effects on low-belt-use groups:** CDC's systematic review observed that short-term, high-visibility enforcement campaigns increased belt use more among lower-belt-use groups, including young drivers, rural drivers, males, African-Americans, and Hispanics, than among higher-belt-use drivers such as older drivers, suburban drivers, females, and Caucasians (Shults et al., 2004). NHTSA's Region 5 implemented a Rural Demonstration Program (RDP) prior to the May 2005 Click It or Ticket (CIOT) mobilization. The goal of the RDP was to evaluate strategies for increasing seat belt usage in rural areas. Paid media was used to notify rural residents that seat belt laws were being enforced. Active enforcement was included during the initial phase in three of the six Region 5 States (Illinois, Indiana, Ohio), but only the paid media component was implemented in the remaining three States (Minnesota, Michigan, Wisconsin). During the RDP phase, States that had intensified enforcement had significant increases in usage in their rural targeted areas. All six Region 5 States intensified enforcement during the CIOT mobilization, but States that had intensified enforcement during RDP showed substantially greater overall statewide gains during the CIOT phase than did the States that had not intensified enforcement during the Rural Demonstration Program (Nichols, Ledingham, & Preusser, 2007).

2.2 Sustained Enforcement

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Varies	Time: Varies
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Some jurisdictions, including California, Oregon, and Washington, enforce their belt use laws vigorously as part of standard traffic enforcement activities.

Use: The extent of vigorous sustained belt law enforcement, with or without extensive publicity, is unknown.

Effectiveness: There are no studies of the effectiveness of sustained enforcement (Hedlund, Preusser, & Shults, 2004). California, Oregon, and Washington, States reported to use sustained enforcement, have recorded statewide belt use well above national belt use rates since 2002 (California: 90 to 92%; Oregon: 88 to 93%; Washington: 93 to 95%) (Glassbrenner, 2005b).

Costs: Sustained enforcement may require funds for publicity. As with short-term, high-visibility enforcement programs, publicity costs will depend on the mix of earned and paid media. Paid media can be expensive.

Time to implement: Sustained enforcement by law enforcement officers can be implemented immediately. Extensive publicity will take three or four months to plan and implement.

2.3 Combined Enforcement; Nighttime Enforcement

Effectiveness: ★ ★ ★	Use: Unknown	Cost: High	Time: Medium
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Short-term, high-visibility belt law enforcement programs (Chapter 2, Section 2.1) require substantial funding and law enforcement resources, so they can be difficult to sustain over a period of several years (Nichols, 2002). These programs also have been conducted almost exclusively during the daylight hours, and the limited available data suggest that belt use is lower at night (Chaudhary, Alonge, & Preusser, 2005; Hedlund et al., 2004). Continual enforcement (Chapter 2, Section 2.2), in which belt law violations are enforced as standard part of regular traffic patrol, is one way to address these issues.

A second way is to retain the short-term, high-intensity enforcement model but include other traffic safety issues such as impaired driving (DWI) and excessive speed, especially since the same drivers tend to drink, speed, and not buckle up. In particular, combined DWI and belt law checkpoints, saturation patrols, or enforcement zone operations could be conducted at night, when belt use is lower, DWI higher, and crash risk greater than during the day.

Another way to increase belt use at night is to use new night-vision technology for nighttime enforcement. The first demonstration of this strategy took place in 2004 in Reading, Pennsylvania (Chaudhary et al., 2005).

Use: There is no available information on how frequently the multifocused high-visibility enforcement strategy is used. A single demonstration of a nighttime program was conducted in 2004 (Chaudhary et al., 2005).

Effectiveness: The one study of combined high-visibility enforcement, in three demonstration sites, produced “encouraging but inconclusive” overall results (Jones, Joks, Lacey, Wiliszowski, & Marchetti, 1995; Jones & Lacey, 2001). Each site targeted belt use, speeding, and alcohol-impaired driving (DWI). One site maintained the planned high-intensity enforcement directed at all three behaviors and saw reduced DWI and speeding while maintaining a high belt use rate. A second site conducted only high-visibility DWI enforcement, which had an effect only on DWI. The third site failed to conduct high-visibility enforcement of any type and saw no effect.

A 2004 nighttime high-visibility belt enforcement program in Reading, Pennsylvania increased nighttime front-seat-occupant belt use by 6 percentage points, from 50% to 56%. Daytime belt use increased by 3 percentage points, from 56% to 59% (Chaudhary et al., 2005). As previously noted, strategies are being developed to increase restraint use among nighttime drivers, but evaluations documenting the effectiveness of these programs have not been completed at this time.

Costs: The costs of combined high-visibility enforcement programs are similar to and probably somewhat greater than the costs of programs directed exclusively at belt law violators (Chapter 2, Section 2.1). Publicity must be directed at different offenses in turn, and law enforcement

officers must have the training and equipment to address different offenses. Nighttime and daytime programs should have similar costs.

Time to implement: As with standard belt law short-term, high-visibility enforcement programs, combined or nighttime programs require four to six months to plan and implement.

3. Communications and Outreach

3.1 Communications and Outreach Supporting Enforcement

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Varies	Time: Medium
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Effective, high-visibility communications and outreach are an essential part of successful seat belt law high-visibility enforcement programs (Solomon et al., 2003). Paid advertising can be a critical part of the media strategy. Paid advertising brings with it the ability to control message content, timing, placement, and repetition (Milano et al., 2004).

Use: All high-visibility enforcement programs include communications and outreach strategies that use some combination of earned media (news stories) and paid advertising. Communications and outreach can be conducted at local, State, regional, or national levels.

Effectiveness: As discussed in Section 2.1, the May 2002 *Click It or Ticket* campaign evaluation demonstrated the effect of different media strategies. Belt use increased by 8.6 percentage points across 10 States that used paid advertising extensively in their campaigns. Belt use increased by 2.7 percentage points across 4 States that used limited paid advertising and increased by only 0.5 percentage points across 4 States that used no paid advertising (Solomon et al., 2002). Milano et al. (2004) summarize an extensive amount of information from national telephone surveys conducted in conjunction with each national campaign from 1997 through 2003.

Costs: As discussed in Chapter 2, Section 2.1, paid advertising can be quite expensive. In the average State, paid advertising costs were about \$125,000 for the 2002 campaign and over \$400,000 in 2004 (Solomon & Chafee, 2006).

Time to implement: An effective media campaign requires four to six months to plan and implement.

3.2 Communications and Outreach Strategies for Low-Belt-Use Groups

Effectiveness: ★ ★ [†]	Use: Unknown	Cost: Varies	Time: Medium
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[†] For stand-alone programs not supporting enforcement

With belt use at 83% nationally and 70% or higher in 45 States and the District of Columbia, the large majority of drivers and passengers use their belts on every trip. The challenge is to reach the minority who still do not buckle up regularly.

Observations and telephone surveys show who these nonusers are. NHTSA’s 2003 national observation survey found lower use for males (77%) than females (81%), lower use for drivers age 16 to 24 (75%) than those 25 to 69 (80%), lower use for rural drivers (74%) compared to urban (79%) and suburban (84%) drivers (all data from Glassbrenner, 2004, Table 5), and lower use for passengers (77%) than for drivers (80%) (Glassbrenner, 2003, Table 1). Belt use is lower for pickup truck drivers (69%) than passenger car drivers (81%) (Glassbrenner, 2003, Table 1). Available data from the 2005 survey confirm these differences for the categories reported (Glassbrenner, 2005a). NHTSA’s 2003 national telephone survey found the same patterns, with males, young drivers, rural drivers, pickup truck drivers, and passengers reporting lower belt use (Boyle & Vanderwolf, 2003, p. iv). In the telephone survey, no ethnic or racial group reported substantially lower than average belt use (Boyle & Vanderwolf, 2003). In a 2002 observation survey in Michigan, Vivoda, Eby, and Kostyniuk (2004) found significantly lower belt use among front seat occupants identified as Black (76%) compared to those identified as White (82%) or Other (84%).

Most nonusers do wear belts some of the time, or at least say they do. In NHTSA’s 2007 national telephone survey, only 1% of drivers said they never used their belts and another 1% said they rarely used them (Boyle & Lampkin, 2008). Backseat passengers are more frequently unbelted: 11% said they never use belts and another 6% said they rarely use them, while only 58% reported wearing belts all the time (Boyle & Lampkin, 2008). The most frequent reasons given by drivers for not wearing a belt were that they: were only driving a short distance (59%), forgot (52%), were in a rush (39%), or they found the belt uncomfortable (35%) (Boyle & Lampkin, 2008).

In the 1960s and 1970s, during the period of low belt use before belt use laws were enacted, communications and outreach campaigns did not increase belt use (ACTS, 2001). More recently, many communications efforts that do not carry an enforcement message have been used in attempts to raise the belt use of low-belt-use groups but few have been evaluated.

High-visibility enforcement programs generally have been effective in increasing belt use among these lower-use groups (see Chapter 2, Section 2.1; Shults et al., 2004). Their publicity messages and placement can be directed at specific lower-belt-use groups. Two 2001 programs successfully targeted pickup trucks as part of high-visibility seat belt enforcement activities. The “Pick Up the Buckle, Each Time, Every Time” campaign in South Dakota increased belt use in pickup trucks from 33% to 49% and the “When you get in a truck, you’d better buckle up” campaign in Florida increased use from 47% to 68% (NHTSA, 2005).

North Dakota's "Pick Up the Habit for Someone You Love" campaign in 2003 provides the best-documented example of a successful communications and outreach program not directly connected to enforcement. It was directed at male pickup drivers, whose pre-program belt use was 20-percentage-points lower than the statewide 63% rate. A survey of these drivers identified effective message goals (*choose* and *remember* to buckle up), message strategies (motivation through loved ones, sometimes using humor), and message placement (combining paid and earned radio and television, posters, and public relations events). The program increased observed belt use of male pickup drivers by 7 percentage points at a total cost of \$295,000 (North Dakota DOT, 2004).

The five States of NHTSA's Region 6 conducted a two-week "Buckle Up in Your Truck" paid advertising campaign immediately before their May 2004 *Click It or Ticket* campaign. The truck campaign's message complemented the *Click It or Ticket* message by focusing on the dangers of riding unrestrained in a truck and stressing the usefulness of belts in rollover crashes. The campaign spent nearly \$600,000 for paid advertising in the five States. Surveys at the end of the campaign, before any enforcement-based *Click It or Ticket* publicity, showed that belt use increased in pickup trucks by about 2 percentage points. Belt use in pickup trucks increased by another 6 percentage points after the *Click It or Ticket* publicity (Solomon & Chaffe, 2006).

In a follow-up study, an intensive campaign using the same "Buckle Up in Your Truck" message was conducted in Amarillo, Texas, in November 2004. The campaign used paid advertising emphasizing belt law enforcement as well as earned media featuring local law enforcement officers. Belt use in pickup trucks increased by 12 percentage points in Amarillo and belt use in cars increased by 8 percentage points. At the same time, belt use in a comparison community increased by 5 percentage points for pickup truck occupants and by 4 percentage points for car occupants (Solomon & Chafee, 2006).

Use: Communications and outreach campaigns directed at low-belt-use groups probably are quite common, but no summary is available.

Effectiveness: Uncertain. The North Dakota and Amarillo campaigns are the only well-documented and successful examples. They used all the characteristics of effective communications and outreach campaigns: good target audience research, effective and creative message development, and good message placement using both paid and earned media. The overall South Central Region campaign produced only modest gains.

Costs: As with enforcement-related communications and outreach, costs vary depending on program quality and delivery. Paid advertising can be expensive.

Time to implement: A good media campaign will require four to six months to plan and implement.

4. Other Strategies

4.1 Employer Programs

Effectiveness: ★ ★ ★ ★ ★ †	Use: Unknown	Cost: Varies	Time: Varies
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† In low belt use settings with no belt use law

Employers, schools, and similar institutions provide well-defined and somewhat controlled audiences for seat belt use programs. Education and other communications strategies can be tailored to a specific audience. Seat belt use policies can be implemented and enforced in certain settings. Incentive programs can be conducted (Chapter 2, Section 4.2).

Little information is available on what employer and school programs have been conducted recently and how effective they have been. The few high-quality published studies were conducted more than 15 years ago, in a low belt use environment (Nichols, 2002).

Use: There are no data on the number of employer and school programs operating currently.

Effectiveness: Employer and school programs in a low belt use environment with no belt use law have increased belt use substantially: by an average of 24 percentage points in five corporate programs and by 6 to 28 percentage points in several school programs (Nichols, 2002).

Costs: Program costs will depend on the size of the target audience and the components of the program.

Time to implement: Employer and school policies can be implemented immediately. Complete programs will require at least four months to plan and implement. School programs may require a full year.

Other issues:

- **Employer and school programs in high-belt-use settings:** As noted above, there is little information on employer and school programs in a setting with a belt use law and high baseline belt use. No evaluations appear to have been conducted since 1994.

4.2 Incentive Programs

Effectiveness: ★ ★ ★ ★ ★ †	Use: Low	Cost: Varies	Time: Medium
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† In low belt use settings with no belt use law

Incentive programs use rewards of some sort as an inducement to wear seat belts. Incentive programs have been implemented by employers, in schools, and across entire communities. Rewards have included cash, coupons for merchandise or food, T-shirts or other promotional items, and raffle tickets for valuable prizes. Rewards typically have been given to people observed to be wearing their belts but sometimes have been given for a pledge to buckle up. Incentive programs usually are accompanied by seat belt communications and outreach and may also be combined with seat belt use policies (Nichols, 2002).

Hagenzieker, Bijleveld, & Davidse (1997) summarized 34 incentive program evaluations published between 1978 and 1992. Almost all (95%) programs were conducted in the United States. Almost all (83%) were conducted when no belt use law was in effect, so that pre-program belt use was low. No incentive program evaluations appear to have been conducted since 1992 (Hagenzieker et al., 1997; Nichols, 2002).

Use: Incentive programs were popular before belt use laws were implemented but most appear to have been discontinued. There are no data on the number of incentive programs operating currently.

Effectiveness: In the situations studied – low baseline belt use and no belt use law in effect – incentive programs raised belt use immediately by 12 percentage points on average. As with enforcement programs, belt use subsequently decreased somewhat, so that the average long-term belt use increase was 9 percentage points (Hagenzieker et al., 1997; Nichols, 2002). In general, the effects were greater when baseline belt use was lower and when the target population was more confined: elementary school programs had the greatest impact, followed by employers, colleges, and finally entire communities.

Costs: Incentive program costs will depend on the size of the target audience, the nature of the incentives, and the nature and amount of publicity required. Sponsors can be sought to donate incentive rewards or otherwise offset program costs.

Time to implement: An incentive program should take four to six months to plan and implement.

Other issues:

- **Incentive programs in high-belt-use settings:** As noted above, there is little or no information on incentive programs in a setting with a belt use law and high baseline belt use. No incentive program evaluations appear to have been conducted since 1992.

Countermeasures Targeting Pre-Teens and Teenage Occupants

5. Restraint Use Laws

5.1 Coverage by Restraint Use Laws: Seating Position, Vehicles, Ages

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Low	Time: Short
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In 15 States, belt use laws do not cover children above child restraint/booster seat age and/or size (Decina et. al., 2008). Adult seat belt use laws do not cover rear seat passengers in more than half of the States (Glassbrenner, 2005b).

Good occupant restraint use laws for a State – that is, the combination of child restraint and seat belt laws – should be comprehensive, covering all seating positions equipped with a seat belt in all passenger vehicles (ACTS, 2001; NCUTLO, 2004; NHTSA, 2003b, NHTSA, 2006b). Such a law sends a clear and consistent message to the public.

Countermeasures that may affect teen seat belt use through graduated driver licensing and driver training are covered in Chapter 6, Sections 1 and 2.

Use: In many States, occupant restraint use laws exempt adult passengers in some seating positions or in some passenger vehicles (Glassbrenner, 2005b; Decina et. al., 2008).

Effectiveness: A number of research studies (Fell et. al., 2005; Guerin & MacKinnon, 1985; Margolis, Bracken, & Stewart, 1996) have found that restraint use levels among children and teens covered by restraint use laws are higher than those not covered, and that injury levels among children covered by child passenger safety laws are lower than children not covered.

Costs: The costs of expanding a restraint use law to include all seating positions in all passenger vehicles are minimal.

Time to implement: Expanded restraint use law coverage can be implemented as soon as the law is enacted and publicized.

6. Communications and Outreach

6.1 Communications and Outreach Strategies for Older Children

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Varies	Time: Medium
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As noted by Kuhn and Lam (2008a; 2008b), there is not a great deal of information on the factors influencing restraint use for children 8 to 15 years old. The few available studies have tended to focus on changing nonuse behaviors without investigating attitudinal or motivational factors that might be useful in developing additional strategies.

Use: There is beginning to be more of an emphasis on developing and implementing programs targeting children ages 8 to 15. NHTSA is developing material and resources for States and programs interested in the targeting this age group and some pilot programs have been implemented and evaluated that can be used as resources for program development. One extensive resource available is the report titled “Increasing Seat Belt Use Among 8- to 15-Year-Olds: Volumes I and II” (Kuhn & Lam, 2008a, 2008b).

Effectiveness: The few studies that have been conducted have produced encouraging but inconclusive results. The Automotive Coalition for Traffic Safety launched two pilot programs in 2005 targeting 8- to 15-year-olds, sometimes called “tweens.” These brief school and community-based interventions targeted both children and their parents. The programs were evaluated by pre- and post-intervention surveys of tweens and parents, as well as observational surveys in one site. Both programs were successful in changing knowledge and attitudes of the parents and children, but limited observations did not show significant changes in belt use among the targeted children (Jennings, Bracken, & Stewart, 2006).

Costs: Program costs will depend on the size of the target audience and the components of the program.

Time to implement: Complete programs will require at least four months to plan and implement. School programs may require a full year.

7. Other Strategies

7.1 School Programs

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Varies	Time: Varies
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Schools provide well-defined and somewhat controlled audiences for seat belt use programs. Education and other communications strategies can be tailored to a specific audience.

Some information is available on school programs that have been conducted and how effective they have been. Williams, Wells and Ferguson (1997) conducted a pilot program to increase restraint use and rear seating position among elementary schools and day care centers. The programs, held in conjunction with an ongoing statewide *Click It or Ticket* program, included letters and pamphlets sent to parents, proper restraint use demonstrations, assemblies emphasizing proper restraint use (at the schools), and enforcement checkpoints. A few high-quality published studies were conducted more than 15 years ago, in a low-belt-use environment (Nichols, 2002).

Use: There are no data on the number of school programs operating currently.

Effectiveness: School programs have been shown to increase belt use substantially: by 6 to 28 percentage points (Nichols, 2002). Williams, Wells, and Ferguson (1997) found that, although only slight increases occurred in the percentage of children in rear seats, gains can be achieved in proper restraint use. Proper use increased substantially at elementary schools (36% to 64%; 49% to 71%) with smaller increases at the daycare centers (71% to 76%; 60% to 75%). The researchers concluded also that enforcement is a key ingredient of programs even among school age children.

Costs: Program costs will depend on the size of the target audience and the components of the program.

Time to implement: School policies can be implemented immediately. Complete programs will require at least four months to plan and implement and may require a full year.

Countermeasures Targeting Infants and Children in Child Restraints and Booster Seats

8. Child Restraint/Booster Seat Use Laws

8.1 Enactment of Child Restraint Use Laws

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Low	Time: Short
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Child restraint laws require children traveling in motor vehicles to be restrained in federally approved (FMVSS 213 certified) child restraints appropriate for the child's age and size. Legislation also specifies the children to whom the law applies by age, height, weight, or a combination of these factors, and who is legally responsible for restraining the children in the vehicle.

Use: Beginning with Tennessee, every State between 1978 and 1985 passed laws requiring safety seats for young child passengers. With few exceptions, child restraint laws are standard (primary) enforcement laws.

Effectiveness: Many studies have examined the effectiveness of child restraint laws in increasing child restraint use and decreasing crash-related injuries. Houston, Richardson, & Neeley (2001) evaluated the effectiveness of State child restraint laws in the United States by conducting a time series analysis for all 50 States for the period 1975 to 1994, and found that child restraint laws significantly reduced fatality rates among children up to 5 years old. A similar reduction in the fatality rate of an older age cohort (6 to 11 years old and not typically covered by these laws) was not found. Zaza (2001) conducted a systematic review of evidence of effectiveness for five interventions, including child restraint laws, to increase child safety seat use. Establishment of child restraint laws was one of the interventions found to be effective.

Costs: Once legislation has been enacted, the only costs are to publicize and enforce the law.

Time to implement: As soon as the law is enacted.

8.2 Coverage: Seating Position, Vehicles, Ages

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Low	Time: Short
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Good occupant restraint use laws for a State – that is, the combination of child restraint and seat belt laws – should be comprehensive, covering all seating positions equipped with a seat belt in all passenger vehicles (ACTS, 2001; NCUTLO, 2006; NHTSA, 2003b, NHTSA, 2006b). Such a law sends a clear and consistent message to the public. Recently, NHTSA and various partners have encouraged States to expand their child restraint laws to include “booster” provisions; that is, to not allow children to be restrained by a seat belt alone until they are big enough for the lap and shoulder belts to fit.

Use: As of June 2007, 38 States and the District of Columbia had enacted booster seat provisions that require child restraint/booster seat use for children older than age 4 or heavier than 40 pounds (Decina et al., 2008). However, a wide variation in age, height, and weight requirements exists between the laws of the various States.

Effectiveness: Research conducted by Durbin et al. (2003) found that transitioning children from child restraints with harnesses to belt-positioning booster seats instead of vehicle safety belts provides significant safety benefits for children at least through age 7, and that belt-positioning booster seats lower the risk of injury to children in crashes by 59% compared to the use of vehicle safety belts alone. A number of studies evaluated the effect of booster provisions in States’ laws on booster seat use (Gunn, Phillippi, & Cooper, 2007). Observational surveys conducted in Washington State before their booster seat law was expanded found that only 21 % of children between the ages 4 and 8 were using booster seats (Ebel, Koepsell, Bennett, & Rivara, 2003). Following a new law requiring booster seats for children weighing between 40 and 60 pounds or younger than 6 years old, observational surveys in Washington State found close to half of children 4 to 8 years old in a booster seat (Stehr & Lovrich, 2003).

Costs: The costs of expanding a restraint use law to include all seating positions in all passenger vehicles are minimal.

Time to implement: Expanded restraint use law coverage can be implemented as soon as the law is enacted and publicized.

9. Child Restraint/Booster Seat Law Enforcement

9.1 Short-Term High-Visibility Child Restraint/Booster Law Enforcement

Effectiveness: ★ ★ ★ ★ ★	Use: Medium [†]	Cost: High	Time: Medium
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[†] Used in many jurisdictions but often only once or twice each year

As noted in Section 2.1, the most common high-visibility belt law enforcement method consists of short (typically lasting for two weeks), intense, highly publicized periods of increased belt law enforcement, frequently using checkpoints (in States where checkpoints are permitted), saturation patrols, or enforcement zones. These periods sometimes are called STEP waves (Selective Traffic Enforcement Programs) or blitzes but are now primarily conducted under NHTSA's *Click It or Ticket* high-visibility enforcement program. NHTSA typically includes child restraint and booster seat use and enforcement as a part of their *Click It or Ticket* campaigns.

Use: Most States currently conduct short-term, high-visibility belt law enforcement programs in May of each year as part of national seat belt mobilizations (Solomon et al., 2004; Solomon & Chaffe, 2006).

Effectiveness: Pilot programs conducted in 1989 in eight communities demonstrated the potential effectiveness of child passenger safety law enforcement (NHTSA, 1990). The enforcement efforts increased the correct use of child restraints in the demonstration sites; the use of safety belts by older children also increased. In their systematic review of evidence of effectiveness for child restraint interventions, Zaza et. al. (2001) determined that community-wide information plus enhanced enforcement campaigns were effective in increasing child restraint use. Decina et. al. (2008) reported that an observational study conducted to evaluate a demonstration program found a 9 percentage-point increase in the use of child restraints, including booster seats, for children age 4 to 8 following enactment of an enhanced child restraint law (booster seat law) in Wisconsin.

Costs: As noted under Section 2.1, high-visibility enforcement campaigns are expensive. They require extensive time from State highway safety offices, time from law enforcement officers to conduct the enforcement, and time from media staff and often from consultants to develop, produce, and distribute publicity. Paid advertising increases a campaign's effectiveness, as discussed earlier, but can be quite expensive.

Time to implement: A high-visibility enforcement program requires four to six months to plan and implement.

Other issues:

- **Barriers to enhanced enforcement programs:** Decina et. al. (2008) concluded that barriers to enhanced enforcement programs, especially as related to booster seats, include: parent/caregiver ignorance of child restraint laws; low perception of risk to child passengers; lack of knowledge about the safety benefits of booster seats among the public; lack of knowledge about the safety benefits of booster seats among law

enforcement officers and members of the courts; low threat of being ticketed for violations; and lack of commitment to child passenger safety by law enforcement top management.

- **Strategies to enhance enforcement programs:** NHTSA (1990) suggests that in order to maximize child restraint enforcement efforts, certain activities should be part of the overall program. These are: media coverage of enforcement and public information activities by the local press and radio and television stations; training of law enforcement officers in the benefits of child passenger protection and methods of effective law enforcement; information activities targeted to target audiences; information activities coinciding with community events; child restraint distribution programs; and public service announcements and other media coverage.

10. Communications and Outreach

10.1 Communications and Outreach Supporting Enforcement

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Varies	Time: Medium
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As noted in Section 3.1, effective, high-visibility communications and outreach are an essential part of successful seat belt law high-visibility enforcement programs (Solomon et al., 2003). Paid advertising can be a critical part of the media strategy. Paid advertising brings with it the ability to control message content, timing, placement, and repetition (Milano et al., 2004).

Use: As noted in Section 3.1, all high-visibility enforcement programs include communications and outreach strategies that use some combination of earned media (news stories) and paid advertising. Communications and outreach can be conducted at local, State, regional, or national levels.

Effectiveness: Zaza (2001) conducted a systematic review of evidence of effectiveness for five interventions, including child restraint laws, to increase child safety seat use. Changes in the use of child safety seats or injury rates were the outcome measures evaluated to determine the success of each intervention. One of the four interventions found to be effective was community-wide information plus enhanced enforcement campaigns. Education only programs aimed at parents, young children, healthcare personnel or law enforcement personnel did not have enough evidence for effectiveness to be proven.

Costs: As discussed in Chapter 2, Section 2.1, paid advertising can be quite expensive.

Time to implement: An effective media campaign requires four to six months to plan and implement.

11. Other Strategies

11.1 Child Restraint Distribution Programs

Effectiveness: ★ ★	Use: High	Cost: Medium	Time: Short
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One of the issues that was identified when child passenger safety laws were being considered was the costs associated with obtaining child restraints. Because of this, many State and local organizations initiated programs to make child restraints available at low or no cost to parents through child restraint loan or rental programs (Orr et. al., 1987; Zaza et. al., 2001). Continuing educational and distribution programs, and especially the implementation and enforcement of child passenger safety laws, increased the levels of child restraint use to 80% for children up to 4 in 1987 (Partyka, 1988), to well over 90% (98% for age less than 1, 96% for ages 1 to 3) in 2007 (Ye & Pickrell, 2008).

Use: There is no estimate of the number of child restraint distribution programs operating throughout the United States, but they are common components of State and local child passenger safety programs.

Effectiveness: Louis and Lewis (1997) conducted a project to increase toddler car seat use in low-income minority families. Families in the program were divided into two study groups with both groups receiving free child restraints. One group also received education regarding child restraint use. The results of the study indicated that distributing child restraints resulted in increased long-term use among a low-use population. Zaza (2001) conducted a systematic review of evidence of effectiveness for five interventions, including child restraint laws, to increase child safety seat use. One of the four interventions found to be effective was child restraint distribution plus education programs.

Costs: Program costs will depend on the size of the target audience and the components of the program.

Time to implement: Complete programs typically require several months to plan and implement.

Other issues: When implementing a program, one of the primary issues to decide is whether the child restraints are to be given away, or whether the parents/caregivers receiving the restraints will be required to purchase them (at a low cost or modest fee, depending on ability to pay). Also, program planners must decide whether parents should be required to attend a child passenger safety educational session, as is considered essential by many in the public health community to ensure proper and continuous use.

11.2 Inspection Stations

Effectiveness: ★ ★	Use: High	Cost: Medium	Time: Short
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The misuse of child restraints is an issue that has been a concern for many years. A number of programs have been implemented to provide parents and other caregivers with “hands-on” assistance with the installation and use of child restraints in an effort to combat widespread misuse. Child passenger safety (CPS) inspection stations, sometimes called “fitting stations” are places or events where parents and caregivers can receive this assistance from certified CPS technicians and are popular services provided by a variety of local CPS programs. Guidebooks on how local programs can set up and operate a mobile CPS clinic or permanent inspection station are available from NHTSA (NHTSA, 2003a).

Use: Child restraint inspection stations have become common components of State and local child passenger safety programs. There are over 4,000 inspection stations listed on NHTSA’s Web site.

Effectiveness: The only study conducted to evaluate child restraint inspection programs looked at Safe Kids events held at car dealerships, hospitals, retail outlets and other community locations (to provide as much local exposure as possible). The objective of the study was to measure parent confidence levels, skill development and safe behavior over a six-week interval using checklists and a matching behavioral survey. Results showed that within the six-week time period, the child passenger safety checkup events successfully and positively changed parents’ behavior and increased their knowledge: children arriving at event 2 were restrained more safely and more appropriately than they were at event 1 (Dukehart, Walker, Lococo, Decina, & Staplin, 2007).

Costs: Program costs will depend on the size of the target audience, the components of the program, and the level of services offered.

Time to implement: Complete programs typically require several months to plan and implement.

Seat Belt Use and Child Restraints References

ACTS. (2001). *2001 Seat Belt Summit: Policy Options for Increasing Seat Belt Use in the United States*. Arlington, VA: Automotive Coalition for Traffic Safety.

Boase, P., Jonah, B. A., & Dawson, N. (2004). Occupant Restraint Use in Canada. *Journal of Safety Research*, 35, 223-229.

Boyle, J. M., & Vanderwolf, P. (2003). *2003 Motor Vehicle Occupant Safety Survey, Vol. 2, Safety Belt Report*. Publication No. DOT HS 809 789. Washington, DC: National Highway Traffic Safety Administration.

Boyle, J. M. & Lampkin, C. (2008). 2007 Motor Vehicle Occupant Safety Survey. Volume 2 Seat Belt Report. Publication No. DOT HS 810 975. Washington, DC: National Highway Traffic Safety Administration.

<http://www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810975.pdf>

Chaudhary, N. K., Alonge, M., & Preusser, D. F. (2005). Evaluation of the Reading, PA nighttime safety belt enforcement campaign: September 2004. *Journal of Safety Research*, 36, 321-326.

Cynecki, M. J., & Goryl, M. E. (1984). *The Incidence and Factors Associated With Child Safety Seat Misuse*. Publication No. DOT HS 806 676. Washington, DC: National Highway Traffic Safety Administration.

Decina, L. E., Temple, M. G., & Dorer, H. S. (1994). *Local Police Enforcement, Public Information And Education Strategies To Foster More And Proper Use Of Child Safety Seats By Toddlers: Evaluation Of A Demonstration Project. Final Report*. Publication No. HS 808 120. Washington, DC: National Highway Traffic Safety Administration.

Decina, L. E., & Lococo, K. H. (2004). *Misuse of Child Restraints*. Publication No. DOT HS 809 671. Washington, DC: National Highway Traffic Safety Administration.

Decina, L.E., Lococo, K.H. & Doyle, C. T. (2006). *Child Restraint Use Survey: LATCH Use and Misuse*. Publication No. DOT HS 810 679. Washington, DC: National Highway Traffic Safety Administration.

Decina, L. E., Lococo, K. H., Ashburn, W., Hall, W. L., & Rose, J. (2008). *Identifying Strategies to Improve the Effectiveness of Booster Seat Laws*. Publication No. DOT HS 810 969. Washington, DC: National Highway Traffic Safety Administration.

Dinh-Zarr, T. B., Sleet, D. A., Shults, R. A., Zaza, S., Elder, R. W., Nichols, J. L., Thompson, R. S., Sosin, D. M., & the Task Force on Community Preventive Services. (2001). Reviews of Evidence Regarding Strategies to Increase the Use of Safety Belts. *American Journal of*

Preventive Medicine, 21, 48-65. www.thecommunityguide.org/mvoi/mvoi-AJPM-evrev-seat-belts.pdf

Dukehart, J. G., Walker, L., Lococo, K., Decina, L. E., & Staplin, L. (2007). *Safe Kids Checkup Events: A National Study*. Washington, DC: Safe Kids Worldwide. www.usa.safekids.org/content_documents/ACFD37E.pdf

Durbin, D. R., Elliott, M. R., & Winston, F. K. (2003). Belt-Positioning Booster Seats and Reduction in Risk of Injury Among Children in Vehicle Crashes. *Journal of the American Medical Association*, 289, 2835-2840.

Ebel, B. E., Koepsell, T. D., Bennett, E. E., & Rivara, F. P. (2003). Too Small for a Seat Belt: Predictors of Booster Seat Use by Child Passengers. *Pediatrics*, 111, e323-e327.

Eby, D. W., Kostyniuk, L. P., Molnar, L. J., Vivoda, J. M., & Miller, L. L. (2004). The effect of changing from secondary to primary safety belt enforcement on police harassment. *Accident Analysis and Prevention*, 36, 819-828.

Farmer, C. M., & Williams, A. F. (2005). Effect on fatality risk of changing from secondary to primary seat belt enforcement. *Journal of Safety Research*, 36, 189-194.

Fell, J. C., Baker, T. K., McKnight, A. S., Brainard, K., Langston, E., Rider, R., Levy, D., & Grube, J. (2005). *Increasing Teen Safety Belt Use: A Program and Literature Review*. Publication No. DOT HS 809 899. Washington, DC: National Highway Traffic Safety Administration.

Glassbrenner, D. (2003). *Safety Belt Use in 2003*. Publication No. DOT HS 809 646. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/airbags/809646.pdf

Glassbrenner, D. (2004). *Safety Belt Use in 2003: Demographic Characteristics*. Publication No. DOT HS 809 729. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/airbags/809729.pdf

Glassbrenner, D. (2005a). Safety Belt Use in 2005: Overall Results. *Traffic Safety Facts: Research Note*. Publication No. DOT HS 809 932. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/RNotes/2005/809932.pdf

Glassbrenner, D. (2005b). *Safety Belt Use in 2005: Use Rates in the States and Territories*. Publication No. DOT HS 809 970. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/RNotes/2005/809970.pdf

Glassbrenner, D., & Ye, T. J. (2008). *Traffic Safety Facts: Research Note: Booster Seat Use in 2007*. Publication No. DOT HS 810 894. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810894.PDF

- Guerin, D., & MacKinnon, D. P. (1985). An assessment of the California Child Passenger Restraint Requirement. *American Journal of Public Health, 75*, 142-144.
- Gunn, V. L., Phillippi, R. M., & Cooper, W. O. (2007). Improvement in Booster Seat Use in Tennessee. *Pediatrics, 119*, 131-136.
- Hagenzieker, M. P., Bijleveld, F. D., & Davidse, R. J. (1997). Effects of Incentive Programs to Stimulate Safety Belt Use: A Meta-Analysis. *Accident Analysis and Prevention, 29*, 759-777.
- Hall, W. L. (1987). *Guide To Conducting A Safety Seat Installation Clinic*. Chapel Hill, NC: University of North Carolina, Highway Safety Research Center.
- Hall, W. L. (1985). *The North Carolina Child Passenger Protection Law: Implementation and Evaluation, July 1982 - June 1985*. Chapel Hill, NC: University of North Carolina, Highway Safety Research Center.
- Hedlund, J. H., Preusser, D. F., & Shults, R. A. (2004). A Research Agenda for Increasing Safety Belt Use in the United States. *Journal of Safety Research, 35*, 231-235.
- Houston, D. J., Richardson, L. E., & Neeley, G. W. (2001). The Effectiveness of Child Safety Seat Laws In The Fifty States. *Policy Studies Review, 18*, 163-184.
- Houston, D. J., & Richardson, L. E. (2006). Getting Americans to buckle up: The efficacy of state seat belt laws. *Accident Analysis and Prevention, 37*, 1114-1120.
- IIHS (2008). *Child restraint/belt use laws*. (2008). Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/restraintoverview.aspx
- Jennings, C., Merzer, A., & Mitchell, P. (2006). *Tween Traffic Safety: Influencing 8- to 12-year-olds to Sit Safely Buckled in a Back Seat*. Arlington, VA. Automotive Coalition for Traffic Safety Inc.
- Jones, R. K., Joksch, H. C., Lacey, J. H., Wiliszowski, C., & Marchetti, L. (1995). *Summary Report: Field Test of Combined Speed, Alcohol, and Safety Belt Enforcement Strategies*. Publication No. DOT HS 808 242. Washington, DC: National Highway Traffic Safety Administration.
- Jones, R. K., & Lacey, J. H. (2001). *Alcohol and Highway Safety 2001: A Review of the State of Knowledge*. Publication No. DOT HS 809 383. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/AlcoholHighway/
- Kahane, C. J. (1986). *An Evaluation of Child Passenger Safety: The Effectiveness and Benefits of Safety Seats*. Publication No. DOT HS 806 89. Washington, DC: National Highway Traffic Safety Administration.

Kuhn, M., & Lam, J. (2008a). *Increasing Seat Belt Use Among 8- to 15-Year-Olds: Volume I: Findings*. Publication No. DOT HS 810 965. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810965.pdf

Kuhn, M., & Lam, J. (2008b). *Increasing Seat Belt Use Among 8- to 15-Year-Olds: Volume II: Appendices*. Publication No. DOT HS 810 966. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810965.pdf

Lacey, J., Fell, J. C., Cosgrove, L., et al. (2005). *Tennessee's Combined Safety Belt and Impaired Driving Campaign in 2003 Yields Mixed Results. Research Note*. Washington, DC: National Highway Traffic Safety Administration (under review).

Louis, B., & Lewis, M. (1997). Increasing Car Seat Use For Toddlers From Inner-City Families. *American Journal of Public Health*, 87, 1044-45.

Margolis, L. H., Bracken, J., & Stewart, J.R. (1996). Effects of North Carolina's Mandatory Safety Belt Law on Children. *Injury Prevention*. 2, 32-35.

Masten, S. (2007). *The Effects of Changing to Primary Enforcement on Daytime and Nighttime Seat Belt Use. Research Note*. Publication No. DOT HS 810 743. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/research/TSF/HS810743/810743.pdf

Milano, M., McInturff, B., & Nichols, J. L. (2004). The Effect of Earned and Paid Media Strategies in High-Visibility Enforcement Campaigns. *Journal of Safety Research*, 35, 203-214.

Nassirpour, M. (2005). Personal communication.

NCHRP. (2004). *A Guide for Increasing Seatbelt Use*. (Report No. 500, Vol. 11) Washington, DC: Transportation Research Board. trb.org/publications/nchrp/nchrp_rpt_500v11.pdf

NCUTLO. (2004). *Model Occupant Protection Law*. Alexandria, VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org/occprotect02.html

NCUTLO. (2006). *Model Child Restraint Act*. Alexandria, VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org/restraint.htm

NHTSA. (1990). *Enforcing Child Passenger Safety Laws: Eight Community Strategies*. Publication No. DOT HS 807 631, Washington, DC: National Highway Traffic Safety Administration.

NHTSA. (1996). *Research Note: Revised Estimates of Child Restraint Effectiveness*. Publication No. 96855. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/96855.PDF

NHTSA. (2001). *Fifth/Sixth Report to Congress: Effectiveness of Occupant Protection Systems and Their Use*. Publication No. DOT HS 809 442. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/Rpts/2002/809-442.pdf

NHTSA. (2003a). *A Guide To Implementing Child Passenger Safety Inspection Stations*. Publication No. DOT HS 809 627. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/childps/CPSInspectionStation/

NHTSA. (2003b). *Initiatives to Address Safety Belt Use*. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/SafetyBelt/OPIPT_FinalRpt_07-17-03.html

NHTSA. (2005). Office of Impaired Driving and Occupant Protection, personal communication.

NHTSA. (2006a). *Strengthening Safety Belt Use Laws. Traffic Safety Facts: Laws*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/new-fact-sheet03/SeatBeltLaws.pdf

NHTSA. (2006b). *Uniform Guidelines for State Highway Safety Programs - Occupant Protection*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/pages/OccupantProtection.htm

NHTSA. (2006c). Office of Impaired Driving and Occupant Protection, personal communication, July 14, 2006.

NHTSA. (2007). Occupant Protection. *Traffic Safety Facts: 2006 Data*. Publication No. DOT HS 810 807. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810807.PDF

NHTSA. (2007b). *Summary of Vehicle Occupant Protection Laws, 8th Edition*. Publication No. DOT HS 810. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS810825.pdf

NHTSA. (2008a). *Seat Belt Use in 2008 - Overall Results*. Publication No. DOT HS 811 036. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/811036.PDF

NHTSA. (2008b). *Seat Belt Use in 2007 - Use Rates in the States and Territories*. Publication No. DOT HS 810 949. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810949.PDF

Nichols, J. L. (2002). *A Review of Research-Based Findings and Recommendations for Programs to Increase Seat Belt Usage*. Washington, DC: National Highway Traffic Safety Administration.

Nichols, J.L., & Jones, R.K. (in review). *Increasing Safety Belt Usage in the United States: A Review of the State of Knowledge*. Washington, DC: National Highway Traffic Safety Administration.

Nichols, J. L., Ledingham, K. A., & Preusser, D. F. (2007). *Effectiveness of the May 2005 Rural Demonstration Program and the Click It or Ticket Mobilization in the Great Lakes Region: First Year Results*. Publication No. DOT HS 810 753. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/buckleup/CIOT2005_effectiveness/images/8107531.pdf

North Dakota DOT. (2004). *"Pick Up the Habit for Someone You Love" Campaign*. Final report, Contract PHSP4030301. Bismarck, ND: North Dakota Department of Transportation.

Orr, B. T., Hall, W. L., Woodward, A. R., & Desper, L. P. (1987) *A Guide For Establishing A Car Safety Seat Rental Program*. Chapel Hill, NC: University of North Carolina Highway Safety.

Partyka, S.C. (1988). *Lives Saved By Child Restraints From 1982 Through 1987*. NHTSA Technical Report. Publication No. DOT HS 807 371. Washington, DC: National Highway Traffic Safety Administration.

Reinfurt, D. W. (2004). *Click It or Ticket in North Carolina: A Decade of Progress*. *Journal of Safety Research*, 35, 181-188.

Shults, R. A., Nichols, J. L., Dinh-Zarr, T. B., Sleet, D. A., & Elder, R. W. (2004). Effectiveness of Primary Enforcement Safety Belt Laws and Enhanced Enforcement of Safety Belt Laws: A Summary of the Guide to Community Preventive Services Systematic Reviews. *Journal of Safety Research*, 35, 189-196.

Solomon, M. G. & Chaffe, R. H. B. (2006). *May 2004 "Click It or Ticket" Safety Belt Mobilization Evaluation*. Final report, contract DTNH22-99-D-25099. Washington, DC: National Highway Traffic Safety Administration.

Solomon, M. G., Chaudhary, N. K., & Cosgrove, L. A. (2003). *May 2003 Click It or Ticket Safety Belt Mobilization Evaluation Final Report*. Publication No. DOT HS 809 694. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/airbags/clickit_ticke03/ciot-report04/CIOT%20May%202003/index.htm

Solomon, M. G., Compton, R. P., & Preusser, D. F. (2004). Taking the *"Click It or Ticket"* model nationwide. *Journal of Safety Research*, 35, 197-201.

Solomon, M. G., Gilbert, S. H. Nichols, J., Chaffe, R. H. B., Tison, J., & Chaudhary, N. K. (2007). *Evaluation of the May 2005 "Click It or Ticket" Mobilization to Increase Seat Belt Use*. Publication No. DOT HS 810 778. Washington, DC: National Highway Traffic Safety Administration.

Solomon, M. G., Ulmer, R. G., & Preusser, D. F. (2002). *Evaluation of Click It or Ticket Model Programs*. Publication No. DOT HS 809 498. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/airbags/clickitcomposite/clickit_composite.pdf

Stehr, S. D., & Lovrich, N. (2003). *An Assessment of Child Car Booster Seat Usage in the State of Washington*. Pullman, WA: Washington State University.

Varghese, C., & Shankar, U. (2007). *Passenger Vehicle Occupant Fatalities by Day and Night – A Contrast. Research Note*. Publication No. DOT HS 810 637. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810637.PDF

Vivoda, J. M., Eby, D. W., & Kostyniuk, L. P. (2004). Differences in safety belt use by race. *Accident Analysis and Prevention*, 36, 1105-1109.

Williams, A. F., Wells, J. K., & Ferguson, S. A. (1997). Development and Evaluation of Programs to Increase Proper Child Restraint Use. *Journal of Safety Research*, 28, 69-73.

Williams, A. F., & Wells, J. K. (2004). The role of enforcement programs in increasing seat belt use. *Journal of Safety Research*, 35, 175-180.

Ye, J., & Pickrell, T. (2008). *Traffic Safety Facts, Research Note: Child Restraint Use in 2007, Overall Results*. Publication No. DOT HS 810 931. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810931.PDF

Zaza, S., Sleet, D. A., Thompson, R. S., Sosin, D. M., & Bolen, J. C. (2001). Reviews of Evidence Regarding Interventions to Increase Use of Child Safety Seats. *American Journal of Preventive Medicine*, 21, 31-47.

3. Aggressive Driving and Speeding

Overview

Characteristics and problem size: aggressive driving. Aggressive driving is generally understood to mean driving actions that markedly exceed the norms of safe driving behavior and that directly affect other road users by placing them in unnecessary danger. Aggressive driving may also involve driver anger, attempts to gain an advantage over other drivers, and deliberate violations and deviations from normal traffic speeds (NCHRP, 2003a). It has proven challenging to come up with a working definition of aggressive driving. Not every moving violation is considered aggressive driving. However, multiple violations such as speeding, following too closely, making unsafe lane changes and running red lights, either on one occasion or over a period of time, may indicate a pattern of aggressive driving. Although some States have passed laws criminalizing aggressive driving, it should not be confused with road rage: an intentional assault by a driver or passenger with a motor vehicle or a weapon that occurs on the roadway or is precipitated by an incident on the roadway.

Causes of aggressive driving can include both personal and environmental triggers. A predisposal to immature and ‘selfish’ driving that puts others at risk might be the norm for a small proportion of drivers, while the vast majority may be provoked to drive aggressively at least occasionally by exceptional congestion, work zone delays, poorly-timed traffic signals and other frustrating conditions. The perceived rise in aggressive driving is also likely to be related, at least in part, to increasingly crowded roadways, longer commute times, and increases in personal trips.

Aggressive driving actions are common, though they are difficult to measure accurately. In NHTSA’s survey, 40% of drivers reported that they sometimes or often enter an intersection “just as the light turned from yellow to red.” In the same survey, 10% reported sometimes or often cutting in front of another driver (NHTSA, 2003; Royal, 2004). About one-third of drivers reported that they feel threatened by other drivers at least several times monthly (Royal, 2004). NHTSA estimated that two-thirds of traffic fatalities involve behaviors commonly associated with aggressive driving such as speeding, red-light running, and improper lane changes (NHTSA, 2001a).

Characteristics and problem size: speeding. The legal definition of speeding is exceeding the posted speed limit. Speeding becomes aggressive driving when a vehicle’s speed is too high for conditions or substantially exceeds the prevailing travel speeds of other vehicles. Speeding is a more clearly defined problem than aggressive driving, and strategies to reduce speeding (and other serious traffic law violations) may provide a means to address the problem of aggressive driving.

Speeding is defined by each State and municipalities within States, and is generally defined in terms of a “basic speed rule” and statutory maximum speed limits. Although the wording of the basic speed rule varies, it usually requires drivers to drive at a reasonable and prudent rate for roadway conditions. This is open to the police officer’s judgment, but is frequently related to

weather or roadway conditions, as when a run-off-the-road crash occurs on a curve. Statutory speed limits set maximum speed limits for different types of roads, and generally apply to all roads of that type even when the limits are not posted. These limits can be superseded by limits posted for specific roadway segments usually determined on the basis of an engineering study. In practice, law enforcement officers seldom write citations for speeds less than 5 or sometimes 10 mph over the posted limit (GHSA, 2005).

Speeding is the most frequently-cited aggressive-driving infraction, and has been incorporated into most aggressive driving laws as one of the infractions required to invoke an aggressive driving offense. Special Report 254 of the Transportation Research Board summarizes much of the past research regarding the effects of speed on crashes and practices for setting speed limits and managing speeds (TRB, 1998). See Aarts and van Schagen (2006) for a more recent review of studies of how individual vehicle speeds, average travel speeds, and speed variation affect crash risk.

Speeding is common, and on some roads almost universal. About three-quarters of all drivers in NHTSA's 2002 national survey reported that they exceeded the posted speed limit on interstates, non-interstate multilane roads, two-lane roads, and city streets during the past month. About one-third reported speeding on these roads on the day of the interview (Royal, 2004). In addition, one-third of all drivers reported that they often or sometimes drive at least 10 mph faster than most other vehicles (Royal, 2004). Yet two-thirds of drivers felt that other speeding drivers pose a major threat to their personal safety (Royal, 2004; NHTSA, 2003). NHTSA estimated that speeding, as determined by the investigating officer, was a contributing factor in 31% of fatal crashes in 2006 (NHTSA, 2007). This figure has changed little over the years. In-depth investigations found speeding to be a causal factor in 19% of a sample of serious crashes in 1996-1997, second only to driver distraction/inattention (Hendricks, Fell, & Freedman, 2001; Hendricks, Freedman, Zador, & Fell, 2001).

Speeding can be dangerous on all roads. In 2006, 47% of the speed-related traffic fatalities occurred on roads posted at 50 mph or less and more than one-fifth occurred on roads posted at 35 mph or less (NHTSA, 2008b, Table 118). Young males tend to be most involved in fatal speed-related crashes (NHTSA, 2007).

Strategies to Reduce Aggressive Driving and Speeding

Aggressive driving, speeding, and red-light running all involve traffic law violations. Therefore, deterrence through traffic law enforcement is the basic behavioral strategy that has been used to control them. This strategy involves the same components used to deter alcohol-impaired driving or seat belt nonuse: highly publicized and highly visible enforcement of practical, sound, and broadly accepted laws. In particular, speed limits should be set carefully and rationally, taking into account the road segment's design speed, vulnerable users, traffic operations, and environmental conditions; if not, many drivers may lose respect for and exceed the speed limit. Additionally, the NCHRP Guide for Addressing Aggressive-Driving collisions (NCHRP, 2003a) suggests that successful anti-aggressive driving programs place an emphasis on enforcing all traffic laws. Such a strategy increases respect for all laws and the public's expectation that laws should be obeyed.

Aggressive driving enforcement can be conducted through regular traffic patrols; sustainable levels of widespread, randomized but targeted enforcement (Newstead, Cameron & Leggett, 2001); intense, highly publicized enforcement periods; and automated speed or red-light enforcement. The sections in this chapter discuss relevant laws and sanctions, special enforcement techniques, and publicity. General communications and outreach campaigns urging tolerant and non-aggressive driving behavior have also been used in attempts to reduce aggressive driving and speeding.

Environmental and vehicular measures also can be effective. As examples, traffic calming measures can reduce speeds, especially on local roads (TRB, 1998). A variety of measures to reduce congestion, such as mass-transit or ride-sharing, can diminish driver frustration that leads to aggressive driving (Shinar & Compton, 2004). Well-coordinated traffic signals can improve traffic flow and reduce red-light running. Advance warnings of congestion or delays may also decrease unexpected frustration. Intelligent Transportation System technologies such as real-time transit information, variable speed limits, variable message signs and traffic control warning devices and other systems that provide motorists with information and respond to changing traffic and environmental conditions, also hold promise for improving mobility and safety by mitigating causes of delay and hazardous conditions. Adequately designed turn bays and entrance and exit ramps can reduce improper merging and driving on the shoulder (NCHRP, 2003a, Strategy B1). Company policies, backed up with speed monitors and logs or even speed regulators, can reduce commercial vehicle speeding. These environmental and vehicular strategies are not included in this guide because State Highway Safety Offices have little or no direct authority or responsibility for them. However, managing traffic operations in general and speeds in particular requires cooperative efforts between State Departments of Transportation and SHSOs. SHSOs are encouraged to act cooperatively with State DOTs to identify their aggressive driving and speeding problems and to adopt comprehensive plans and programs to address them. See NCHRP (2003a) for examples of cooperative strategies.

The same cooperative methods can be useful in addressing local aggressive driving or speeding concerns, for example, in a neighborhood or on a road segment or corridor. Working together, State and community traffic engineers, law enforcement, safety officials, community leaders, and concerned citizens can develop comprehensive plans and programs.

The Department of Transportation's 2005 Speed Management Strategic Initiative (U.S. DOT, 2005) contains a comprehensive set of engineering, enforcement, and education strategies to reduce speeding-related fatalities and injuries. The Department, together with GHSA and several national organizations sponsored a National Forum on Speeding in June 2005. The forum's invited presentations documented speed-related issues and summarized speed management practices in Australia, Canada, and the Netherlands. The presentations are available at www.nhtsa.dot.gov/people/injury/enforce/Speed_Forum_Presentations/. The forum report (NHTSA, 2005) presents an action agenda.

A key component of the Speed Management Strategic Initiative has been to emphasize the interdisciplinary nature of effective speed management, whereby engineering, enforcement, and the judiciary are all critical components. The police can only rigorously enforce speed limits

when engineering and the judiciary provide infrastructure support. Engineering is required to set reasonable and enforceable speed limits, and to re-engineer problematic roadway segments. If the judiciary does not follow-through by supporting tickets levied by the police, regard for the limits as meaningful and credible acquired through rigorous enforcement is undermined.

Countermeasures That Work

Countermeasures to reduce aggressive driving and speeding are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Laws

Countermeasure	Effectiveness	Use	Cost	Time
1.1 Speed limits	★★★★★ [†]	High	Low	Short
1.2 Aggressive driving laws	★	Low	Low	Short

[†] When enforced and obeyed

2. Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Automated enforcement	★★★★★	Medium	High [†]	Medium
2.2 High-visibility enforcement	★★	Low ^{††}	High	Medium
2.3 Other enforcement methods	★★	Unknown	Varies	Varies

[†] Can be covered by income from citations

^{††} For aggressive driving, but use of short-term, high visibility enforcement campaigns for seat belt use and speeding is more widespread

3. Penalties and Adjudication

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Penalty types and levels	★★	High	Varies	Low
3.2 Diversion and plea agreements	★	Unknown	Varies	Varies

4. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
4.1 Public Information supporting enforcement	★★★	Medium	Varies	Medium

Effectiveness:

★★★★★ - Demonstrated to be effective by several high-quality evaluations with consistent results

★★★★ - Demonstrated to be effective in certain situations

- ★ ★ ★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★ ★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

- High: more than two-thirds of the States, or a substantial majority of communities
- Medium: between one-third and two-thirds of States or communities
- Low: fewer than one-third of the States or communities
- Unknown: data not available

Cost to implement:

- High: requires extensive new facilities, staff, or equipment, or makes heavy demands on current resources
- Medium: requires some additional staff time, equipment, and/or facilities
- Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

- Long: more than one year
- Medium: more than three months but less than one year
- Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Laws

1.1 Speed Limits

Effectiveness: ★ ★ ★ ★ ★ †	Use: High	Cost: Low	Time: Short
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† When enforced and obeyed

Speed limits are only one part of the system that attempts to control driving speeds. Without broad public acceptance and active enforcement they have little effect. With public acceptance and enforcement, lower speed limits can reduce travel speeds and casualties.

Speed limits are set both by legislation and by administrative action. General speed limits apply to all roads in a class, such as rural interstates or local streets. They are set by State, municipal, or even at times by Federal law based on tradeoffs between safety, travel efficiency, and community concerns, taking into account the design characteristics of each road class. Speed zones apply to road segments where the general speed limit is thought to be inappropriate. Speed limits in these zones usually are set by administrative action based on the road segment's free-flowing travel speeds, crash experience, road and land use conditions, and other factors (TRB, 1998).

The effects of maximum speed limits on speeds, crashes, and casualties have been studied extensively over the past 30 years. In 1974 the 55 mph National Maximum Speed Limit (NMSL) was enacted to conserve fuel. Travel decreased, speeds decreased on roads where the speed limit was lowered to 55 mph, and total traffic fatalities decreased by 9,100 from 1973. The slower and more uniform speeds due to the 55 mph limit are judged to have saved between 3,000 and 5,000 lives in 1974 (TRB, 1984). As fuel became plentiful again, travel increased and compliance with the 55 mph limit decreased markedly (TRB, 1984). In 1987 Congress allowed States to raise speed limits to 65 mph on rural interstate highways. States that raised their limits generally saw increases of about 4 mph in average speeds and 85th %ile speeds and statistically significant increases in traffic fatalities on these roads (TRB, 1998). In 1995, Congress repealed the NMSL and returned full authority to set speed limits back to the States. Again, increased speed limits produced modest increases in both average and 85th %ile speeds as well as increases in traffic fatalities (TRB, 1998; for the most recent analysis, see TRB, 2006). GHSA (2005) and the Insurance Institute for Highway Safety (IIHS, 2008a) summarize each State's maximum speed limits and NHTSA (2006) provides each State's complete speed limit laws.

Few studies have examined the effects of speed limit changes on lower-speed roads. Earlier studies found little effect on driving speeds or crash rates when speed limits were raised to near the 85th %ile travel speed or lowered to near the 35th %ile speed, either on rural roads or on urban and suburban arterials (TRB, 1998, p. 6). A more recent study found that crashes increased by 20 to 30% when speed limits were increased from 50 to 70 kph (31 to 43 mph) or from 70 to 80 kph (43 to 50 mph) on 19 urban road segments in Hong Kong (Wong, Sze, Lo, Hung, & Loo, 2005).

Use: A speed limit is in effect on all road segments in all States.

Effectiveness: Lower maximum speed limits definitely reduce crashes and casualties when the limits are obeyed. The same holds true on any road: if a lower speed limit is obeyed, then crashes and casualties will drop. But lower speed limits by themselves may not reduce travel speeds.

Costs: The immediate costs of changing speed limits are for new signage and for publicizing the new limit. Enforcing the new limit may involve substantial costs.

Time to implement: Speed limit changes can be implemented quickly, as soon as signage is in place and the new limits are publicized.

Other issues:

- **Public acceptance, roadway characteristics, enforcement, and publicity:** Speed limit changes may not by themselves affect speeding, whether defined either as average travel speed or as the proportion of drivers traveling substantially faster than the average speed. Speed limits can reduce speeding if most drivers believe that the limits are reasonable and if the threat of enforcement is great enough to affect the few drivers who would not comply voluntarily. It is generally very difficult to enforce and obtain general compliance with a lower speed limit on a roadway designed for higher speeds (TRB, 1998). Thus, speed limits must be considered as part of a system including broad public acceptance, roadway characteristics, active enforcement, and publicity (TRB, 1998).
- **Rational speed limits:** Speed limits on many road segments are frequently not obeyed, and average travel speeds on these segments substantially exceed the speed limit. One strategy that has been proposed to increase overall safety is to carefully set and enforce credible speed limits for homogeneous road segments. Once rational speed limits are established, aggressive enforcement is used to enforce close to the actual limit. The goal of this strategy is to increase the public's overall acceptance of speed limits while reducing the number of people driving at speeds considerably higher than the limit.
- **Variable speed limits:** Speed limits that may adjust to adverse or changing environmental conditions are also considered by the Federal Highway Administration to have promise in restoring credibility of speed limits on some highways. Whether this promise will hold up, however, is uncertain. Five metropolitan areas were employing enforceable, variable speed limits on freeways (posted on changeable message signs) as of a 2006 Research and Innovative Technology Administration, Intelligent Transportation Systems survey. Effects on safety have not, as yet, been established. Automated speed enforcement could be linked to variable limits.

1.2 Aggressive Driving and Other Laws

Effectiveness: ★	Use: Low	Cost: Low	Time: Short
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Aggressive driving actions are covered by specific traffic laws such as speeding, improper lane changes, and following too closely, or by general laws such as reckless driving. Most existing reckless driving statutes carry relatively minor penalties and may be difficult to prosecute according to NHTSA (NHTSA, 2001a, Statutory Strategies). Aggressive drivers, as distinct from aggressive driving, often can be identified as those who violate traffic laws repeatedly or whose violations lead to crashes producing serious injury or death. Therefore, the primary traffic law strategy to address aggressive driving is to assure that more severe penalties are available for repeat offenders and for violations causing death or serious injuries. Existing statutes, including reckless driving laws, may be strengthened or aggressive driving laws may be enacted.

NHTSA's 1999 Symposium on Aggressive Driving and the Law (NHTSA, 2001a, Statutory Strategies) recommended that States implement laws targeting aggressive drivers by providing for:

- enhanced penalties for repeat offenders, including increased driver's license points, license suspension or revocation, higher fines, and jail or probation; and
- felony charges for violations resulting in serious injury or death.

NHTSA also developed a model statute that defines aggressive driving as three moving violations in a single driving incident and a number of States have adopted similar laws; however, aggressive driving violations may be difficult to enforce and prosecute (Flango & Keith, 2004). The NCHRP Aggressive Driving Guide also suggests a strategy applying increased sanctions and treatment for repeat offenders and serious offenses (NCHRP, 2003a, Strategy A3).

Use: In general, States provide for increased penalties for repeat offenders and for violations with serious consequences. Thirteen States have implemented formal aggressive driving laws (GHSA, 2007a). Among these, Florida's is a 'defining statute' only; there is no aggressive driving charge, but there is a notation on the citation that aggressive driving was involved. Two other States have laws relating to assault-type crimes involving motor vehicles.

Effectiveness: There are no studies of the effects of aggressive driving laws in general or of increased penalties in particular on aggressive driving and related crashes. See Chapter 3, Section 3.1 for a discussion of the effects of driver improvement actions in general.

Costs: The only immediate costs of the recommended law changes are to publicize the new or altered laws. Additional costs may result as drivers are sentenced to more costly sanctions.

Time to implement: Law changes can be implemented quickly, as soon as they are publicized.

Other issues:

- **Public acceptance, enforcement, and publicity:** Law changes by themselves cannot reduce aggressive driving. Traffic laws in general and aggressive driving laws in particular are essential to, but only a part of, a system that includes broad public

acceptance, active enforcement, effective adjudication, and publicity (NHTSA, 2001a, Executive Summary).

- **Record-keeping:** Information on prior convictions of offenders must be up-to-date and available to prosecutors and court officials so that repeat and flagrant violators may be prosecuted in keeping with the strategy to increase sanctions for these offenders. Providing the technology and ability for patrol officers to obtain up-to-date driver history information at the time of traffic stops is another strategy recommended to deal with drivers with suspended or revoked licenses who continue to violate traffic laws (NCHRP, 2003b).

2. Enforcement

2.1 Automated Enforcement

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: High [†]	Time: Medium
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[†] Can be covered by income from citations

Automated enforcement is used in some jurisdictions to reduce red-light running and speeding. At intersections with traffic lights, automated cameras take photographs of vehicles entering the intersection on a red light. Citations are sent to the vehicle's registered owner. FHWA's Red-Light Running Cameras (FHWA, 2005a) and Red-Light Camera Systems Operational Guidelines (FHWA, 2005b) and the National Campaign to Stop Red-Light Running's Guide to Red-Light Camera Programs (NCSRLR, 2002) provide information on red-light camera program costs, effectiveness, implementation, and other issues. Maccubbin, Staples, and Salwin (2001) provide more detailed information on programs operating in 2001. Speed cameras, also called photo radar, operate similarly, recording a vehicle's speed using radar or other instrumentation and taking a photograph of the vehicle when it exceeds a threshold limit. NHTSA and FHWA have released speed camera enforcement program and operational guides with information on problem identification and program planning, communications strategies, obtaining community and other stakeholder support, processing of violations, and program evaluation (NHTSA, 2008a; U.S. DOT, 2008).

Use: As of June 2007, 15 States plus the District of Columbia had passed laws specifically permitting automated enforcement (GHSA, 2007b). Red-light cameras are used extensively in other industrialized countries and were first employed in the United States in 1993 (NCSRLR, 2002). As of July 2008, red-light cameras were being used in more than 300 U.S. communities in 24 States, and speed cameras were used in 39 local jurisdictions and in two State programs (IIHS, 2008b). Speed cameras also are used extensively in other countries (WHO, 2004).

Effectiveness: Red-light camera effectiveness has been studied fairly extensively. Summary reviews conclude that they increase rear-end crashes, reduce side-impact crashes, and reduce overall crash severity (Aeron-Thomas & Hess, 2006; Decina, Thomas, Srinivasan, & Staplin, 2007; FHWA, 2005b; Maccubbin et al., 2001; McGee & Eccles, 2003; Retting, Ferguson, & Hakkert, 2003; WHO, 2004).

Speed cameras can also reduce crashes substantially. Decina et al. (2007) reviewed 13 safety impact studies of photo speed enforcement internationally, including one study from a U.S. jurisdiction. The best-controlled studies suggest injury crash reductions are likely to be in the range of 20 to 25% at conspicuous, fixed camera sites. Covert, mobile enforcement programs also result in significant crash reductions area-wide. Prior reviewers also concluded that, although the quality of evidence is not high, speed cameras and speed detection technologies are effective at reducing traffic crashes and injuries (Pilkington & Kinra, 2005; Wilson, Willis, Hendrikz, & Bellamy, 2006). A few recent pilot project evaluations of speed camera use in the U.S. have also obtained promising speed reductions from fixed speed cameras on a high-speed, urban freeway in Scottsdale, Arizona (Retting, Kyrychenko, & McCart, 2008), and mobile speed

cameras in low-speed, school zones in Portland, Oregon (Freedman et al., 2006). However, crash and injury outcomes were not evaluated in these studies.

Costs: In 2001, red-light cameras cost about \$50,000 to \$60,000 to purchase and \$25,000 to install. Monthly operating costs were about \$5,000 (Maccubbin et al., 2001). Most jurisdictions contract with private vendors to install and maintain the cameras and use a substantial portion of the income from red-light citations to cover program costs. Speed camera costs probably are similar. Chen (2005) provides an extensive analysis of the costs and benefits of the British Columbia speed camera program. Gains, Heydecker, Shrewsbury, and Robertson (2004) reported on costs and benefits and program factors of a cost-recovery program used in the U.K.

Time to implement: Once any necessary legislation is enacted, automated enforcement programs probably require four to six months to plan, publicize, and implement.

Other issues:

- **Laws:** Many jurisdictions using automated enforcement are in States with laws authorizing its use. Some States permit automated enforcement without a specific State law. A few States prohibit or restrict some forms of automated enforcement (IIHS, 2008c). See NCUTLO (2004) for a model automated enforcement law. The National Campaign to Stop Red-Light Running newsletter, *Safety Focus*, provides periodic summaries of State automated enforcement legislative activity (www.stoppedlightrunning.com).
- **Public acceptance:** Public surveys typically show strong support for red-light cameras and somewhat weaker support for speed cameras (IIHS, 2005; Royal, 2004). Support appears highest in jurisdictions that have implemented red-light or speed cameras. However, efforts to institute automated enforcement often are opposed by people who believe that speed or red-light cameras intrude on individual privacy or are an inappropriate extension of law enforcement authority. They also may be opposed if they are viewed as revenue generators rather than methods for improving safety. Australian researches discuss how Australia and the United Kingdom have dealt with the opponents of and controversies associated with speed cameras and expanded programs at the same time (Delaney, Diamantopoulou, & Cameron, 2003; Delaney, Ward, Cameron, & Williams, 2005).
- **Legality:** State courts have consistently supported the constitutionality of automated enforcement.
- **Covert vs. overt enforcement:** Covert, mobile speed camera enforcement programs may provide a more generalized deterrent effect and may have the added benefit that drivers are less likely to know precisely when and where cameras are operating. Drivers may therefore be less likely to adapt to cameras by taking alternate routes or speeding up after passing cameras, but data are lacking to confirm this idea (Decina et al., 2007). Moreover, public acceptance may be harder to gain with more covert forms of enforcement (U.S. DOT, 2008). The recent operational guidelines provide other considerations of overt and covert enforcement and signing strategies (U.S. DOT, 2008).

2.2 High-Visibility Enforcement

Effectiveness: ★ ★	Use: Low [†]	Cost: High	Time: Medium
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[†] For aggressive driving, but use of short-term, high visibility enforcement campaigns for seat belt use and speeding is more widespread

High-visibility enforcement campaigns have been used to deter aggressive driving and speeding through both specific and general deterrence. In the high-visibility enforcement model, law enforcement targets selected high-crash or high-violation geographical areas using either expanded regular patrols or designated aggressive driving patrols. This model is based on the same principles as high-visibility seat belt and alcohol-impaired-driving enforcement: to convince the public that speeding and aggressive driving actions are likely to be detected and that offenders will be arrested and punished (see Chapter 1, Alcohol-Impaired Driving, Sections 2.1 and 2.2, and Chapter 2, Seat Belt Use, Section 2.1).

In the high-visibility enforcement model, officers focus on drivers who commit common aggressive driving actions such as speeding, following too closely, and running red lights. Enforcement is publicized widely. The strategy is very similar to saturation patrols directed at alcohol-impaired drivers (Chapter 1, Section 2.2). Because speeding and aggressive driving are moving violations, officers cannot use checkpoints. Rather, they must observe driving behavior on the road.

Use: No data are available on the number of jurisdictions operating high-visibility aggressive driving enforcement campaigns, but it is likely that they are not common. NCHRP (2003a, Strategy A1) provides a few examples of aggressive driving enforcement programs.

Effectiveness: Some effectiveness evidence comes from NHTSA demonstrations in three communities. All three demonstrations lasted six months and included extensive publicity but differed in other respects. Milwaukee was the most successful. Red-light running decreased at targeted intersections. Crashes in the city dropped by 12% in targeted corridors and by 2% in comparison corridors (McCartt, Leaf, Witkowski, & Solomon, 2001; NHTSA, 2002). The Indianapolis demonstration was not a success. Average speeds dropped slightly. Total crashes *increased* 32% over the previous year. Crashes increased *more* in the demonstration area than in other areas, and the proportion of crashes involving aggressive driving behaviors also increased in the demonstration areas (Stuster, 2004). Tucson had mixed results. Average speeds dropped moderately. Total crashes *increased* 10% in the demonstration areas and *decreased* in comparison areas. However, the proportion of crashes involving aggressive driving behaviors decreased by 8% in the demonstration areas (Stuster, 2004).

Several studies have reported reductions in crashes or reductions in speeding or other violations attributed to both general and targeted, high visibility enforcement campaigns. Although the evidence is not conclusive, the trends are promising. These efforts have included a substantial increase in general traffic enforcement in Fresno, California (Davis et al., 2006) and a neighborhood high visibility speed enforcement campaign in Phoenix and Peoria, Arizona (Blomberg & Cleven, 2006). Publicity measures for the latter included both street and yard signs, educational material and active participation of neighborhood groups. Speed reductions were

greatest in neighborhoods where new vertical traffic calming measures were also installed. No particular publicity measures were noted for the Fresno campaign, but it is likely that the increase from 20 to 84 traffic patrol officers, the addition of 20 new police motorcycles and radar guns, and more than 3-fold increase in citations in two years generated substantial publicity.

High-visibility model programs to target specific aggressive driving actions around large trucks have also recently been undertaken in several States. The program, known as TACT (Ticketing Aggressive Cars and Trucks) is modeled on the *Click It or Ticket* belt use campaigns. An evaluation found promising results in reducing the number of targeted violations as the program was implemented in Washington State; effects on crashes or injuries were not determined (Nerup et al., 2006).

Taken together, the evaluation evidence suggests that high-visibility, aggressive driving enforcement campaigns have promise but success is far from guaranteed.

Costs: As with alcohol-impaired driving and seat belt use enforcement campaigns, the main costs are for law enforcement time and for publicity. The Milwaukee demonstration received a \$650,000 grant and the other two demonstrations each received a \$200,000 grant.

Time to implement: High-visibility enforcement campaigns may require four to six months to plan, publicize, and implement.

2.3 Other Enforcement Methods

Effectiveness: ★ ★	Use: Unknown	Cost: Varies	Time: Varies
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Many traffic enforcement operations help to deter speeding and aggressive driving as well as other traffic offenses. In addition to high-visibility enforcement campaigns (Chapter 3, Section 2.2) and automated enforcement (Section 2.1), a number of new technologies have been recommended to address speeding and aggressive driving (NHTSA, 2001a). Law enforcement agencies around the country have also conducted innovative and effective aggressive driving enforcement programs (NHTSA, 2000).

New technology: Improved technology may help in several ways.

- In-car video equipment in patrol cars allows law enforcement to record aggressive driving actions and can enhance the ability to prosecute and convict offenders (NHTSA, 2001a).
- Laser speed measuring equipment can provide more accurate and reliable evidence of speeding (NHTSA, 2001a).
- Unstaffed speed display devices, also known as speed trailers, can show drivers that they are speeding and may encourage some drivers to slow down. They may also suggest to drivers that speeds are being monitored or enforcement is nearby. Signs that provided either an implication that speeds were being monitored or a social norms message (average speed at the site; your speed) were effective at reducing speeds in a 50 km/h zone although not as much as in earlier studies (Wrapson, Harre, & Murrell, 2006). Other studies have shown that speed trailers can be effective in reducing speeds in work zones (Brewer, Pesti, & Schneider, 2006; Mattox, Sarasua, Ogle, Eckenrode, & Dunning, 2007) and school zones (Lee, Lee, Choi, & Oh, 2006). Automated speed display monitors also provide a method to collect location-specific travel speed data.
- Both in-vehicle driver warning systems as well as traditional cruise control are widely available technologies that may be well-accepted by drivers to help govern their own speeds and have begun to be evaluated in Europe (Sivak et al., 2007; Young & Regan, 2007).
- Lease cars in the Netherlands were equipped with technology that continuously monitored and displayed whether drivers were allowing a safe following distance and complying with the speed limit. Rewards were given by the lease company for good driving behavior over a 16 week period. Drivers were about 20% more likely to drive within posted speed limits and 25% more likely to maintain adequate following distances when receiving feedback and rewards (Mazureck & van Hattem, 2006).
- Drone radar - A study of the use of this technology in work zones suggests that it may be effective at reducing overall speed of the traffic stream, with particularly large speed reductions among vehicles equipped with radar detectors (Eckenrode, Sarasua, Mattox, Ogle, & Chowdhury, 2007).

Many jurisdictions use some of these new technologies. Each has costs for new equipment and training. Each can be implemented quickly as soon as equipment is purchased and training completed.

Innovative enforcement programs: NHTSA (2000) provided brief descriptions of 12 aggressive driving enforcement programs around the country. See NHTSA's *Aggressive Driving Programs* (NHTSA, 2001b) for additional examples.

- The Albuquerque, New Mexico, Safe Streets program used saturation patrols in four high-crash and high-crime areas. On freeways they observed speeding and aggressive driving from a “cherry picker” platform and radioed to patrol officers.
- The Arizona Department of Public Safety’s Operation Chill used both marked and unmarked patrol vehicles backed up with an extensive publicity campaign.
- The Colorado State Patrol ADAPT (Aggressive Drivers Are Public Threats) campaign used unmarked patrol vehicles, motorcycles, airplanes, and motorist calls to *277 to detect aggressive drivers. The campaign was publicized extensively.
- The Maryland State Police used a special ADVANCE (Aggressive Driving Video and Non-Contact Enforcement) vehicle equipped with lasers to determine a vehicle’s range and speed and a computer system to record video images of the vehicle.
- The Massachusetts State Police 3D Program, (Dangerous Drunk and Drugged Driving) used unmarked patrol vehicles as well as unmarked or nontraditional vehicles, equipped with in-car video cameras and radar units, and emergency lights, working in cooperation with two or more marked patrol vehicles.
- The Milwaukee, Wisconsin, Police Department used an "angel patrol" (for those drivers who “drive faster than their guardian angel can fly”), a "flasher patrol" for those drivers who do not use their turn signals when turning or switching lanes, and a "basket patrol" for the drivers who like to weave in and out of traffic. See Chapter 3, Section 2.2 for evaluation data.
- The Ohio State Highway Patrol’s Operation TRIAD (Targeting Reckless, Intimidating, and Aggressive Drivers) used a large, fixed-wing aviation division and local highway patrol officers to target aggressive driving.
- The Oklahoma City Police Department’s RAAID (Reduction of Accidents and Aggressive and Inconsiderate Drivers) used dedicated law enforcement teams to target 10 high-crash areas.
- The Pennsylvania State Police used two programs. Operation Centipede stationed 8 to 10 officers one to two miles apart along a roadway, in both marked and unmarked vehicles. TAG-D (Ticket the AGgressive Driver) used saturation patrols with marked and unmarked law enforcement vehicles, a vehicle that appears disabled, radar, fixed-wing aircraft, and pursuit vehicles.
- The Richardson, Texas, Police Department used a downstream light system to reduce red-light running. A white light on the back of a traffic light was activated when the light turned red. Officers across the intersection or downstream from the traffic light could then tell when the light turned red and wait for the red-light runners to reach them.
- The St. Petersburg, Florida, Police Department’s “Where’s Jockers?” program featured Patrol Officer Mike Jockers, equipped with a radar gun and handheld radio, sitting in unexpected places to observe aggressive driving and call ahead to marked patrol vehicles. Locations included on lawn mowers and bus benches, and in road construction vehicles.
- The greater Washington, DC, area multi-agency Smooth Operator program used shared publicity and coordinated enforcement waves with marked and unmarked patrol vehicles as well as nontraditional vehicles.

3. Penalties and Adjudication

3.1 Penalty Types and Levels

Effectiveness: ★ ★ [†]	Use: High	Cost: Varies	Time: Low
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[†] For general traffic offenses

Penalty types and levels for speeding and the various traffic offenses included under aggressive driving are part of each State's overall driver control system. Penalties typically are low for first offenses that do not produce serious crashes and casualties and include small fines and perhaps a few demerit points assessed against the driver's license. When violations cause a crash producing serious injury or death, the offense may carry criminal charges and sanctions may be more severe. As discussed in Chapter 3, Section 1.2, NHTSA's Aggressive Driving Symposium and NCHRP's Aggressive Driving Guide recommend enhanced penalties for repeat aggressive driving offenders and felony charges for offenses resulting in serious injury or death (NCHRP, 2003a, Strategy A3; NHTSA, 2001a, Statutory Strategies).

States use the demerit point system in an attempt to prevent drivers from committing repeated traffic offenses. As drivers accumulate demerit points, States use various actions and penalties such as warning letters, educational brochures, group counseling meetings, individual counseling, administrative hearings, and driver's license suspension or revocation (Masten & Peck, 2004). Penalty levels and types for speeding and aggressive driving offenses should be considered within the context of a State's overall driver control and problem driver remediation system.

Use: Each State has a system of penalties for traffic offenses. Each system includes more severe penalties for significant individual offenses, such as those producing serious injury or death, and for repeated offenses, often determined through accumulated driver's license demerit points.

Effectiveness: Generally, for penalties to be effective, perceived risk of getting caught must be high. Evidence is mixed about effectiveness of varying severity of penalties. Masten and Peck (2004) reviewed the effectiveness evidence for different driver improvement and driver control actions, including penalty levels and types, from 35 high-quality studies of 106 individual actions and penalties. They found that, taken together, all actions and penalties reduced subsequent crashes by 6% and violations by 8%. Even simple warning letters have some effect on both violations and crashes. The effect increased as the "obtrusiveness" of the action increased, with license suspension or revocation the most effective by far. The authors noted that the threat of license suspension probably is responsible for the effectiveness of the weaker actions such as warning letters. Educational brochures by themselves had no effect. Finally, administrative penalties imposed by the driver licensing agency were more effective than penalties imposed by the courts.

In Norway, Elvik and Christensen (2007) reported that there was a weak tendency for speeding violations to decrease near camera-enforced sites in response to increasing fixed penalties over time. There was no general effect of increasing fixed penalties over the road system at large, likely due to the overall low risk of detection. A study in Maryland found that various legal

consequences for speeding had little impact on future citations for individual drivers (Lawpoolsri, Li, & Braver, 2007). Drivers who received legal consequences had the same likelihood of receiving another speeding citation as drivers who escaped legal consequences. Only fines coupled with probation before judgment (PBJ) was associated with a reduced risk of receiving a subsequent speeding ticket (Lawpoolsri et al., 2007). Most evidence suggests that there is at least a population of drivers for whom penalties do not seem to have the desired deterrent effect.

Repeat offenders: Repeat speeding and aggressive driving offenders may be especially difficult to deter. Recommended methods to reach them include:

- Enhanced penalties, including increased driver's license points, immediate license suspension or revocation, higher fines, and jail or probation. See Chapter 3, Sections 1.2 and 3.1, for more information.
- Improved traffic record systems, to better identify repeat offenders and to allow patrol officers to immediately access a driver's complete driving record (NCHRP, 2003b; NHTSA, 2001a). There are no studies of the effects of improved record systems on repeat offenders. Costs and implementation time will vary.

Costs: Costs vary by penalty type. For example, warning letters are very cheap once a record system has been established to identify drivers who should receive letters. Individual counseling and administrative hearings may require substantial staff time. Some costs may be recovered through offender fees.

Time to implement: Most changes in penalty levels can be implemented quickly within a State's overall driver improvement system.

Other issues:

- **Public acceptance, enforcement, and publicity:** Changes in speeding and aggressive driving penalty types and levels by themselves cannot reduce speeding and aggressive driving. Traffic laws, penalty types, and penalty levels are essential to, but only a part of, a system that includes broad public acceptance, active enforcement, and publicity (NHTSA, 2001a, Executive Summary).

3.2 Diversion and Plea Agreement Restrictions; Traffic Violator School

Effectiveness: ★	Use: Unknown	Cost: Varies	Time: Varies
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In many jurisdictions, drivers who accumulate enough demerit points on their driver’s licenses are allowed to attend a Traffic Violator School. In most instances, drivers who complete Traffic Violator School have their traffic offenses dismissed or removed from their driving record (Masten & Peck, 2004).

Negotiated plea agreements are a necessary part of an effective and efficient court system. However, plea agreements may allow offenders to have their penalties reduced or eliminated, for example if a driver is allowed to avoid a driver’s license suspension by attending Traffic Violator School.

Use: No data are available on the number of jurisdictions in which Traffic Violator School is available or the number of offenders who use Traffic Violator School to reduce their penalties. Similarly, no data are available on the use of other plea agreements for speeding or aggressive driving violations.

Effectiveness: Masten and Peck’s review (2004) included high-quality studies of over 30 group meeting programs, including Traffic Violator School. Taken together, these group meeting programs reduced subsequent crashes by 5% and violations by 8%. Masten and Peck point out that Traffic Violator School programs in California increased, rather than decreased, crashes because they allowed offenders to escape more severe penalties and start again with a clean driving record. Their review was not able to determine whether other Traffic Violator School programs that dismissed an offender’s violation had similar negative effects. These reductions or eliminations of penalties also make it difficult to use driver histories to track and provide serious sanctions to repeat violators.

Costs: Costs for establishing diversion or Traffic Violator School programs will depend on the nature of the program. Costs include developing and maintaining a tracking system, notifying offenders, and administering the Traffic Violator School. Costs for limiting or eliminating diversion programs, plea agreements, and Traffic Violator School can be determined by comparing the per-offender costs of these programs with the costs of the penalties that would otherwise be applied.

Time to implement: Diversion or Traffic Violator School programs will require at least six months to establish and implement. They can be modified within a few months.

Other issues:

- **Diversion and Plea Agreement Issues in Alcohol-Impaired Driving:** Diversion and plea agreements have been discussed and evaluated more extensively for alcohol-impaired driving offenses than for speeding and aggressive driving offenses. See Chapter 1, Section 3.1 for additional discussion.
- **Public acceptance, enforcement, and publicity:** Changes in the adjudication of speeding and aggressive driving infractions, such as limiting or eliminating diversion and

plea agreements, by themselves cannot reduce speeding and aggressive driving. Traffic laws and adjudication are essential to, but only a part of, a system that includes broad public acceptance, active enforcement, and publicity (NHTSA, 2001a, Executive Summary).

4. Communications and Outreach

4.1 Communications and Outreach Supporting Enforcement

Effectiveness: ★ ★ ★	Use: Medium	Cost: Varies	Time: Medium
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Effective, high-visibility communications and outreach are an essential part of successful speed and aggressive-driving enforcement programs (NCHRP, 2003a; NHTSA, 2000). All the examples discussed in Chapter 3, Sections 2.2, High-Visibility Enforcement, and 2.3, Other Enforcement Methods, used extensive communications campaigns to support their enforcement efforts. Most campaigns to date have not used paid advertising. The success of paid advertising in seat belt use campaigns (Chapter 2, Section 3.1) suggests that it is worth considering for speed and aggressive driving enforcement campaigns.

Communications and outreach programs urging drivers to behave courteously or not to speed are unlikely to have any effect unless they are tied to vigorous enforcement (NCHRP, 2003a, Strategy A2).

Use: All aggressive driving and speed enforcement programs have a communications and outreach component.

Effectiveness: Reductions in crashes in Victoria, Australia have been attributed to a television advertising campaign that supported, but did not relate directly, to automated speed enforcement initiatives (Bobevski, Hosking, Oxley, & Cameron, 2007). Earlier evidence from Australia also suggested that paid media advertising could enhance the effectiveness of automated speed enforcement (Cameron, Cavallo, & Gilbert, 1992). The evidence from seat belt (Chapter 2, Sections 2.1, 2.2, and 3.1) and alcohol-impaired driving (Chapter 1, Sections 2.1 and 2.2) enforcement programs strongly suggests that good communications and outreach are essential to a successful enforcement program. The objective should be to provide information about the program, including expected safety benefits, and to persuade motorists that detection and punishment for violators are likely. See also NCHRP (2003a, Strategy A2).

Costs: Good media campaigns can be expensive. See Chapter 2, Section 3.1.

Time to implement: An effective media campaign requires four to six months to plan and implement.

Speed and Aggressive-Driving References

Aarts, L., & van Schagen, I. (2006). Driving speed and the risk of road crashes: A review. *Accident Analysis and Prevention*, 38, 215-224.

Aeron-Thomas, A. S., & Hess, S. (2006) Red-light cameras for the prevention of road traffic crashes. *The Cochrane Database of Systematic Reviews* 2006, Issue 2, CD003862. www.cochrane.org/reviews/en/ab003862.html

Blomberg, R. D., & Cleven, A. M. (2006). *Pilot Test of Heed the Speed, A Program to Reduce Speeds in Residential Neighborhoods*. Publication No. DOT HS 810 648. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/HeedSpeedWeb/images/HeedTheSpeedLo.pdf

Bobevski, I., Hosking, S., Oxley, P., & Cameron, M. (2007). *Generalized Linear Modeling of Crashes and Injury Severity in the Context of the Speed-related Initiatives in Victoria During 2000-2002*. Monash University Accident Research Centre Report No. 268.

Brewer, M. A., Pesti, G., & Schneider, W., IV. (2006). Improving compliance with work zone speed limits. *Transportation Research Record*, 1948, 67-76.

Cameron, M., A., Cavallo, A., & Gilbert, A. (1992). *Crash-Based Evaluation of the Speed Camera Program in Victoria 1990-91. Phase 1: general effects, Phase 2: effects of program mechanisms*. Monash University Accident Research Centre Report No. 42.

Chen, G. (2005). Safety and economic impacts of photo radar program. *Traffic Injury Prevention*, 6, 299-307.

Davis, J. W., Bennink, L. D., Pepper, D. R., Parks, S. N., Lemaster, D. M., & Townsend, R. N. (2006). Aggressive traffic enforcement: a simple and effective injury prevention program. *Journal of Trauma*, 60, 972-977.

Decina, L. E., Thomas, L., Srinivasan, R., & Staplin L. (2007). *Automated Enforcement: A Compendium of Worldwide Evaluations of Results*. Publication No. DOT HS 810 763. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS810763.pdf

Delaney, A., Diamantopoulou, K., & Cameron, M. (2003). *MUARC's Speed Enforcement Research: Principles Learnt and Implications for Practice*. Monash University Accident Research Centre Report No. 200.

Delaney, A., Ward, H., Cameron, M., & Williams, A. F. (2005). Controversies and speed cameras: Lessons learnt internationally. *Journal of Public Health Policy*, 26, 404-415.

- Eckenrode, R. T., Sarasua, W. A., Mattox, J. H., III, Ogle, J. H., & Chowdhury, M. A. (2007). Revisiting the use of drone radar to reduce speed in work zones: South Carolina's experience. Transportation Research Board 86th Annual Meeting cd-rom, Transportation Research Board.
- Elvik, R., & Christensen, P. (2007). The deterrent effect of increasing fixed penalties: The Norwegian Experience. *Journal of Safety Research*, 38, 689-695.
- FHWA. (2005a). *Red Light Running Cameras*. Washington, DC: Federal Highway Administration. safety.fhwa.dot.gov/intersections/redl_cameras.htm
- FHWA. (2005b). *Red-Light Camera Systems Operational Guidelines*. Washington, DC: Federal Highway Administration. safety.fhwa.dot.gov/intersections/rlc_guide/index.htm
- Flango, V. E., & Keith, A. L. (2004). How useful is the new aggressive driving legislation? *Court Review*, Winter 2004, 34-41.
- Freedman, M., De Leonardis, D., Raisman, G., Inyo Swan, D., Davis, A., Levi, S., Rogers, I., & Bergeron, E. (2006). *Demonstration of Automated Speed Enforcement in School Zones in Portland, Oregon*. Publication No. DOT HS 810 764. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS810764.pdf
- Gains, A., Heydecker, B., Shrewsbury, J., & Robertson S. (2004). *The National Safety Camera Program: Three-year Evaluation Report*. PA Consulting Group.
- GHSA. (2005). *Survey of the States: Speeding*. Washington, DC: Governors Highway Safety Association.
www.statehighwaysafety.org/html/publications/pdf/surveystates2005/surveystates_speeding.pdf
- GHSA. (2007a). *Aggressive Driving Laws*. Washington, DC: Governors Highway Safety Association.
http://www.statehighwaysafety.org/html/stateinfo/laws/aggressivedriving_laws.html
- GHSA. (2007b). *Automated Enforcement Laws*. Washington, DC: Governors Highway Safety Association. www.statehighwaysafety.org/html/stateinfo/laws/auto_enforce.html
- Hendricks, D. L., Fell, J. C., & Freedman, M. (2001a). *The Relative Frequency of Unsafe Driving Acts in Serious Traffic Crashes: Summary Technical Report*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/research/UDAshorttrpt/UDAsummttechrept.pdf
- Hendricks, D. L., Freedman, M., Zador, P. L., & Fell, J. C. (2001b). *The Relative Frequency of Unsafe Driving Acts in Serious Traffic Crashes*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/research/UDAshorttrpt/UDAlongreport.pdf

IIHS. (2005). *Q&A: Red Light Cameras*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/research/qanda/rlr.html

IIHS. (2008a). *Maximum Posted Speed Limits, July 2008*. Insurance Institute for Highway Safety, Highway Loss Data Institute: Arlington, VA. www.iihs.org/laws/speedlimits.aspx

IIHS.(2008b). *Communities Using Red Light and/or Speed Cameras as of July 2008*. Insurance Institute for Highway Safety, Highway Loss Data Institute: Arlington, VA. www.iihs.org/research/topics/auto_enforce_list.html

IIHS. (2008c). *Automated Enforcement Laws, July 2008*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/automated_enforcement.aspx

Lawpoolsri, S., Li, J., & Braver, E. R. (2007). Do speeding tickets reduce the likelihood of receiving subsequent speeding tickets? A longitudinal study of speeding violators in Maryland. *Traffic Injury Prevention, 8*, 26-34.

Lee, C., Lee, S., Choi, B., & Oh, Y. (2006). Effectiveness of speed-monitoring displays in speed reduction in school zones. *Transportation Research Record, 1973*, 27-35.

Maccubbin, R., Staples, B., & Salwin, A. (2001). *Automated Enforcement of Traffic Signals: A Literature Review*. Washington, DC: Federal Highway Administration. www.itsdocs.fhwa.dot.gov/JPODOCS/REPTS_TE//13603.html

Masten, S. V., & Peck, R. C. (2004). Problem driver remediation: A meta-analysis of the driver improvement literature. *Journal of Safety Research, 35*, 403-425.

Mattox, J. H. III, Sarasua, W. A., Ogle, J. H., Eckenrode, R. T., & Dunning, A. E. (2007). *Development and Evaluation of a Speed-Activated Sign to Reduce Speeds in Work Zones*. Transportation Research Board 86th Annual Meeting, Transportation Research Board. 18p.

Mazureck, U., & van Hattem, J. (2006). Rewards for Safe Driving Behavior: Influence on Following Distance and Speed. *Transportation Research Record, 1980*, 31-38.

McCartt, A. T., Leaf, W. A., Witkowski, T. L., & Solomon, M .G. (2001). *Evaluation of the Aggression Suppression Program, Milwaukee, Wisconsin*. Publication No. DOT HS 809 395. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/Aggressionwisc/contents.htm

McGee, H. W., & Eccles, K. A. (2003). *Impact of Red Light Camera Enforcement on Crash Experience*. NCHRP Synthesis No. 310. Washington, DC: Transportation Research Board. onlinepubs.trb.org/onlinepubs/nchrp/nchrp_syn_310.pdf

NCHRP. (2003a). *Guidance for Implementation of the AASHTO Strategic Highway Safety Plan, Volume 1: A Guide for Addressing Aggressive-Driving Collisions*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/Onlinepubs/nchrp/nchrp_rpt_500v1.pdf

NCHRP. (2003b). *Guidance for Implementation of the AASHTO Strategic Highway Safety Plan, Volume 2: A Guide for Addressing Collisions Involving Unlicensed Drivers and Drivers with Suspended or Revoked Licenses*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/Onlinepubs/nchrp/nchrp_rpt_500v2.pdf

NCSRLR. (2002). *Stop on Red = Safe on Green: A Guide to Red Light Camera Programs*. Washington, DC: National Campaign to Stop Red Light Running. www.stopredlightrunning.com/pdfs/StopOnRedSafeOnGreen.pdf

NCUTLO. (2004). *Automated Traffic Law Enforcement Model Law*. Alexandria VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org/autoenforce622.htm

Nerup, P., Salzberg, P., VanDyk, J., Porter, L., Blomberg, R., Thomas, F.D., & Cosgrove, L. (2006). *Ticketing Aggressive Cars and Trucks in Washington State: High Visibility Enforcement Applied to Share the Road Safety*. Publication No. DOT HS 810 603. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/Aggressive/TACT/TACTReportLo.pdf

Newstead, S. V., Cameron, M. H., & Leggett, L. M. W. (2001). The crash reduction effectiveness of a network-wide traffic police deployment system. *Accident Analysis and Prevention*, 33, 393-406.

NHTSA. (2000). *Aggressive Driving Enforcement: Strategies for Implementing Best Practices*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/enforce/aggressdrivers/aggenforce/index.html

NHTSA. (2001a). *National Aggressive Driving Action Guide: A Criminal Justice Approach*. Publication No. DOT HS 809 351. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/enforce/DOT%20Aggress%20Action/index.htm#Contents

NHTSA. (2001b). *Aggressive Driving Programs*. Publication No. DOT HS 808 730. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/enforce/AggressiveDrivingHTML/Aggressive_index.htm

NHTSA. (2002). Aggression Suppression Program in Milwaukee Reduces Crashes and Changes Motorist Behavior. *Traffic Safety Facts: Traffic Tech No. 268*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/Aggressionwisc/

NHTSA. (2003). National Survey of Speeding and Unsafe Driving Attitudes and Behavior: 2002. *Traffic Safety Facts: Traffic Tech No. 289*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/HS809730.pdf

NHTSA. (2005). *National Forum on Speeding: Strategies for Reducing Speed-Related Fatalities and Injuries*. Publication No. DOT HS 809 963. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/enforce/NatForumSpeeding/

NHTSA. (2006). *Summary of State Speed Laws, Ninth Edition, Current as of January 1, 2006*. Publication No. DOT HS 810 572. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/enforce/Summary_StateSpeedLaws.pdf

NHTSA. (2007). *Traffic Safety Facts: Speeding*. Publication No. DOT HS 810 814. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810814.PDF

NHTSA. (2008a). *Speed Enforcement Program Guidelines*. Publication No. DOT HS 810 915. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810915.pdf

NHTSA. (2008b). *Traffic Safety Facts 2006 (Final Edition)*. Publication No. DOT HS 810 818. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/TSF2006FE.PDF

Pilkington, P., & Kinra, S. (2005). Effectiveness of speed cameras in preventing road traffic collisions and related casualties: systematic review. *British Medical Journal*, *330*, 331-334. bmj.bmjournals.com/cgi/reprint/330/7487/331

Retting, R. A., Ferguson, S. A., & Hakkert, A. S. (2003). Effects of red light cameras on violations and crashes: a review of the international literature. *Traffic Injury Prevention*, *4*, 17-23.

Retting, R.A., Kyrychenko, S.Y., & McCartt, A.T. (2008). Evaluation of automated speed enforcement on Loop 101 freeway in Scottsdale, Arizona. *Accident Analysis and Prevention*, *40*, 1506-1512.

Royal, D. (2004). *National Survey of Speeding and Unsafe Driving Attitudes and Behavior: 2002; Vol. II: Findings*. Publication No. DOT HS 809 730. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/speed_volII_finding/SpeedVolumeIIFindingsFinal.pdf

Shinar, D., & Compton, R. (2004). Aggressive driving: an observational study of driver, vehicle, and situational variables. *Accident Analysis and Prevention*, *36*, 429-437.

Sivak, M., Luoma, J., Flannagan, M. J., Bingham, C. R., Eby, D. W., & Shope, J. T. (2007). Traffic safety in the U.S.: Re-examining major opportunities. *Journal of Safety Research*, *38*, 337-355.

- Stuster, J. (2004). *Aggressive Driving Enforcement: Evaluation of Two Demonstration Programs*. Publication No. DOT HS 809 707. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/research/AggDrivingEnf/images/AggresDrvngEnforce-5.0.pdf
- TRB. (1984). *55: A Decade of Experience*. Transportation Research Board Special Report 254. Washington, DC: National Academy Press. trb.org/news/blurp_detail.asp?id=2721
- TRB. (1998). *Managing Speed: Review of Current Practice for Setting and Enforcing Speed Limits*. Transportation Research Board Special Report 254. Washington, DC: National Academy Press. gulliver.trb.org/publications/sr/sr254.pdf
- TRB. (2006). *Safety Impacts and Other Implications of Raised Speed Limits on High-speed Roads*. Research Results Digest 303. Washington, DC: National Academy Press.
onlinepubs.trb.org/onlinepubs/nchrp/nchrp_rrd_303.pdf
- U.S. DOT. (2005). *Speed Management Strategic Initiative*. Washington, DC: U.S. Department of Transportation Speed Management Team (Federal Highway Administration, Federal Motor Carrier Safety Administration, and National Highway Traffic Safety Administration).
www.nhtsa.dot.gov/people/injury/enforce/SpeedManagement-content/
- U.S. DOT. (2008). *Speed Enforcement Camera Systems: Operational Guidelines*. Publication No. DOT HS 810 916. Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration and Federal Highway Administration.
www.nhtsa.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810916.pdf
- WHO. (2004). *World Report on Road Traffic Injury Prevention*. Geneva, Switzerland: World Health Organization.
- Wilson, C., Willis, C., Hendrikz, J. K., & Bellamy, N. (2006). Speed enforcement detection devices for preventing road traffic injuries (Review). *Cochrane Database of Systematic Reviews Issue 2*. Art. No.: CD004607. DOI: 10.1002/14651858.CD004607. pub2.
- Wong, S. C., Sze, N. N., Lo, H. K., Hung, W. T., & Loo, B. P. Y. (2005). Would relaxing speed limits aggravate Safety? A case study of Hong Kong. *Accident Analysis and Prevention, 37*, 377-388.
- Wrapson, W., Harre, N., & Murrell, P. (2006). Reductions in driver speed using posted feedback of speeding information: Social comparison or implied surveillance? *Accident Analysis and Prevention, 38*, 1119-1126.
- Young, K. L., & Regan, M. A. (2007). Use of manual speed alerting and cruise control devices by car drivers. *Safety Science, 45*, 473-485.

4. Distracted and Fatigued Driving

Overview

Distracted driving and fatigued driving are common, though both are difficult to define, measure, and sometimes observe. Both distracted and fatigued driving result in large part from lifestyle patterns and choices: they are societal issues rather than just driving and transportation system issues. For these reasons, few behavioral highway safety countermeasures have been shown to reduce distracted or fatigued driving.

Recent distracted driving attention and research has concentrated on cell phones, but other distractions are more common and appear to contribute more to crashes. Attention and research on fatigue has concentrated on commercial truck drivers, but the problem is far more widespread.

Problem size and characteristics: distracted driving. Distractions take a driver's attention away from driving. A distraction can be produced by something a driver sees or hears, some physical task not directly involved in driving such as eating or operating the car radio, or mental activities such as conversations with passengers or on a cell phone (NHCRP, 2005, Section III).

NHTSA surveyed 4,010 drivers in spring 2002 and asked about a variety of potentially distracting behaviors (Royal, 2003). The vast majority reported these behaviors on some trips, often on many or most trips. The most common were:

- 81% talked to other passengers on some trips;
- 66% changed radio stations or looked for CDs or tapes;
- 49% ate or drank;
- 26% took incoming calls on a cell phone and 25% made outgoing calls;
- 24% dealt with children in the back seat;
- 12% read a map or directions.

Another recent survey of 1,201 drivers in Canada found that nearly 70 % reported that distracted driving was a serious problem, up from about 40 % in 2001 (Valnaar, Simpson, Mayhew, & Robertson, 2007). Nearly all (96%) respondents believed there is more distracted driving today than 5 years ago.

Several studies have examined the degree to which distracted driving contributes to motor vehicle crashes. In the NHTSA survey, about one in four drivers reported that they had been involved in a crash in the previous five years in which a vehicle was damaged. Fourteen % of those involved in a crash attributed their crash to distracted driving (Royal, 2003). Similarly, about 10 % of the drivers in a sample of crashes involving at least one towed vehicle in 1995-1999 were classified by NHTSA investigators as having been distracted (Stutts, Reinfurt, Staplin, & Rodgman, 2001). Another recent study in Australia found that driver distraction contributed to 14% of crashes in sample of drivers who had been hospitalized following a crash (McEvoy, Stevenson, & Woodward, 2007).

The true role of distraction in crashes probably is higher because pre-crash distractions often leave no evidence for law enforcement officers or crash investigators to observe. A study that monitored 100 drivers for a year, using specialized instrumentation, reported that nearly 80% of the 82 recorded crashes and 65% of the 761 near-crashes involved the driver looking away from the roadway just prior to the incident (Dingus et al., 2006), and that secondary-task distractions (e.g., talking on a cell phone or eating) contributed to 22% of the crashes and near-crashes (Klauer, Dingus, Neale, Sudweeks, & Ramsey, 2006).

In crashes where distractions were reported, the most common distractions were similar in NHTSA's driver survey and crash investigations.

- 37% in survey, 29% in crashes: something outside the car, such as a street sign or another driver;
- 19% in survey, 11% in crashes: other passengers, including children;
- 16% in survey, 21% in crashes: objects or controls inside the car;
- 2% in survey, 2% in crashes: dialing or using a cell phone.

None of the leading distractions is easily addressed. Cell phone use falls well down this list.

Problem size and characteristics: fatigued or drowsy driving. Three national telephone surveys, two in the United States and one in Canada, provide consistent estimates of the prevalence and key characteristics of drowsy driving. Of the 1,456 adult drivers surveyed by the National Sleep Foundation (NSF) in fall 2004, 60% reported that they had driven while feeling drowsy at least once within the past year. Further, 37% said they had “nodded off or fallen asleep” while driving a vehicle at least once in their life (NSF, 2005, p. 42). Canadian responses from 1,209 drivers were similar: 57% had driven while tired and 20% had dozed off (Beirness, Simpson, & Desmond, 2005). In NHTSA's survey, 11% reported that they had nodded off while driving during the past year (Royal, 2003). Of those who nodded off, 66% said they had six or fewer hours of sleep the previous night. The NHTSA and Canadian surveys found that drivers under age 30 and male drivers were more likely than older drivers and female drivers to have dozed off at the wheel (Beirness et al., 2005; Royal, 2003).

The NHTSA and Canadian surveys provide additional useful information about drowsy driving. Driving while fatigued does not just occur late at night. About one-third of those drivers who admit to nodding off say the most recent incident occurred in the afternoon (noon to 6 p.m.). In addition, fatigued driving is not limited to long trips. In both surveys, nearly half of the drivers who nodded off had been driving for an hour or less (Royal, 2003; Beirness et al., 2005). About 0.7% of all drivers reported that they had been in a crash in the past five years that they attributed to their drowsy driving. That's about one-fifth as many as reported a crash that they attributed to distracted driving (Royal, 2003).

It's often difficult to determine whether drowsy driving contributed to a crash. NHTSA estimated that drowsy driving results in 40,000 injuries and 1,550 deaths each year, slightly less than 4% of the total traffic injuries and fatalities in the U.S. (NHTSA, 1998). The 100-car study reported that drowsy driving contributed to 22 to 24% of the crashes and near-crashes (Klauer et al., 2006).

Strategies to Reduce Distracted and Fatigued Driving

The obvious way to reduce distracted or drowsy driving crashes is to convince or require drivers to get enough sleep and to pay attention to their driving. These are very difficult goals. Drowsy driving may result from lifestyles that include insufficient or irregular sleep (shift workers, for instance) or from medical problems – issues beyond a driver’s immediate control. Many drivers consider some distractions, such as eating or drinking, listening to the radio, or talking on a cell phone, to be important and common activities and are unlikely to give them up.

Behavioral strategies to reduce distracted or drowsy driving attempt to remove some of the underlying causes or to promote awareness of the risks. The standard behavioral countermeasures of laws, enforcement, and sanctions, which are used successfully for alcohol impairment, seat belt use, aggressive driving, and speeding, are unlikely to be effective for distracted or drowsy drivers. One exception is for young drivers: some graduated driver licensing provisions help reduce distractions by limiting the number of passengers or restricting cell phone use.

Distracted or fatigued driving that is related to a driver’s job may be reduced through employer policies and programs. Drowsy driving caused by medical conditions such as sleep apnea or by drugs or medications may be addressed through policies, communications, and outreach. Similarly, communications and outreach may be useful in raising awareness of specific distraction or fatigue issues among certain high-risk populations. However, none of these strategies has been evaluated.

This chapter discusses these behavioral strategies. It does not include the environmental, vehicular, and regulatory countermeasures mentioned below because State Highway Safety Offices do not have authority or responsibility in these areas.

Environmental strategies can address both distracted and drowsy driving. Rumble strips, both on the shoulder and the centerline, have demonstrated their effectiveness in preventing crashes caused by inattention or fatigue. Other roadway improvements, such as wide and visible edge lines, more easily visible road signs, and better lighting at night, can help drivers who are not fully alert. See National Cooperative Highway Research Program [NCHRP] (2005) for a thorough discussion and for references to other NCHRP guides.

Vehicular strategies also affect driver distraction and fatigue. In-car televisions, vehicle location and route-finding systems, and other new technologies in vehicles may create more potential distractions (Hedlund, Simpson, & Mayhew, 2006). On the other hand, in-vehicle technology in the future may be able to detect driver distraction or fatigue, by monitoring driver performance, and then alert drivers (Donmez, Boyle, & Lee, 2007; Intelligent Vehicle Initiative, 2004a, 2004b; Papadelis et al., 2007). Automobile manufacturers and NHTSA are vigorously investigating many possibilities (NHTSA, 2000).

Driver fatigue is a critical issue for commercial drivers. The Federal Motor Carrier Safety Administration (FMCSA) attempts to control commercial driver fatigue through Hours of Service regulations, driver logs and inspections (see for example FMCSA, 2005a). FMCSA has

an extensive driver fatigue research program focused on commercial drivers (FMCSA, 2005b). As with the environmental and vehicular countermeasures mentioned above, commercial driver countermeasures are not discussed in this guide because they do not fall under SHSO jurisdiction.

For overviews of distracted driving prevalence, risks, legislation, research, and recommended strategies, see NCHRP (2005) and Hedlund et al. (2006).

Key terms

- GDL: Graduated Driver Licensing, a three-phase system for beginning drivers consisting of a learner's permit, a provisional license, and a full license. A learner's permit allows driving only while supervised by a fully licensed driver. A provisional license allows unsupervised driving under certain restrictions.
- NCSDR: National Center for Sleep Disorders Research
- NSF: National Sleep Foundation.

Countermeasures That Work

Countermeasures to reduce distracted and fatigued driving are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The symbols and terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Laws and Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
1.1 GDL requirements for beginning drivers	★ ★ ★ ★ ★ [†]	High	Low	Medium
1.2 Cell phone laws	★ ★	Low	Varies	Short
1.3 General fatigue and distraction laws	★	High ^{††}	Varies	Short

[†] Effectiveness proven for nighttime and passenger restrictions

^{††} Included under reckless driving; use of explicit fatigue and distraction laws is low

2. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Fatigued or drowsy driving	★	Unknown	Medium	Medium
2.2 Distracted driving	★	Unknown	Medium	Medium

3. Other Countermeasures

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Employer programs	★	Unknown	Low	Short
3.2 Medical conditions and medications	★	Unknown	Variable	Medium

Effectiveness:

- ★ ★ ★ ★ ★ - Demonstrated to be effective by several high-quality evaluations with consistent results
- ★ ★ ★ ★ - Demonstrated to be effective in certain situations
- ★ ★ ★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★ ★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise.

See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

High: more than two-thirds of the States, or a substantial majority of communities

Medium: between one-third and two-thirds of States or communities

Low: fewer than one-third of the States or communities

Unknown: data not available

Cost to implement:

High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources

Medium: requires some additional staff time, equipment, facilities, and/or publicity

Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

Long: more than one year

Medium: more than three months but less than one year

Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Laws and Enforcement

1.1 Graduated Driver Licensing Requirements for Beginning Drivers

Effectiveness: ★ ★ ★ ★ ★ †	Use: High	Cost: Low	Time: Medium
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† Effectiveness proven for nighttime and passenger restrictions

Graduated driver licensing (GDL) is a three-phase system for beginning drivers consisting of a learner’s permit, then a provisional license, and finally a full license. A learner’s permit allows driving only while supervised by a fully licensed driver. A provisional license allows unsupervised driving under certain restrictions. The NCHRP guide for reducing crashes involving young drivers describes the key provisions of GDL laws (NCHRP, 2007). The Insurance Institute for Highway Safety [IIHS] (2008a) and the Governors Highway Safety Association [GHSA] (2008a) summarize State GDL laws as of July 2008. See Chapter 6, Sections 1.1 to 1.6, for a complete discussion of GDL for beginning young drivers.

GDL helps beginning drivers acquire their initial driving experience in lower-risk situations. During the provisional phase, this is accomplished by restricting driving under certain high-risk circumstances. Some of these restrictions are directly linked to fatigue and distractions. Driving at night is more dangerous overall than during the day and also may pose greater risks of drowsy driving. Passengers, especially teenage passengers, are a major source of distraction. Cell phones can distract drivers, as discussed in Chapter 4, Section 1.2.

Use: As of July 2008, all States and the District of Columbia had some GDL components in place. The laws in 46 States and the District of Columbia do not allow driving during certain nighttime hours. Laws in 40 States and the District of Columbia limit the number of passengers allowed with a driver with a provisional license. Twenty States and the District of Columbia prohibit the use of cell phones, both handheld and hands-free, by drivers with a learner’s permit or provisional license or by drivers under 18 (GHSA, 2008a; IIHS 2008a).

Effectiveness: Several studies document that nighttime and passenger GDL restrictions reduce teenage driver crashes and injuries (Hedlund & Compton, 2005; NCHRP, 2007; Williams, 2007). The only evaluation of a GDL cell phone prohibition suggests that such laws have little effect on teenage drivers’ cell phone use (Foss, Goodwin, McCart, & Hellinga, 2008).

Costs: Publicity for GDL restriction changes can be delivered directly by the Department of Motor Vehicles to young drivers as they apply for their learner’s permits and provisional licenses, so costs will be minimal. Information about GDL restrictions can also be provided through driver education courses.

Time to implement: GDL nighttime, passenger, or cell phone restriction changes require several months to implement for drivers receiving a provisional license. They then will take one or two years before all provisionally licensed drivers are subject to the new restrictions.

1.2 Cell Phone Laws

Effectiveness: ★ ★	Use: Low	Cost: Varies	Time: Short
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Cell phones have become an essential feature of modern life. In December 2007, about 255 million Americans had cell phones, an increase of more than 100 million in five years (CTIA, 2007). In NHTSA's 2002 national telephone survey, 60% of drivers reported that they had cell phones and about one-third of all drivers used a cell phone at some time while driving (Royal, 2003). NHTSA's 2007 national observation survey found that 6% of drivers on the road at any time were using handheld cell phones, up from 5% in 2006 (NHTSA, 2008). Several statewide surveys found similar use rates (McCartt, Hellinga, & Braitman, 2006).

While more than 125 research studies have investigated various aspects of cell phone use, they do not provide clear answers to critical questions (McCartt et al., 2006). Experiments on simulators or test tracks document that cell phone use has some effect on driving performance but these experiments cannot measure the impact on crash risk. Most studies find similar effects for handheld and hands-free phones. Most crash studies rely on driver's own reports or on law enforcement investigations to estimate whether cell phone use contributed to the crash. A review of these studies concluded that cell phones were reported to be involved in 1 to 4% of crashes, an amount consistent with the 2 % found in NHTSA's telephone survey and crash investigations discussed in the Overview. The best studies have concluded drivers are four times more likely to be involved in a serious crash when using a cell phone, either hands-free or handheld (McCartt et al., 2006). In fact, research suggests that the risk of being involved in a crash while using a handheld or hands-free cell phone is comparable to the risk of driving with a blood alcohol concentration at or above the legal limit of .08 grams per deciliter (Blomberg, Peck, Moskowitz, Burns, & Fiorentino, 2005; Strayer, Drews, & Crouch, 2006).

While cell phone use occurs less frequently than other driver distractions (see Overview), it has been singled out for special attention, probably for several reasons. Cell phone use is a multi-sensory distraction, requiring a driver's eyes to locate a ringing phone, hands to hold or dial the phone, hearing to listen to the call, and attention to carry on a conversation. Handheld cell phone use is easy to observe and may send the message that drivers using cell phones are more interested in their conversations than they are in driving safely. For example, in a survey of 1,201 adult drivers in Canada, respondents were asked how frequently they see nine potentially unsafe driving behaviors. Talking on a cell phone topped the list, rated as more common than behaviors such as speeding, failing to signal, tailgating, and running a red light (Vanlaar, Simpson, Mayhew, & Robertson, 2007).

In response to these concerns, 28 States introduced legislation during 2007 that would prohibit the use of handheld cell phones while driving (Savage, Sundeen, & Teigen, 2007). California and Washington enacted new laws, joining Connecticut, New Jersey, New York, and the District of Columbia in banning drivers from using handheld cell phones (GHSA, 2008b; IIHS, 2008b). No State restricts *hands-free* phone use for all drivers. In 2007, Washington became the first State to specifically prohibit text messaging while driving (Savage et al., 2007). Alaska, Minnesota and New Jersey have since followed suit. A growing number of States prohibit cell phone use by young drivers and school bus drivers.

Use: California, Connecticut, New Jersey, New York, Washington, and the District of Columbia prohibit handheld cell phone use for all drivers (GHSA, 2008b; IIHS, 2008b).

Effectiveness: Evaluations in New York, the District of Columbia, Finland, and the United Kingdom consistently show that cell phone laws reduced handheld phone use by about 50% shortly after the laws became effective (McCartt et al., 2006). Follow-up observations in New York and Finland found that handheld phone use had returned to pre-law levels a year later. The New York study noted that publicity regarding the law diminished substantially after the law was implemented and no targeted enforcement was conducted. In contrast, handheld cell phone use in the District of Columbia remained at half of pre-law levels after a year. This was largely attributed to tougher enforcement of the cell phone laws in the District of Columbia than in New York (McCartt & Hellinga, 2007).

Costs: As with any law, costs are required to publicize and enforce it. New York's experience suggests that a strong communications campaign and vigorous enforcement may be necessary to reduce cell phone use over the long term. A handheld cell phone law can be enforced during regular traffic patrol because cell phone use can be observed easily, so that enforcement costs should be minimal. Publicity can be expensive. Paid advertising supporting highly visible law enforcement may be necessary to achieve substantial effects. Paid advertising can be expensive: for example, costs for some belt use enforcement campaigns in 2003 averaged \$500,000 per State (Chapter 2, Section 2.1; Solomon, Chaudhary, & Cosgrove, 2003).

Time to implement: A cell phone law can be implemented quickly, as soon as it is publicized.

Other issues:

- **Handheld or hands-free:** At present, cell phone laws applying to all drivers only prohibit handheld phones, not hands-free phones. In large part, this is due to the common misperception that hands-free phones are safer than handheld phones. However, current research finds little difference in the distracting effects of handheld and hands-free phones (Caird, Willness, Steel, & Scialfa, 2008; McCartt et al., 2006).

1.3 General Driver Fatigue and Distraction Laws

Effectiveness: ★	Use: High [†]	Cost: Varies	Time: Short
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[†] Included under reckless driving; use of explicit fatigue and distraction laws is low

States implicitly prohibit driving while seriously distracted or fatigued through their reckless driving laws (NCHRP, 2005, Strategy C2). These existing laws in each State allow individuals to be cited and prosecuted if they cause a crash due to distracted or drowsy driving; however, the extent to which States currently *do* pursue cases of inattentive driving is currently unknown. Only one State, New Jersey, has a law specifically targeting the issue of fatigued drivers. In 2003, New Jersey enacted “Maggie’s Law” under which drivers can be prosecuted for vehicular homicide if they have not slept in 24 hours and they cause a crash in which someone is killed (NCHRP, 2005, Strategy C2).

No studies have evaluated whether general reckless driving laws or specific drowsy or distracted driving laws have any effect (except for cell phone laws: see Chapter 4, Section 1.2). Based on extensive experience in other traffic safety areas, it is likely that these laws will have little or no effect unless they are vigorously publicized and enforced. See Chapter 1, Sections 2.1 on alcohol-impaired driving, Chapter 2, Sections 2.1, 3.1, and 3.2, on seat belt use laws, and Chapter 3, Sections 2.2 and 4.1, on aggressive driving and speeding laws. Enforcement of fatigued or distracted driving laws is likely to be especially difficult because fatigue and distraction often are difficult to observe, measure, and document. Nevertheless, these laws may increase the impact of communications and outreach efforts to reduce fatigued and distracted driving discussed in Chapter 4, Sections 2.1 and 2.2 (see also NCHRP, 2005, Strategy C2).

Use: New Jersey is the only State with a law explicitly addressing fatigued driving or distractions other than cell phones (Chapter 4, Section 1.2). Other States include these conditions under their laws regarding reckless driving or similar offenses.

Effectiveness: The effects of any laws on reducing drowsy or distracted driving are unknown.

Costs: Costs are required for publicity and enforcement. Enforcement costs likely will be minimal, as most enforcement likely will be included under regular traffic patrols or combined with enforcement activities directed primarily at other offenses such as alcohol-impaired or aggressive driving.

Time to implement: A new fatigued or distracted driving law can be implemented quickly, as soon as it is publicized and law enforcement patrol officers are trained.

2. Communications and Outreach

2.1 Communications and Outreach on Fatigued Driving

Effectiveness: ★	Use: Unknown	Cost: Medium	Time: Medium
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Fatigued or drowsy driving occurs because drivers don't get enough sleep. This apparently obvious statement is well-documented. In NHTSA's telephone survey, 66% of the drivers who reported they had nodded off while driving had six or fewer hours of sleep the previous night (Royal, 2003). Stutts, Wilkins, and Vaughn (1999) interviewed 467 crash-involved drowsy drivers (reported as "fatigued" or "asleep" by the investigating officer) and 529 other crash-involved drivers who were not drowsy. Half of the drowsy drivers had six or fewer hours of sleep the previous night compared to fewer than 10% of the other drivers.

States and national organizations such as the National Sleep Foundation have conducted drowsy driving communications and outreach campaigns directed to the general public (NCHRP, 2005, Strategy C1; NSF, 2004a). Campaign goals usually include:

- raising awareness of the dangers of drowsy driving;
- motivating drivers to take action to reduce drowsy driving; and
- providing information on what drivers can do, either before they start out on a trip or if they become drowsy while driving.

NHTSA and NCSDR (NHTSA, 1998) identified three groups that are over-involved in drowsy driving crashes: drivers in their teens and 20s, shift workers, and people suffering from sleep apnea or narcolepsy. The joint NHTSA-NCSDR Report to Congress on drowsy driving recommended that communications and outreach on drowsy driving be directed to these groups, especially to young drivers (NHTSA, 1999). This information can be delivered in several ways. Driver education programs can include information on both drowsy and distracted driving, and the new model curriculum developed by NHTSA and the American Driver and Traffic Safety Education Association (ADTSEA) includes both. See Chapter 4, Sections 3.1 and 3.2, for additional discussion of shift workers and medical conditions, respectively.

Communications and outreach campaigns can be delivered in high schools, colleges, military training programs and bases, and other locations where there are many young drivers. NCHRP (2005, Strategy D2) provides examples. Many young drivers have part-time jobs that place them at even higher risk for drowsy driving (see Chapter 4, Section 3.1). In addition, young people are among the most likely to drive after drinking alcohol, and studies suggest that even moderate alcohol intake, when combined with fatigue, can increase the risk of a serious crash (Horne, Barrett, & Reyner, 2006). Finally, information about the dangers of fatigued driving can be delivered through Web sites and other media with a youthful target audience.

The ultimate goal of drowsy driving communications and outreach is to change driver behavior, but they face substantial obstacles. As discussed in other chapters, communications and outreach by themselves rarely change driving behavior (Chapter 1, Section 5.2; Chapter 2, Sections 3.1 and 3.2; Chapter 3, Section 4.1; see also NCHRP, 2005, Strategy C1). To have any chance of

success, stand-alone campaigns must have careful planning, good target audience identification and research, good message development and placement, and substantial funding.

An additional barrier is that drowsy driving is a byproduct of busy lifestyles that do not include enough sleep. The only truly effective method to prevent drowsy driving crashes is to get enough sleep (Nguyen, Jauregui, & Dinges, 1998; NHTSA, 1998). Traffic safety messages urging enough sleep may be overwhelmed by the other demands on a driver's time that are responsible for insufficient sleep. Focus group discussions with young men and shift workers, two groups at high risk of drowsy driving, confirmed this conclusion (Nelson, Isaac, & Graham, 2001). Most shift workers and many young men understood well the risks caused by lack of sleep. Many had crashed or almost crashed after falling asleep at the wheel or had friends who had crashed. But neither their knowledge nor their crash experience changed their sleep habits. They sacrificed sleep for the demands of their work, families, and social lives. Campaigns directed to young drivers also must overcome the higher risk-taking behavior and overall immaturity of young drivers discussed in Chapter 6. No drowsy driving communications and outreach program for the general public has been evaluated (NCHRP, 2005, Strategies C1 and D2).

Use: Utah is the only State known to have conducted a drowsy driving campaign for the general public (see NCHRP, 2005, Strategy C1). NCHRP (2005, Strategy D2) gives examples of college programs.

Effectiveness: There are no studies of any campaign's effects on driver knowledge, attitudes, or behavior (NCHRP, 2005, Strategies C1 and D2).

Costs: A high-quality campaign will be expensive to develop, test, and implement.

Time to implement: A high-quality campaign will require at least six months to plan, produce, and distribute.

2.2 Communications and Outreach on Distracted Driving

Effectiveness: ★	Use: Unknown	Cost: Medium	Time: Medium
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Distracted driving communications and outreach campaigns for the general public face different, but equally difficult, obstacles than drowsy driving campaigns. All drivers “know” at some level that they should be alert. However, as discussed in the Overview, distractions come in many forms. Distractions outside the car are not under the driver’s control. Many distractions inside the car also cannot be controlled easily (conversations, children), or are intentional (listening to the radio or CD player, eating). They may in fact be useful, to keep drivers alert on a long trip.

There is strong public support for communications and outreach to reduce distracted driving. For example, 80% of respondents in a Canadian survey agreed that greater awareness and education efforts are needed to alert drivers to the problem of distracted driving (Vanlaar et al., 2007). States including California and New York and national organizations such as the AAA Foundation for Traffic Safety have conducted or provided material for distracted driving communications and outreach campaigns directed to the general public (AAAFTS, 2004; NCHRP, 2005, Strategy C1). Some carry a general “pay attention” message while others are directed at specific behaviors such as cell phone use.

Drivers in their teens and early 20s may be easily distracted while driving (Ferguson, 2003; NCHRP, 2005, Strategy D2). GDL passenger and cell phone restrictions directly address two sources of distractions, as discussed in Chapter 4, Section 1.1. Broader communications and outreach efforts for young drivers regarding distracted driving also have been proposed. They can be combined with or complementary to information on drowsy driving and can be delivered in the same ways. See Chapter 4, Section 2.1, and NCHRP (2005, Strategy D2) for discussion.

The ultimate goal of these campaigns is to change driver behavior, but they face substantial obstacles. As discussed in other chapters, communications and outreach by themselves rarely change driving behavior (Chapter 1, Section 5.2; Chapter 2, Section 3.1; Chapter 3, Section 4.1; see also NCHRP, 2005, Strategy C1). To have any chance, stand-alone campaigns must have careful planning, good target audience identification and research, good message development and placement, and substantial funding. A broad “stay alert” message may be too general to have any impact. Specific distractions are not linked as clearly to crashes as is falling asleep at the wheel because they are not recorded consistently in State crash data files.

Use: California and New York are known to have conducted driver alertness campaigns for the general public (see NCHRP, 2005, Strategy C1). NCHRP (2005, Strategy D2) cites a Cingular Wireless educational program aimed at young drivers on the problem of distractions.

Effectiveness: There are no studies of any campaign’s effects on driver knowledge, attitudes, or behavior (NCHRP, 2005, Strategies C1 and D2).

Costs: A high-quality campaign will be expensive to develop, test and implement.

Time to implement: A high-quality campaign will require at least six months to plan, produce and distribute.

3. Other Countermeasures

3.1 Employer Programs

Effectiveness: ★	Use: Unknown	Cost: Low	Time: Short
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Driver fatigue and distractions are critical issues for commercial drivers. As discussed in the Overview, commercial driver countermeasures, including employer policies and programs to reduce commercial driver fatigue, are not discussed in this guide because they do not fall under SHSO jurisdiction.

Shift workers are another employment group at high risk for drowsy-driving crashes. Young male drivers with part-time jobs are at especially high risk, as they satisfy two of the three high-risk conditions identified by NHTSA and NCSDR (NHTSA, 1999): shift workers; young drivers, especially males; and drivers with the medical conditions of sleep apnea or narcolepsy. “Shift workers” include people who work long or irregular hours or who work at night, including many law enforcement officers (NCHRP, 2005, Strategy D6).

Another study documents the dangers for medical interns, who frequently work extended shifts of 24 hours or more. Barger et al. (2005) collected monthly reports from 2,737 interns. Interns were 2.3 times more likely to report a crash and 5.9 times more likely to report a near miss after an extended shift than a shorter shift. Each extended shift in a month increased the monthly risk of a crash during the commute from work by 16%.

NHTSA and NCSDR have produced a comprehensive workplace education program for shift workers. It includes information on sleep habits in general and drowsy driving in particular. Program material includes a video, posters, brochures for workers and their families, tip cards, a PowerPoint training session, and an administrator’s guide are available at www.nhtsa.dot.gov/people/injury/drowsy_driving1/human/drowsy_driving/.

Focus-group discussions with shift workers highlight the difficulties faced by employer programs (Nelson et al., 2001). Most shift workers understood well the risks caused by lack of sleep. Many had crashed or almost crashed after falling asleep at the wheel or had friends who had crashed. But neither their knowledge nor their crash experience changed their sleep habits. They sacrificed sleep for the demands of their work, families, and social lives.

Use: The number of employers who use the NHTSA/NCSDR program, or any drowsy driving prevention material or program, is not known.

Effectiveness: The NHTSA/NCSDR program was tested by more than 20 U.S. companies and was well received by workers and management. It has not been evaluated further (NCHRP, 2005, Strategy D3). Gander, Marshall, Bolger, and Girling (2005) evaluated the effects of a two-hour fatigue management training class given to a group of commercial light vehicle drivers and a group of petroleum tanker drivers. For both groups, the class substantially increased the drivers’ knowledge of fatigue management and the knowledge gains were retained after several months. About half the drivers in each group implemented some fatigue management strategies

at home, on the job, or in both places. No other employer drowsy driving program has been evaluated.

Costs: Since a comprehensive program is available at no cost, program costs will consist only of material production and employer time for training.

Time to implement: An employer program can be implemented within three months.

3.2 Medical Conditions and Medications

Effectiveness: ★	Use: Unknown	Cost: Variable	Time: Medium
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Two medical conditions can cause drivers to fall asleep at the wheel (NCHRP, 2005, Strategy D6; NHTSA, 1998).

- Sleep apnea is a breathing disorder characterized by brief interruptions of breathing during sleep, perhaps as many as 20 to 60 per hour (NSF, 2002). By fragmenting nighttime sleep, sleep apnea produces daytime sleepiness. NSF estimates that about 4% of men and 2% of women are affected by sleep apnea. It can be treated by physical or mechanical therapy or by surgery.
- Narcolepsy is a disorder of the central nervous system's sleep-wake mechanism that can cause narcoleptics to fall asleep suddenly at any time (NSF, 2004b). It is quite rare, affecting about one person in 2,000. It can be treated with medications.

Research shows that persons with sleep apnea are up to 6 times more likely to be involved in a motor vehicle crash than those without sleep apnea (Teran-Santos, Jiminez-Gomez, & Cordero-Guevara, 1999). It has been estimated that crashes among persons with sleep apnea cost approximately 16 billion dollars each year (Sassani et al., 2004). The number of crashes resulting from narcolepsy is not known.

Most cases of sleep apnea or narcolepsy are undiagnosed and untreated (NCHRP, 2005, Strategy D6; NHTSA, 1998). Indeed, falling asleep at the wheel may be one of the main ways to raise the possibility of a sleep disorder and motivate a driver to seek medical attention (NHTSA, 1998). Once treated, persons with sleep apnea have crash rates that are no higher than the general population (George, 2001).

Many common prescription and over-the-counter medications can cause drowsiness. Warning labels on the medications note this and caution users against driving or other activities that could be affected by drowsiness. The number of crashes resulting from or affected by drowsiness produced by medications is unknown.

The principal countermeasures to address sleep apnea, narcolepsy, and medication effects are (NCHRP, 2005, Strategy D6):

1. Communications and outreach on sleep disorders to increase overall awareness of their symptoms, consequences, and treatment.
2. Efforts with driver licensing medical advisory boards to increase their awareness of these conditions as they review driver fitness for licensing.
3. Efforts with physicians to increase their awareness of these conditions and their potential effects on driving, to treat these conditions as appropriate, and to counsel their patients to take steps to reduce the risk of drowsy driving.

Use and Effectiveness: There is no information available on how frequently these countermeasures are used or on how effective they have been in raising awareness, increasing knowledge, or affecting behavior (NCHRP, 2005, Strategy D6).

Costs: Targeted communications and outreach to drivers (through driver licensing handbooks or flyers in license renewal material) or to physicians (through medical associations) would be relatively inexpensive. A communications and outreach campaign directed at all drivers will be expensive to develop, test and implement. See Chapter 1, Section 5.2 and Chapter 2, Sections 2.1 and 3.1, for additional discussion.

Time to implement: Either targeted or general communications and outreach activities will require at least six months to plan, produce, and distribute. Efforts with driver licensing medical advisory boards could be implemented quickly.

Distracted and Fatigued Driving References

AAAFTS. (2004). *Pay Attention!* Washington, DC: AAA Foundation for Traffic Safety. www.aaafoundation.org/pdf/DistractedDrivingBrochure.pdf

Barger, L. K., Cade, B. E., Ayas, N. T., Cronin, J. W., Rosner, B., Speizer, F. E., & Czeisler, C. A. (2005). Extended work shifts and the risk of motor vehicle crashes among interns. *New England Journal of Medicine*, 352, 125-134.

Beirness, D. J., Simpson, H. M., & Desmond, K. (2005). *The Road Safety Monitor 2004: Drowsy Driving*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/PDF_publications/RSM_Drowsy_Driving_2004.pdf

Blomberg, R., Peck, R., Moskowitz, H., Burns, M., & Fiorentino, D. (2005). *Crash Risk of Alcohol Impaired Driving: A Case-control Study*. Stamford, CT: Dunlap & Associates. <http://207.57.17.121/References/Crash%20Risk%20of%20Alcohol%20Involved%20Driving.pdf>

Caird, J. K., Willness, C. R., Steel, P., & Scialfa, C. (2008). A meta-analysis of the effects of cell phones on driver performance. *Accident Analysis and Prevention*, 40, 1282-1293.

CTIA. (2008). *CTIA's semi-annual wireless industry survey, December 1985-December 2007*. Washington, DC: Cellular Telecommunications and Internet Association. http://files.ctia.org/pdf/CTIA_Survey_Year_End_2007_Graphics.pdf

Dingus, T. A., Klauer, S. G., Neale, V. L., Peterson, A., Lee, S. E., et al. (2006). *The 100-Car Naturalistic Driving Study, Phase II – Results of the 100-Car Field Experiment*. Publication No. DOT HS 810 593. Washington, DC: National Highway Traffic Safety Administration.

Donmez, B., Boyle, L. N., & Lee, J.D. (2007). Safety implications of providing real-time feedback to distracted drivers. *Accident Analysis and Prevention*, 39, 581-590.

Ferguson, S. A. (2003). Other high-risk factors for young drivers - how graduated licensing does, doesn't, or could address them. *Journal of Safety Research*, 34, 71-77. <http://downloads.nsc.org/pdf/Ferguson.pdf>

FMCSA. (2005a). *Hours-of-Service Regulations – Effective October 1, 2005*. Washington, DC: Federal Motor Carrier Safety Administration. www.fmcsa.dot.gov/rules-regulations/topics/hos/hos-2005.htm

FMCSA. (2005b). *5-Year Strategic Plan, FY2005-FY2009*. Washington, DC: Federal Motor Carrier Safety Administration. www.fmcsa.dot.gov/facts-research/research-technology/report/rt-5year-strategicplan.htm

Foss, R. D., Goodwin, A. H., McCartt, A. T., & Hellinga, L. A. (2008). Short-term effects of a teenage driver cell phone restriction. *Manuscript under review*.

Gander, P. H., Marshall, N. S., Bolger, W., & Girling, I. (2005). An evaluation of driver training as a fatigue countermeasure. *Transportation Research Part F: Traffic Psychology and Behavior*, 8, 47-58.

George, C. F. P. (2001). Reduction in motor vehicle collisions following treatment of sleep apnoea with nasal CPAP. *Thorax*, 56, 508-512.

GHSA. (2008a). *Graduated Licensing Laws*. Washington, DC: Governors Highway Safety Association.

www.statehighwaysafety.org/html/stateinfo/laws/license_laws.html

GHSA. (2008b). *Cell Phone Restrictions - State and Local Jurisdictions*. Washington, DC: Governors Highway Safety Association.

www.statehighwaysafety.org/html/stateinfo/laws/cellphone_laws.html

Hedlund, J., & Compton, R. (2005). Graduated driver licensing research in 2004 and 2005. *Journal of Safety Research*, 36, 109-119.

Hedlund, J. H., Simpson, H. M., & Mayhew, D. R. (2006). *International Conference on Distracted Driving: Summary of Proceedings and Recommendations*. Ottawa, ON: Canadian Automobile Association and Traffic Injury Research Foundation. www.distracteddriving.ca/

Horne, J. A., Barrett, P. R., & Reyner, L. A. (2006). *Interactions Between Sleepiness and Moderate Alcohol Intake in Drivers*. London, England: Department for Transport.

www.dft.gov.uk/pgr/roadsafety/research/rsrr/theme3/interactionsbetweensleep.pdf

IIHS. (2008a). *U.S. Licensing Systems for Young Drivers: Laws as of July 2008*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/graduatedLicenseIntro.aspx

IIHS. (2008b). *Cell Phone Laws*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/state_laws/cell_phones.html

IVI. (2004a). *IVI Human Factor Reports: Driver Condition Warning Links*. Washington, DC: U.S. Department of Transportation. www.its.dot.gov/ivi/ivihf/REPORTSdew.html

IVI. (2004b). *IVI Human Factor Reports: Driver Distraction and Workload*. Washington, DC: U.S. Department of Transportation. www.its.dot.gov/ivi/ivihf/REPORTSddw.html

Klauer, S. G., Dingus, T. A., Neale, V. L., Sudweeks, J. D., & Ramsey, D. J. (2006). *The Impact of Driver Inattention On Near-Crash/Crash Risk: An Analysis Using the 100-Car Naturalistic Driving Study Data*. Publication No. DOT HS 810 594. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/departments/nrd-13/driver-distracton/PDF/DriverInattention.pdf

McCartt, A. T., & Hellinga, L. A. (2007). Longer-term effects of Washington, DC, law on drivers' hand-held cell phone use. *Traffic Injury Prevention*, 8, 199-204.

McCartt, A. T., Hellinga, L. A., & Braitman, K. A. (2006). Cell phones and driving: review of research. *Traffic Injury Prevention*, 7, 89-106.

McEvoy, S. P., Stevenson, M. R., & Woodward, M. (2007). The prevalence of, and factors associated with, serious crashes involving a distracting activity. *Accident Analysis and Prevention*, 39, 475-482.

NCHRP, Vol. 14. (2005). *A Guide for Addressing Collisions Involving Distracted or Fatigued Drivers*. Washington, DC: Transportation Research Board.
onlinepubs.trb.org/Onlinepubs/nchrp/nchrp_rpt_500v14.pdf

NCHRP, Vol 19. (2007). *A Guide for Reducing Collisions Involving Young Drivers*. Washington, DC: Transportation Research Board.
onlinepubs.trb.org/onlinepubs/nchrp/nchrp_rpt_500v19.pdf

Nelson, T. F., Isaac, N. E., & Graham, J. D. (2001). *Development and Testing of Countermeasures for Fatigue Related Highway Crashes*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/drowsy_driving1/listening/title.htm#title

Nguyen, L. T., Jauregui, B., & Dinges, D. F. (1998). *Changing Behaviors to Prevent Drowsy Driving and Promote Traffic Safety: Review of Proven, Promising, and Unproven Techniques*. Washington, DC: AAA Foundation for Traffic Safety.
www.aaafoundation.org/pdf/drowsydriving.pdf

NHTSA. (1998). *Drowsy Driving and Automobile Crashes*. Publication No. DOT HS 808 707. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/drowsy_driving1/Drowsy.html

NHTSA. (1999). *The NHTSA and NCSDR Program to Combat Drowsy Driving*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/drowsy_driving1/drowsy2/drws-cov.htm

NHTSA. (2000). *NHTSA's Drowsy Driver Technology Program*. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/departments/nrd-01/summaries/ITS_11.html

NHTSA. (2008). *Traffic Safety Facts, Research Note: Driver Electronic Device Use in 2007*. Publication No. DOT HS 810 963. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810963.PDF

NSF. (2002). *Sleep Apnea*. Washington, DC: National Sleep Foundation.
www.sleepfoundation.org/site/apps/nlnet/content.aspx?c=huIXKjM0IxF&b=2457455&ct=35013

- NSF. (2004a). *Drive Alert - Arrive Alive National Campaign*. Washington, DC: National Sleep
- NSF. (2004b). *Living with Narcolepsy*. Washington, DC: National Sleep Foundation.
www.sleepfoundation.org/site/apps/nlnet/content3.aspx?c=huIXKjM0IxF&b=2462667&content_id={BB9407DE-75D4-44AC-8A7D-56592A368A80}¬oc=1
- NSF. (2005). *2005 "Sleep in America" Poll*. Washington, DC: National Sleep Foundation.
www.kintera.org/atf/cf/%7BF6BF2668-A1B4-4FE8-8D1A-A5D39340D9CB%7D/2005_summary_of_findings.pdf
- Papadelis, C., Chen, Z., Kourtidou-Papadeli, C., Bamidis, P. D., Chouvarda, I., Bekiaris, E., & Maglaveras, N. (2007). Monitoring sleepiness with on-board electrophysiological recordings for preventing sleep-deprived traffic accidents. *Clinical Neurophysiology*, *118*, 1906-1922.
- Royal, D. (2003). *National Survey of Distracted and Drowsy Driving Attitudes and Behavior: 2002 Volume I: Findings*. Publication No. DOT HS 809 566. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/drowsy_driving1/survey-distractive03/index.htm
- Sassani, A., Findley, L. J., Kryger, M., Goldlust, E., George, C., & Davidson, T. M. (2004). Reducing motor-vehicle collisions, costs, and fatalities by treating obstructive sleep apnea syndrome. *Sleep*, *27*, 453-458.
- Savage, M. A., Sundeen, M., & Teigen, A. (2007). *Traffic Safety and Public Health: State Legislative Action in 2007*. Denver, CO: National Conference of State Legislatures.
www.ncsl.org/print/transportation/07trafficsafety.pdf
- Solomon, M. G., Chaudhary, N. K., & Cosgrove, L. A. (2003). *May 2003 Click It or Ticket Safety Belt Mobilization Evaluation Final Report*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/airbags/clickit_ticke03/ciot-report04/CIOT%20May%202003/index.htm
- Strayer, D. L., Drews, F. A., & Crouch, D. J. (2006). A comparison of the cell phone driver and the drunk driver. *Human Factors*, *48*, 381-391.
- Stutts, J. C., Reinfurt, D. W., Staplin, L., & Rodgman, E. A. (2001). *The Role of Driver Distraction in Traffic Crashes*. Washington, DC: AAA Foundation for Traffic Safety.
www.aaafoundation.org/pdf/distraction.pdf
- Stutts, J. C., Wilkins, J. W., & Vaughn, B. V. (1999). "Why Do People Have Drowsy Driving Crashes? Input from Drivers Who Just Did." Washington, DC: AAA Foundation for Traffic Safety. www.aaafoundation.org/pdf/Sleep.pdf
- Teran-Santos, J., Jiminez-Gomez, A., & Cordero-Guevara, J. (1999). The association between sleep apnea and the risk of traffic accidents. *The New England Journal of Medicine*, *340*, 847-851.

Valnaar, W., Simpson, H., Mayhew, D., & Robertson, R. (2007). *The Road Safety Monitor 2006: Distracted Driving*. Ottawa, Ontario: The Traffic Injury Research Foundation.
www.trafficinjuryresearch.com/publications/PDF_publications/RSM2006_DistractedDriving_ENG.pdf

Williams, A. F. (2007). Contribution of the components of graduated licensing to crash reductions. *Journal of Safety Research*, 38, 177-184.
www.nsc.org/transportation/gdl/presentationsSym/gdl_session1.aspx#

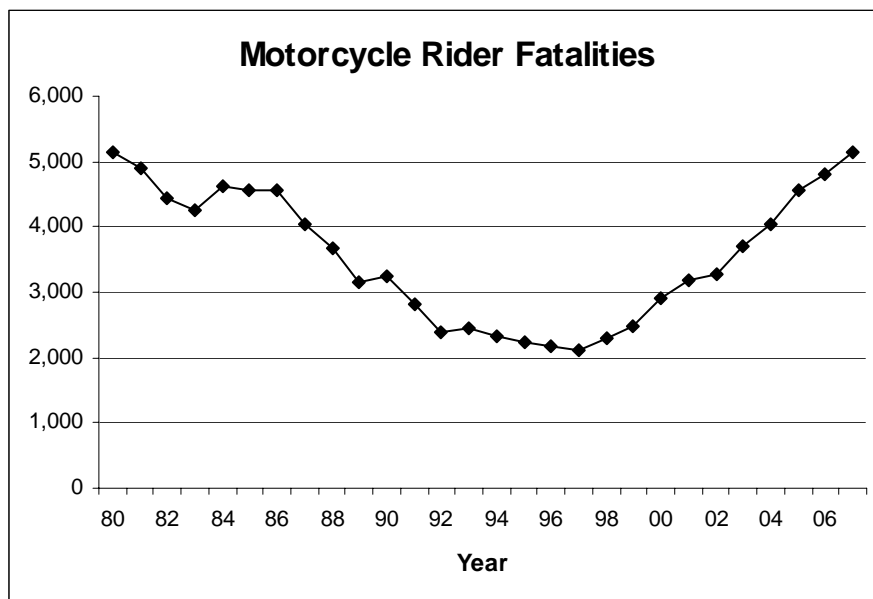
5. Motorcycle Safety

Overview

A two-wheeled motorcycle is inherently more difficult to operate than a four-wheeled passenger vehicle because it requires more physical skill. The relationship of speed and balance is also a critical consideration when riding a motorcycle, as the stability of a motorcycle is relative to speed. A motorcycle becomes more stable as speed increases, although it becomes less maneuverable. At very low speeds, the motorcycle rider must balance the motorcycle.

A motorcycle offers riders almost no protection in a crash. Crash data confirm these observations. NHTSA estimates that 80% of motorcycle crashes injure or kill a motorcyclist, while only 20% of passenger car crashes injure or kill an occupant (NHTSA, 2003, p. 3). For each mile of travel in 2006, motorcyclists were eight times more likely to be injured in a crash and 35 times more likely to die than passenger car occupants (NHTSA, 2008a, Tables 7 and 10). In 2007, motorcyclist fatalities increased for the tenth consecutive year, to 5,154, and accounted for 13% of all traffic fatalities. The 103,000 motorcyclists injured accounted for 4% of all people injured in traffic crashes (NHTSA, 2008b).

Trends. Motorcycling has become increasingly popular over the last 10 years. Not surprisingly, there has been a corresponding increase in crashes and fatalities involving motorcyclists. From 1998 to 2007, motorcyclist fatalities increased by 125% and motorcyclists injured increased by 110%. Motorcyclist fatalities in 2007 reached a level not seen since 1980 (NHTSA, 2008b). The 2007 motorcyclist fatalities increased 7% over 2006. Motorcyclist fatalities have more than doubled since 1997 (NHTSA, 2008b).



Source: NHTSA, Traffic Safety Facts 2007

Motorcycling today is not exclusively a young person's activity. In 2007, 69% of the motorcyclists killed in crashes were age 30 or older and 49% were 40 or older. The change in only ten years is striking: in 1997, 59% were 30 or older and 33% were 40 or older (NHTSA, 2008b, Table 4).

While registrations of all types of motorcycles have increased between 2000 and 2005, registrations for supersport type motorcycles, which are built on a racing bike frame and reach speeds of nearly 190 mph, have climbed even faster. Supersport registrations in 2005 were 83% higher than 2000 levels. Combined registrations for all motorcycle styles were 51% higher than in 2000 (IIHS, 2007). Deaths are higher among supersport owners as well; 22.5 deaths were reported per 10,000 registered supersport motorcycles compared to 7.5 % over all types. Supersport riders also tend to be younger. In 2005, the average age was 27 among those fatally injured while riding these bikes, compared to an average age of 44 for cruiser and standard motorcycles (IIHS, 2007). The proportion of fatalities associated with the largest engine sizes have also risen in the past decade. Engines 1001 – 1500 cc were represented in 35% of fatalities in 2007 compared with 34% in 1997 (NHTSA, 2008b, Table 5).

Strategies to Improve Motorcycle Safety

Motorcycle operators should be properly trained and licensed. They should be alert and aware of the risks they face while riding; in particular, they should not be impaired by alcohol. All motorcycle riders should wear a motorcycle helmet that meets FMVSS 218 and clothing that provides both protection and visibility. These and other strategies are discussed in the National Agenda for Motorcycle Safety, NAMS (NHTSA, 2000a), a comprehensive, collaborative, and multidisciplinary blueprint for motorcycle safety. See also the NAMS Implementation Guide (NHTSA, 2006a), NHTSA's Motorcycle Safety Program Plan (NHTSA, 2006b), and the U.S. DOT Action Plan to Reduce Motorcycle Fatalities (U.S. DOT, 2007).

Unfortunately, many motorcyclists do not take these straightforward precautionary measures. In 2007, one-fourth of the motorcycle operators involved in a fatal crash did not have a valid motorcycle operator's license (NHTSA, 2008b). Twenty-seven percent (27%) of the motorcycle operators killed in a crash had BACs of .08 g/dL or higher (NHTSA, 2008b). Forty-one percent (41%) of fatally injured motorcyclists were not wearing a helmet (NHTSA, 2008b, Table2), although the percentage varies considerably from State-to-State. Speeding is also more prevalent in fatal crashes involving motorcyclists than other vehicle types. An estimated 36% of all motorcyclists involved in fatal crashes in 2007 were speeding compared to 24% for passenger car drivers (NHTSA, 2008b). In addition, motorcyclists involved in fatal crashes had worse prior driving records than other passenger vehicle drivers, including more DWI convictions, speeding convictions, and suspensions or revocations (NHTSA, 2008b, figure 1).

The most important objectives for improving motorcycle safety are to increase helmet use, reduce alcohol-impaired motorcycle riding, and improve licensing and training. These objectives are all difficult to accomplish. Universal helmet laws are extremely effective in assuring that virtually all motorcycle riders use helmets, but they also are politically difficult to enact and retain. Strategies using only communications and outreach to promote helmet use, reduce impaired motorcycling, and increase licensing and improve training appear to have been no more

successful with motorcyclists than with other drivers. A fourth objective is to increase other drivers' awareness of motorcyclists by increasing the visibility of motorcyclists and by educating other drivers on the importance of sharing the road with motorcycles. Intelligent transport systems may also have the potential to enhance motorcycle safety, but these technologies are only just emerging and have yet to be meaningfully evaluated (Bayly, Regan, & Hosking, 2006).

Many environmental factors can affect motorcycle safety. Slippery roadway surfaces and markings, surface irregularities, unpaved shoulders, and unforgiving roadway barriers all can be dangerous. These issues are not included in this guide because State Highway Safety Offices have little or no authority or responsibility for them. See National Cooperative Highway Safety Research Report 500 guide on reducing motorcycle crashes (NCHRP, under review) for a thorough discussion. Daytime running lights for motorcycles, in the form of headlights that are always lighted, improve motorcycle conspicuity. Most motorcycles on the road have headlights that turn on automatically when the engines are started (NCHRP, under review, Strategy D2). In addition, 24 States require daytime headlight use for all motorcycles manufactured since 1980 (MSF, 2007). Modulating headlights, which cause the headlight to move from high- to low beam rapidly, also increase motorcycle visibility (Olson, Halstead-Nussloch, & Sivak, 1979).

Key terms

Motorcycle operator, rider: a person operating or driving a motorcycle.

Passenger: a person riding on but not operating a motorcycle.

Motorcyclist: any person on a motorcycle, both operators and passengers.

AAMVA: American Association of Motor Vehicle Administrators

AMA: American Motorcyclist Association.

BAC: Blood alcohol concentration in the body, expressed as grams of alcohol per deciliter of blood, and usually measured with a breath or blood test.

FMVSS 218: the Federal Motor Vehicle Safety Standard that sets performance requirements for motorcycle helmets.

MSF: Motorcycle Safety Foundation.

NAMS: the National Agenda for Motorcycle Safety (NHTSA, 2000a).

SMSA: National Association of State Motorcycle Safety Administrators.

Countermeasures That Work

Countermeasures to improve motorcycle safety are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The symbols and terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Motorcycle Helmets

Countermeasure	Effectiveness	Use	Cost	Time
1.1 State motorcycle helmet use laws	★ ★ ★ ★ ★	Medium	Low	Short
1.2 Helmet use promotion programs	★	Low	Varies	Medium
1.3 Helmet law enforcement; noncompliant helmets	★	Unknown	Low	Medium

2. Alcohol Impairment

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Alcohol impairment: communications	★	Medium	Medium	Medium
2.2 Alcohol impairment: detection, sanction	★	Unknown	Varies	Varies

3. Motorcycle Operator Licensing and Training

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Operator licensing	★	High	Low	Medium
3.2 Operator education and training	★	High	Medium	Varies

4. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
4.1 Protective and conspicuous clothing	★	Unknown	Varies	Medium
4.2 Other driver awareness of motorcyclists	★	Unknown	Varies	Medium

Effectiveness:

- ★ ★ ★ ★ ★ - Demonstrated to be effective by several high-quality evaluations with consistent results
- ★ ★ ★ ★ - Demonstrated to be effective in certain situations
- ★ ★ ★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★ ★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results

★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

High: more than two-thirds of the States, or a substantial majority of communities

Medium: between one-third and two-thirds of States or communities

Low: fewer than one-third of the States or communities

Unknown: data not available

Cost to implement:

High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources

Medium: requires some additional staff time, equipment, facilities, and/or publicity

Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

Long: more than one year

Medium: more than three months but less than one year

Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Motorcycle Helmets

1.1 State Motorcycle Helmet Use Laws

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Low	Time: Short
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Motorcycle helmets are highly effective in protecting motorcycle riders' heads in a crash. The latest research indicates that helmets reduce motorcycle rider fatalities by 22 to 42% and brain injuries by 41 to 69% (Coben, Steiner, & Miller, 2007; Cummings, Rivara, Olson, & Smith, 2006; Deuterman, 2004; Houston, 2007; Houston & Richardson, 2008; Liu, Ivers, Norton, Blows, & Lo, 2008; NHTSA, 2003; NHTSA, 2006a; NCHRP, under review, Strategy E1). A Cochrane Collaboration review of 61 studies concluded that risk reductions were on the high end of the ranges mentioned above, with higher quality studies indicating that the protective effect of helmets was about a 42% reduction in risk of death in a crash and 69% for risk of a head injury in a crash. This review found that there was insufficient evidence to determine the effect on neck or facial injuries, or the effects of various types of helmets on injury outcomes (Liu et al., 2008). Others have found no evidence that helmets increase the risk of neck injuries (NCHRP, under review, Strategy E1; NHTSA, 2000a; Ulmer & Preusser, 2003).

State helmet-use laws are quite effective at increasing helmet use. In 2006, compliant helmet use was 83% across all States with a universal helmet law that covers all riders and 50% across States with no law or a law covering only young riders (Glassbrenner & Ye, 2006). Studies in States that enacted universal helmet laws observed use rates of 90% or higher immediately after the law, compared to 50% or lower before the law (Ulmer & Preusser, 2003, Section II). States that repealed universal helmet laws saw the opposite effect, as use rates dropped from above 90% to about 50% (Kyrychenko & McCartt, 2006; Preusser, Hedlund, & Ulmer, 2000, Section V; Ulmer & Preusser, 2003, Sections IV and V). Reenactment of a universal law in Louisiana (after a cycle of repeals and reenactments since 1968) resulted in an increase in use among riders involved in crashes, from 42% before reenactment to 87% following (Gilbert, Chaudhary, Solomon, Preusser, & Cosgrove, 2008). Observed use following reenactment was 100%.

The first universal helmet law was enacted in 1966. Universal laws were in force in 47 States and the District of Columbia by 1975. After Federal penalties were eliminated in 1975 for States failing to have a universal law, about half the States repealed their laws. Several States have enacted or repealed helmet laws since then. The Insurance Institute for Highway Safety [IIHS] (2008a) summarizes the helmet law history in each State.

Use: As of July 2008, 20 States and the District of Columbia had helmet laws covering all riders. Most other States had laws covering only riders under a specified age, typically 18 or 21 (IIHS, 2008b). Three States (Illinois, Iowa, and New Hampshire) do not have a motorcycle helmet law.

Effectiveness: The U.S. General Accountability Office (GAO) reviewed 46 methodologically sound studies of State helmet laws published before 1990. GAO concluded that motorcycle rider fatality rates were 20 to 40% lower with universal helmet laws (GAO, 1991; Ulmer & Preusser, 2003, Section II). Studies since 1990 confirm these results (Cummings et al., 2006; Houston & Richardson, 2008; Kyrychenko & McCartt, 2006; Morris, 2006; Ulmer & Northrup, 2005; Ulmer & Preusser, 2003, Section II). Helmet use was low among young riders in States with laws

covering only young riders (GAO, 1991), and non-comprehensive laws may not translate into meaningful reductions in young rider fatalities rates (Houston, 2007). A reduction in fatality rate among all ages was estimated for partial coverage laws compared to no law by Houston & Richardson (2008), but the effect was much smaller (7 to 8%) than that for universal coverage (22 to 33%). Hence, the preponderance of evidence is that universal coverage laws provide greater safety benefits than laws that cover only a specific age group.

Costs: Once legislation requiring helmet use has been enacted, implementation costs are minimal. The inevitable controversy surrounding the legislation will help to publicize the new law extensively. Motorcycle helmet laws can be enforced during regular traffic patrol operations because helmet use is easily observed.

Time to implement: A universal helmet use law can be implemented as soon as the law is enacted.

Other issues:

- **Opposition to motorcycle helmet laws:** Any effort to enact a universal helmet law can expect immediate, well-coordinated, and highly political opposition (NHTSA, 2003). Helmet law opponents claim that helmet laws impinge on individual rights. They also claim that helmets interfere with motorcycle riders' vision or hearing, though research shows that these effects are minimal (NHTSA, 1996). See Jones and Bayer (2007) for an excellent history of opposition to helmet laws in the U.S.
- **Noncompliant helmets:** Some riders in States with universal helmet laws wear noncompliant helmets that do not comply with FMVSS 218 in order to avoid a helmet law citation (Glassbrenner & Ye, 2006). See the discussion in Chapter 5, Section 1.3.

1.2 Motorcycle Helmet Use Promotion Programs

Effectiveness: ★	Use: Low	Cost: Varies	Time: Medium
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A few States with no universal motorcycle helmet use law have attempted to promote helmet use through communications and outreach campaigns. NCHRP (under review, Strategy F1) provides brief information about campaigns in Washington and Wisconsin. The MSF and NHTSA encourage helmet use. NHTSA has developed new helmet use promotion brochures, flyers and public service announcements suitable for television and radio that are available on NHTSA's Web site.

Use: There is no data available on how many States conduct helmet use promotion campaigns.

Effectiveness: There appear to be no formal evaluations of the effect of helmet use promotion programs in States without universal helmet laws (NCHRP, under review, Strategy F1). However, there also are no examples of helmet use rates much over 50% in States without a universal helmet law.

Costs: Good communications and outreach campaigns can be expensive to develop and implement: see Chapter 2, Section 3.1. Helmet use promotion material is available from various sources including MSF, NHTSA (2003), and States that have conducted these campaigns.

Time to implement: A good campaign, including market research, material development, and message placement, will require at least six months to plan and implement.

1.3 Motorcycle Helmet Law Enforcement: Noncompliant Helmets

Effectiveness: ★	Use: Unknown	Cost: Low	Time: Medium
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Law enforcement officers in universal helmet law States easily can observe and cite motorcycle riders who are not wearing a helmet. This likely explains why helmet use rates are high in universal helmet law States (Chapter 5, Section 1.1). However, some helmets are noncompliant in that they do not meet the FMVSS 218 performance requirements. Many State helmet laws require motorcycle riders to wear helmets that comply with FMVSS 218, and federal regulations require all motorcycle helmets sold in the United States to meet or exceed the FMVSS 218 standards. In the latest national survey, 51% of motorcycle riders in 2006 used DOT-compliant helmets, while 14% used noncompliant helmets and 35% used no helmet (Glassbrenner & Ye, 2006). This means that, among riders who use helmets, over one-fifth use a helmet that is noncompliant. Motorcycle riders wearing these helmets are essentially no safer than if they wore no helmets at all (NHTSA, 2007b). The challenge of motorcycle helmet law enforcement in States requiring FMVSS 218 compliant helmets is to actively identify and cite motorcycle riders wearing noncompliant helmets.

In addition to flimsy construction, noncompliant helmets often cover only a portion of the rider's head and have inadequate chin straps so are not likely to stay on riders' heads in a crash (NHTSA, 2007b). Some riders fail to use the chin straps. These features are fairly easy for an observer to identify. Some noncompliant helmets also have spikes or other protrusions that mark them as noncompliant. A NHTSA brochure discusses how to identify noncompliant helmets (NHTSA, 2004).

Identifying a noncompliant helmet is easier than proving that it is noncompliant. Compliant helmets are formally identified by a DOT sticker on the back of the helmet. However, counterfeit DOT stickers are easily available and are found on many noncompliant helmets. As a result, it is difficult to obtain a conviction for a noncompliant helmet citation in some courts (NHCRP, under review, Strategy E1). In September 2008, NHTSA issued a Notice of Proposed Rulemaking to strengthen helmet labeling requirement and to make it easier to prove that a helmet is noncompliant (NHTSA, 2006b). NHTSA also is prepared a video clip for motorcyclists and law enforcement demonstrating how to identify compliant and noncompliant helmets and how to choose a helmet that fits properly (NHTSA, 2006b).

Use: The extent of helmet law enforcement activities to identify and cite noncompliant-helmet wearers is not known.

Effectiveness: The effectiveness of an active helmet law enforcement program on noncompliant helmet use has not been evaluated.

Costs: Since helmet laws can be enforced during regular traffic patrols, the only costs will be for training law enforcement officers, prosecutors, and judges.

Time to implement: An active helmet-law enforcement program requires training for law enforcement to identify noncompliant helmets and training for prosecutors and judges to assure

that citations will be prosecuted and adjudicated. This training probably will require four to six months to implement.

2. Alcohol Impairment

2.1 Alcohol-Impaired Motorcyclists: Communications and Outreach

Effectiveness: ★	Use: Medium	Cost: Medium	Time: Medium
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Alcohol impairment is a substantial problem for motorcyclists, more so than for drivers of other motor vehicles. Chapter 5, Section 2.2 discusses the problem and suggests law enforcement and sanction strategies that may help alleviate it. This section discusses communications strategies.

Many States have conducted communications and outreach campaigns directed at drinking and motorcycling. See NHTSA (2006a) and NCHRP (under review, Strategy B1) for examples and links. Organizations including AMA, MSF, and SMSA have produced campaigns and material on drinking and motorcycling. Again, see NHTSA (2006a) and NCHRP (under review) for examples and links. There are no evaluations of the effectiveness of any of these campaigns at any level, from awareness to knowledge and attitude change to any effect on motorcyclists' drinking and motorcycling behavior. The experience of drinking and driving campaigns directed at all drivers suggests that they are unlikely to have a positive effect unless they are carefully researched and planned, well funded, well executed, achieve high levels of target audience exposure (perhaps using paid advertising), use high-quality messages that are pre-tested for effectiveness, and are conducted in conjunction with enforcement activities directed at impaired motorcyclists. See Chapter 1, Section 5.2, for further discussion.

A focus group study (Becker et al., 2003) examined motorcyclists' attitudes, beliefs, and behaviors regarding drinking and motorcycling. It concluded that many motorcyclists have strong feelings of freedom, independence, and individual responsibility and believe that drinking motorcyclists endanger only themselves. Consequently, they believe that government efforts to discourage drinking and motorcycling are inappropriate. These beliefs also limit some motorcyclists' willingness to take actions to prevent others from riding while impaired.

These findings suggest that only very high-quality anti-drinking and motorcycling campaigns have any chance of being effective. In particular, any campaign should be researched, designed, and pre-tested thoroughly and must appeal to common motorcyclist attitudes and beliefs.

Rider groups can play a critical role in planning and implementing activities to reduce drinking and motorcycling. Some State and local rider groups sponsor alcohol-free events or adopt alcohol-free policies. As examples, the Fox Valley Wisconsin Harley Owners Group (H.O.G.) chapter has an alcohol-free policy for all organized rides and Illinois ABATE sponsors alcohol-free rides (NHTSA, 2006a, Section 1).

Use: Many States have conducted anti-drinking and motorcycling campaigns (NHTSA, 2006a; NCHRP, under review, Strategy C1), but the total number of States that have done so is not known. It also is not known whether States have included messages directed to motorcyclists in their overall alcohol-impaired driving campaigns. However, motorcycle riders are now included in the "Drunk Driving. Over the Limit, Under Arrest" paid media spots.

Effectiveness: There are no evaluations of the effectiveness of any drinking and motorcycling campaigns.

Costs: A good campaign will require substantial funds to conduct market research, design and test messages, and place campaign material where it will reach motorcyclists frequently.

Time to implement: A good campaign will require at least six months to research, design, test, and implement.

Other issues:

- **Drugs other than alcohol:** Drugs other than alcohol can impair motorcycle operators. Potentially impairing drugs include over-the-counter and prescription medications and illegal drugs. See Chapter 5, Section 2.2, for additional discussion and Jones, Shinar, & Walsh (2003) for a thorough summary of current knowledge. Drinking and motorcycling campaigns may wish to include other drugs as well as alcohol in their messages.

2.2 Alcohol-Impaired Motorcyclists: Detection and Sanction

Effectiveness: ★	Use: Unknown	Cost: Varies	Time: Varies
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Alcohol impairment is a substantial problem for motorcycle operators, even more than for drivers of other motor vehicles. In 2007, 27% of motorcycle operators involved in fatal crashes had BACs of .08 g/dL, compared to 23% for passenger car drivers and 23% for light truck drivers (NHTSA, 2008b). An additional 8% of motorcycle operators in fatal crashes had at least some measurable level of alcohol in their blood (BAC .01 to .07 g/dL). The percentages of fatally-injured motorcyclists with .08 or higher BAC levels were even higher among riders 35 to 49 years old (ranging from 35 to 41%; NHTSA, 2008b). One study found that alcohol-impaired motorcycle operators were 16.9 times more likely to be at fault in a crash than sober operators (NCHRP, under review, Strategy B1). Fatalities among motorcycle operators with BAC levels .08 g/dL or higher occurred more frequently during the nighttime hours. In addition, fatally-injured motorcyclists with BAC levels .08 g/dL during all times of day were less likely to wear helmets than were sober operators (NHTSA, 2008b).

Motorcyclists are included in and affected by the comprehensive strategies to reduce alcohol-impaired driving discussed in detail in Chapter 1. However, some law enforcement, sanction, and communication strategies may be especially useful for motorcyclists, while others may be relatively ineffective. This section discusses law enforcement and sanctions. Section 2.1 discusses communications.

Law enforcement officers on traffic patrol use characteristic driving behaviors, or cues, to identify drivers who may be impaired by alcohol. Some of the cues for motorcyclists, such as trouble maintaining balance at a stop, are different from those for cars and trucks. Stuster (1993) identified and validated 14 cues useful for identifying alcohol-impaired motorcyclists. NHTSA prepared a brochure discussing the cues, a law enforcement training video for roll-call use, and a pocket detection guide (NHTSA, 2000b). The cues for motorcyclists were an optional component of the Standardized Field Sobriety Tests training given to all law enforcement officers; however, this component will become mandatory for SFST training.

Vehicle impoundment or forfeiture can be an effective deterrent to drinking and driving for all drivers (see Chapter 1, Section 4.3). It may be even more effective for motorcyclists. Recent research confirmed earlier findings that many motorcyclists do not find traditional impaired driving sanctions such as fines and license suspension to be effective deterrents. However, motorcyclists tended to be highly concerned for the safety and security of their motorcycles (Becker et al., 2003).

These findings suggest a potentially effective strategy to reduce alcohol-impaired motorcycling: highly publicized enforcement using officers trained in identifying impaired motorcyclists as well as other vehicle drivers, with offender sanctions including vehicle impoundment or forfeiture. This strategy would treat motorcyclists on an equal footing with other vehicle drivers in impaired-driving enforcement and publicity.

Use: The extent to which law enforcement agencies train officers to detect alcohol-impaired motorcyclists, or include alcohol-impaired motorcycling in any way in their traffic patrol

activities, is not known. NHTSA (2006a) provides examples and links of State programs that distribute the NHTSA cue cards and brochures widely to law enforcement (Illinois), present this information in a Web-based seminar for officers (Minnesota), and regularly establish high-visibility law enforcement presence at major rider events (Ohio, Wisconsin).

Effectiveness: Some agencies have reported some success in using the cues for identifying alcohol-impaired motorcyclists, but no evaluation data are available (NCHRP, under review, Strategy B3).

Costs: Law enforcement training costs are low and training material is available. Enforcement itself can be carried out during regular traffic patrol. A major campaign including alcohol-impaired motorcyclists may require additional costs for publicity.

Time to implement: Law enforcement training can be conducted quickly. A major campaign will require four to six months to plan and implement.

Other issues:

- **Motorcyclist groups:** Motorcyclist groups likely will object strenuously to any enforcement activities that are perceived to target motorcyclists unfairly. The best strategy is to assure that motorcyclists, rider organizations, and motorcycle dealers are included in planning and publicizing impaired riding enforcement.
- **Drugs other than alcohol:** Drugs other than alcohol can impair motorcycle operators. Potentially impairing drugs include over-the-counter and prescription medications as well as illegal drugs. Beyond this, little more can be said with any confidence. Studies of vehicle drivers, typically in individual hospitals, find drug presence considerably lower than alcohol presence. Motorcycle operators usually are not separated out in these studies. The extent to which various drugs impair driving performance or contribute to crashes is not well understood, either for four-wheeled vehicles or for motorcycles. See Jones, Shinar, & Walsh (2003) for a thorough summary of current knowledge. Law enforcement should consider drugs as potential impairing agents for motorcycle operators just as for other vehicle operators.

3. Motorcycle Operator Licensing and Training

3.1 Operator Licensing

Effectiveness: ★	Use: High	Cost: Low	Time: Medium
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All 50 States and the District of Columbia require motorcyclists to obtain a motorcycle operator license or endorsement before they ride on public highways (MSF, 2002). The goal of licensing is to assure that motorcyclists have the minimum skill needed to operate a motorcycle safely (NHTSA, 2000a).

Operator licensing faces three issues.

- Many motorcyclists are not properly licensed. In 2007, 26% of motorcyclists involved in fatal crashes did not have a valid motorcycle license, compared to 13% of passenger vehicle drivers who were not properly licensed (NHTSA, 2008b). Barriers to obtaining a motorcycle license include limited and inconvenient licensing examination hours, which sometimes require appointments weeks or months in advance, and licensing systems in some States that provide no incentive to become fully licensed because learner's permits may be renewed indefinitely (NCHRP, under review, Strategy C3).
- State motorcycle licensing practices vary substantially. Most States have a learner's permit requiring only vision and knowledge tests. Motorcyclists with a learner's permit can ride only in restricted circumstances, typically some combination of no passengers, only during daylight hours, and only with the supervision of a fully licensed motorcyclist. A skill test is required for full licensure. Two-thirds of the States use one of three tests developed by the MSF and American Association of Motor Vehicle Administrators, while one-third use their own tests. Most States will waive the skill test, and sometimes the knowledge test, for motorcyclists who have completed an approved training course. See Baer, Cook, and Baldi (2005) for a summary of each State's licensing requirements and procedures and NCHRP (under review, Strategy C1) for brief summaries of the major skill tests currently in use.
- The goal of motorcycle operator licensing is to assure that motorcyclists have basic riding skill, but its effectiveness is not known. This is perhaps not surprising given the variability of licensing tests and procedures. NAMS recommends research to "ensure that licensing tests measure skill and behaviors required for crash avoidance" (NHTSA, 2000a). NCHRP (under review, Strategy C3) notes that there are no evaluations of whether increasing the proportion of motorcyclists who are validly licensed would reduce motorcycle crashes or injuries.

Baer, Cook, and Baldi (2005) reviewed and summarized each State's motorcycle education and licensing programs and practices. A companion report (Baer, Baldi, & Cook, 2005) describes effective training and licensing programs and actions to promote training and licensing. Under a cooperative agreement with NHTSA, AAMVA is updating its *Motorcycle Operator Licensing System* and *Integrating Motorcycle Rider Education and Licensing* manuals, which provide guidelines for State motorcycle licensing programs (NHTSA, under review).

States should encourage all motorcyclists to be validly licensed. NAMS (NHTSA, 2000a) and NCHRP (under review, Strategy C3) recommend that States:

- provide enough convenient testing times and locations to accommodate the demand, for example by offering testing during evening hours;
- waive skill and knowledge tests for graduates of approved education and training courses;
- actively enforce motorcycle operator licensing requirements; and
- promote motorcyclist licensing.

NCHRP (under review, Strategy C3) describes how Maryland and Minnesota used some of these strategies to increase proper licensing for motorcyclists. Maryland used the additional strategy of comparing their vehicle registration and driver licensing files. A letter was sent to each owner of a registered motorcycle who did not have a motorcycle operator's license. This quick and inexpensive strategy caused 1,700 owners to become licensed within four months. However a randomized controlled experiment of this intervention suggested that while the method did increase licensure, a large percentage remained unlicensed (Braver et al., 2007). Effective July 22, 2007, the State of Washington added an authorization to impound vehicles operated by drivers without a proper endorsement (including, but not limited to, motorcycles). The enforcement of this law has not been evaluated.

Maryland and Pennsylvania have “one-stop shops” that provide a motorcycle endorsement immediately upon successful completion of a State-approved basic riding course. For Pennsylvania's procedures, see www.pamsp.com/CourseInfo_Basic.aspx.

Use: All States require motorcyclists to obtain a motorcycle license or endorsement to ride on public highways.

Effectiveness: The effectiveness of current licensing and testing on crashes and safety has not been evaluated.

Costs: Most States charge a small fee for the motorcycle licensing tests (MSF, 2002). The costs of changing the licensing tests and procedures depend on the extent of changes and the amount of retraining needed for licensing examiners.

Time to implement: New licensing tests and procedures likely would require 6 to 12 months to implement.

Other issues:

- **Graduated licensing:** Most States employ graduated driver licensing for beginning automobile drivers. Under GDL, new drivers must pass through learner's permit and provisional license stages before becoming fully licensed. A learner's permit allows driving only while supervised by a fully licensed driver and a provisional license allows unsupervised driving under certain conditions, such as limiting the number of passengers and prohibiting driving at night. Many States place restrictions similar to these on motorcyclists with a learner's permit or younger than a specified age (MSF, 2002). Mayhew and Simpson (2001) describe motorcyclist GDL programs in California, Maryland and South Dakota. For example, the California GDL prohibits passengers or nighttime riding during the learner permit stage, and requires all people under 25 who are seeking a motorcycle license or endorsement to take the State-sponsored motorcycle training course. Baer, Cook and Baldi (2005) report that seven States had some form of

graduated licensing in 2001 and five restricted motorcyclists in some age groups to motorcycles of certain sizes. GDL programs for automobile drivers have been shown to be effective in reducing crashes (Hedlund, Shults, & Compton, 2003, 2006). Evaluations in New Zealand and evidence from Quebec suggest that they may do the same for motorcyclists (Mayhew & Simpson, 2001).

3.2 Operator Education and Training

Effectiveness: ★	Use: High	Cost: Medium	Time: Varies
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Motorcycle operator education and training has been thoroughly integrated into all aspects of motorcycle safety. The National Agenda for Motorcycle Safety calls it “the centerpiece of a comprehensive motorcycle safety program” (NHTSA, 2000a, Rider Education and Training). NHTSA’s Motorcycle Safety Program Plan states that “motorcycle rider education provides an opportunity for novice riders to learn the basic skills necessary to operate a motorcycle safely and for experienced riders to refresh and refine their techniques” (p.17) and recommends that States conduct frequent and timely education and training at sites that are accessible throughout the State (NHTSA, 2006b). Education and training enjoy broad support from the motorcycle industry, motorcycle user organizations, and motorcyclists (NCHRP, under review, Strategy C1).

Forty-seven States have State-operated and legislated education and training programs and the other three have privately operated programs (Baer, Cook, & Baldi, 2005). Training also is provided by some rider organizations (for example, some American Bikers Aimed Toward Education [ABATE] and Gold Wing groups), manufacturers (Harley-Davidson’s Riders Edge), and other private providers. Many States encourage training either by requiring it for all motorcycle operators under a specified age or by waiving some licensing or testing requirements for motorcycle operators who complete an approved training course (Baer, Cook, and Baldi, 2005). Most training uses the curricula developed by MSF: BRC (*Basic RiderCourse*, introduced in 2001 to replace the RSS – *Motorcycle RiderCourse: Riding and Street Skills*). The ERC Suite (*Experienced RiderCourse*) is published as part of the licensing process for riders with limited previous experience or for seasoned riders who want additional training; however, the ERC represents a very small part of total training.

However, it is not at all clear what constitutes good operator education and training, nor whether current training reduces crashes. As to content, the National Agenda concluded that “it is assumed, yet unknown, that the current [operator education and training] programs are teaching necessary skills to survive in traffic” (NHTSA, 2000a, Rider Education and Training). It recommended that a “uniform, educationally sound” curriculum be adopted. NHTSA (2003, p. 13) reported wide differences in training program content and administration from State to State. Baer, Cook, and Baldi (2005) summarize the curricula offered in each State. Beyond just teaching motorcycle control skills, emerging evidence suggests that better programs would also train riders to recognize potentially hazardous riding situations and encourage riders to assess their own risks and limitations, and ride within those constraints (e.g., Clarke, Ward, Bartle, & Truman, 2007; Elliott, Baughan, & Sexton, 2007). In response to this situation, NHTSA is supporting the development of Model National Standards for Entry Level Rider Training. NHTSA’s last published Curriculum Specifications for motorcycle rider training was in 1978.

Training effectiveness is equally uncertain. Mayhew and Simpson (1996) reviewed all available high-quality studies of motorcycle operator education and training programs. Only one of six studies in the United States showed any positive results, and only for the first six months following training. They concluded that the studies to date “have failed to provide definitive conclusions about the effectiveness of rider education and training in reducing crashes.” They also summarized four studies from Canada and one from the United Kingdom that add further

support to this conclusion. No major motorcycle training evaluations have been conducted in the past ten years.

Training also may not be easily available to many beginning motorcycle operators. The National Agenda for Motorcycle Safety estimated that no more than half of those who wanted training received it (NHTSA, 2000a). Both NHTSA (2003) and NCHRP (under review, Strategy C1) reported that waiting times of 3 to 12 months were not unusual. Some States increased their training offerings in recent years to accommodate the demand, but MSF reports that the waiting time in other States still can be months.

Baer, Cook, and Baldi (2005) summarized each State's motorcycle education and licensing programs and practices. A companion report (Baer, Baldi, & Cook, 2005) describes effective training and licensing programs and actions to promote training and licensing.

States should do their best to provide motorcycle training on a timely basis to all who wish to take it. See Baer, Baldi, and Cook (2005) and NHTSA (2006a) for examples of successful methods to use training capacity more effectively, including creative scheduling, centralized on-line registration systems, and use of private providers. Starting in 2006, NHTSA awarded Section 2010 grants to States to support operator training (NHTSA, 2006b).

Use: Forty-seven States have State-operated motorcycle operator education and training programs and the other three have privately-operated programs. The District of Columbia does not offer operator education and training.

Effectiveness: As discussed above, the effectiveness of current operator training programs in reducing crashes is unknown. Student evaluations regularly report that training was valuable. Some students retake the courses as a refresher (Baer, Baldi, & Cook, 2005).

Costs: Operator training programs are funded in part by the States and in part by fees paid by the students who take them. State costs per student in 2001 ranged from less than \$35 to more than \$200 and averaged \$106.98. Student fees ranged from zero to more than \$200 and averaged \$106.16 (Baer, Cook, & Baldi, 2005). Many States offset some or all of their costs through motorcycle license or registration fees.

Time to implement: Operator training currently is conducted in all States. Training capacity is limited by the number of available training sites (a broad expanse of paved surface is required), qualified instructors, and motorcycles for students to use during training. Some measures to increase capacity can be implemented quickly while others may take 6 to 12 months.

Other issues:

- **Training for experienced motorcyclists:** MSF and the States offer the ERC Suite (*Experienced RiderCourse*) for experienced motorcyclists (www.msf-usa.org/sitemap.cfm). The courses have not been evaluated.
- **Training for other motorcycle configurations (three-wheeled motorcycles and motorcycles pulling trailers):** Several motorcycle organizations offer courses addressing these special motorcycle configurations. The courses have not been evaluated.

4. Communications and Outreach

4.1 Communications and Outreach: Protective and Conspicuous Clothing

Effectiveness: ★	Use: Unknown	Cost: Varies	Time: Medium
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Motorcycle riders should wear clothing that provides both protection and visibility. FMVSS 218 helmets (Chapter 5, Sections 1.1-1.3) with face shields protect the eyes from wind and foreign objects in addition to protecting the head in a crash. Well-constructed jackets, pants, boots, and gloves can prevent abrasions and bruises. If made of impact-resistant material, they even may prevent arm and leg fractures or serious torso and spinal cord injuries (NHTSA, 2000a). Rider clothing can also enhance visibility (Hurt, Ouellet, & Thom, 1981).

A common cause of motorcycle crashes involving other vehicles is that other vehicle drivers do not see the motorcycle. This observation is reported anecdotally and confirmed in motorcycle crash causation studies (Clarke et al., 2007; NCHRP, under review, Strategy D2; NHTSA, 2000a). One easy way to increase motorcycle conspicuity is through lighted headlights. Most motorcycles on the road have their headlights always on, because most motorcycles manufactured since 1979 have this feature (NCHRP, under review, Strategy D2) and because 24 States require daytime headlight use for all motorcycles manufactured since 1980 (MSF, 2007).

A second way to increase conspicuity is to wear brightly colored clothing (for increased visibility during daylight) incorporating some retro-reflective material (for increased visibility at night). Research studies confirm that motorcyclists wearing conspicuous clothing or helmets are less likely to be involved in a crash (NCHRP, under review, Strategy D1).

There are no data on how many motorcycle riders wear various types of protective clothing other than helmets. Only a minority wears brightly colored clothing (NHTSA, 2000a, Conspicuity); in fact, the predominant color of motorcycle clothing is black (NCHRP, under review, Strategy D1). Helmet manufacturers and distributors report that more than half the helmets sold for street use are black (NCHRP, under review, Strategy D1).

Communications and outreach campaigns promoting protective and conspicuous clothing have been conducted by States and by motorcyclist organizations. NCHRP (under review, Strategy D1) provides examples of material from Oregon and the MSF and references to additional material from the SMSA, the Gold Wing Road Riders Association, and the Motorcycle Council of New South Wales, Australia.

Use: The number of States that conduct campaigns to promote protective and conspicuous clothing for motorcycle riders is not known.

Effectiveness: There are no evaluations of the effectiveness of campaigns to increase the use of protective and conspicuous clothing (NCHRP, under review, Strategy D1).

Costs: Good communications and outreach campaigns can be expensive to develop and implement: see Chapter 2, Section 3.1. Information promoting protective and conspicuous

clothing are available from various sources including MSF, other motorcyclist organizations, and States that have conducted these campaigns (NCHRP, under review, Strategy D1).

Time to implement: A good campaign, including market research, message development and testing, and implementation, will require at least six months to plan and implement.

4.2 Communications and Outreach: Awareness of Motorcyclists

Effectiveness: ★	Use: Unknown	Cost: Varies	Time: Medium
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When motorcycles crash with other vehicles, the other vehicle driver usually violates the motorcyclist's right-of-way (Clarke et al., 2007; Elliott et al., 2007; NCHRP, under review, Strategy F3; NHTSA, 2000a). Motorcycles and motorcyclists obviously are a smaller visual target than cars or trucks. Motorcyclists may not be conspicuous (see Chapter 5, Section 4.1). Also, drivers may not expect to see motorcycles on the road and may not anticipate how motorcycles are likely to be driven or understand their limitations (NCHRP, under review, Strategy F3; NHTSA, 2000a).

Several States have conducted communications and outreach campaigns to increase other drivers' awareness of motorcyclists. Typical themes are "Share the Road" or "Watch for Motorcyclists." Some States build a campaign around a "Motorcycle Awareness Month," often in May, early in the summer riding season. Many motorcyclist organizations, including MSF, SMSA, the Gold Wing Road Riders Association, and State and local rider groups, have driver awareness material available. See NHTSA (2006a, Section 5) and NCHRP (under review, Strategy F3) for links and references. These organizations also make presentations on drivers' awareness of motorcyclists to driver education classes.

As required by SAFETEA-LU, NHTSA developed model language on sharing the road safely with motorcyclists. The model language is appropriate for traffic safety education courses, driver manuals, and other communication and outreach activities (NHTSA, 2007a). NHTSA developed a "Share the Road" program planner for use by States, communities, and the motorcycling community (see www.nhtsa.gov/planners/ShareTheRoad2008/).

Use: The number of States that conduct campaigns to increase drivers' awareness of motorcycles and motorcyclists is not known. NHTSA (2006a, Section 5) and NCHRP (under review, Strategy F3) provide examples or links to campaigns from a dozen States.

Effectiveness: There are no evaluations of the effectiveness of campaigns to increase driver awareness of motorcyclists (NCHRP, under review, Strategy F3).

Costs: Good communications and outreach campaigns can be expensive to develop and implement: see Chapter 2, Section 3.1. Motorcyclist awareness material is available from various sources including the MSF, other motorcyclist organizations, and States that have conducted these campaigns (NCHRP, under review, Strategy F3).

Time to implement: A good campaign, including market research, message development and testing, and implementation, will require at least six months to plan and implement.

Motorcycle Safety References

Baer, J. D., Baldi, S., & Cook, A. L. (2005). *Promising Practices in Motorcycle Rider Education and Licensing*. Publication No. DOT HS 809 922. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/MotorcycleRider/

Baer, J. D., Cook, A. L., & Baldi, S. (2005). *Motorcycle Rider Education and Licensing: A Review of Programs and Practices*. Publication No. DOT HS 809 852. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/McycleRiderWeb/pages/index.htm

Bayly, M., Regan, M., & Hosking, S. (2006). *Intelligent Transport Systems and Motorcycle Safety*. (Report No. 260). Victoria, Australia: Monash University Accident Research Centre. www.monash.edu.au/muarc/reports/muarc260.pdf

Becker, L. R., McKnight, A. S., Nelkin, V. S., & Piper, D. L. (2003). *Drinking, Riding, and Prevention: A Focus Group Study*. Publication No. DOT HS 809 490. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/DrinkRidePrevent/index.htm#TABLE%20OF%20CONTENTS

Braver, E. R., Kufera, J. A., Volpini, K. D., Lawpoolsri, S., Joyce, J. J., Alexander, M. T., & Ellison-Potter, P. (2007). Persuasion and licensure: A randomized controlled intervention trial to increase licensure rates among Maryland motorcycle owners. *Traffic Injury Prevention, 8*, 39-46.

Clarke, D. D., Ward, P., Bartle, C., & Truman, W. (2007). The role of motorcyclist and other driver behaviour in two types of serious accident in the UK. *Accident Analysis and Prevention*, in press.

Coben, J. H., Steiner, C. A., & Miller, T. R. (2007). Characteristics of motorcycle-related hospitalizations: Comparing states with different helmet laws. *Accident Analysis and Prevention, 39*, 190-196.

Cummings, P., Rivara, F. P., Olson, C. M., & Smith, K. M. (2006). Changes in traffic crash mortality rates attributed to use of alcohol, or lack of a seat belt, air bag, motorcycle helmet, or bicycle helmet, United States, 1982-2001. *Injury Prevention, 12*, 148-154.

Deuterman, W. (2004). *Motorcycle Helmet Effectiveness Revisited*. Publication No. DOT HS 809 715. Washington, DC: National Highway Traffic Safety Administration. www.nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/Rpts/2004/809-715/pages/TRDpage.html

Elliott, M. A., Baughan, C. J., & Sexton, B. F. (2007). Errors and violations in relation to motorcyclists' crash risk. *Accident Analysis and Prevention, 39*, 491-499.

GAO. (1991). *Highway Safety: Motorcycle Helmet Laws Save Lives and Reduce Costs to Society*. Washington, DC: U.S. General Accounting Office (now the General Accountability Office).

Gilbert, H., Chaudhary, N., Solomon, M., Preusser, D., & Cosgrove, L. (2008). *Evaluation of the Reinstatement of the Helmet Law in Louisiana*. Publication No. DOT HS 810 956. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810956.pdf

Glassbrenner, D., & Ye, J. (2006). *Motorcycle Helmet Use in 2006 - Overall Results*. Publication No. DOT HS 810 678. Washington, DC: National Highway Traffic Safety Administration.

www-nrd.nhtsa.dot.gov/Pubs/810678.PDF

Hedlund, J., Shults, R. A., & Compton, R. (2003). What we know, what we don't know, and what we need to know about graduated driver licensing. *Journal of Safety Research*, 34, 107-115. <http://downloads.nsc.org/pdf/HedlundShultsCompton.pdf>

Hedlund, J., Shults, R. A., & Compton, R. (2006). Graduated driver licensing and teenage driver research in 2006. *Journal of Safety Research*, 37, 107-121.

Houston, D. J. (2007). Are helmet laws protecting young motorcyclists? *Journal of Safety Research*, 38, 329-336.

Houston, D. J., & Richardson, L. E. (2008). Motorcyclist fatality rates and mandatory helmet-use laws. *Accident Analysis and Prevention*, 40, 200-208.

Hurt, H. H., Ouellet, J. V., & Thom, D. R. (1981). *Motorcycle Accident Cause Factors and Identification of Countermeasures, Volume 1: Technical Report*. Publication No. DOT HS-5-01160. Washington, DC: National Highway Traffic Safety Administration.

IIHS. (2007). These machines are designed for the racetrack. *Insurance Institute for Highway Safety Status Report* 42: no. 9.

IIHS. (2008a). *History of U.S. motorcycle laws and changes in coverage*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/state_laws/helmet_history.html

IIHS. (2008b). *Current US Motorcycle and Bicycle Helmet Laws, July 2008*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/HelmetUseCurrent.aspx

Jones, M. M., & Bayer, R. B. (2007). Paternalism & its discontents: Motorcycle helmet laws, libertarian values, and public health. *American Journal of Public Health*, 97, 208-217.

Jones, R. K., Shinar, D., & Walsh, J. M. (2003). *State of Knowledge of Drug-Impaired Driving*. Publication No. DOT HS 809 642. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/research/StateofKnwlegeDrugs/StateofKnwlegeDrugs/index.html

Kyrychenko, S. Y., & McCartt, A.T. (2006). Florida's weakened motorcycle helmet law: Effects on death rates in motorcycle crashes. *Traffic Injury Prevention* 7, 55-60.

Liu, B. C., Ivers, R., Norton, R., Blows, S., & Lo, S. K. (2008). Helmets for Preventing Injury in Motorcycle Riders. *The Cochrane Database of Systematic Reviews: Issue 1*. Art No.: CD004333. DOI: 10.1002/14651858.CD0433.pub3.
mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004333/pdf_fs.html

Mayhew, D. R., & Simpson, H. M. (1996). *Effectiveness and Role of Driver Education and Training in a Graduated Licensing System*. Ottawa, ON: Traffic Injury Research Foundation.
www.trafficinjuryresearch.com/publications/pub_details.cfm?intPubID=65

Mayhew, D. R., & Simpson, H. M. (2001). *Graduated Licensing for Motorcyclists*. Ottawa, ON: Traffic Injury Research Foundation.
www.trafficinjuryresearch.com/publications/PDF_publications/GDL_for_Motorcyclists_Report.pdf

Morris, C. C. (2006). Generalized linear regression analysis of association of universal helmet laws with motorcyclist fatality rates. *Accident Analysis and Prevention* 38, 142-147.

MSF. (2002). *State Motorcycle Operator Licensing - 2002*. Irvine, CA: Motorcycle Safety Foundation.

MSF. (2007). *State On-Highway Motorcycle Equipment Requirements*. Irvine, CA: Motorcycle Safety Foundation.

NCHRP. (under review). *A Guide for Addressing Collisions Involving Motorcycles*. Washington, DC: Transportation Research Board. www.ch2m.com/nchrp/over/default.htm

NHTSA. (1996). *Do Motorcycle Helmets Interfere with the Vision and Hearing of Riders?* Traffic Tech No. 127 Washington, DC: National Highway Traffic Safety Administration.

NHTSA. (2000a). *National Agenda for Motorcycle Safety*. Publication No. DOT HS 809 156. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/00-NHT-212-motorcycle/index.html

NHTSA. (2000b). *The Detection of DWI Motorcyclists*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/610DWIMotorcyWeb/pages/index.htm

NHTSA. (2003). *The National Highway Traffic Safety Administration Motorcycle Safety Program*. Publication No. DOT HS 809 539. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.gov/people/injury/pedbimot/motorcycle/motorcycle03/index.htm

NHTSA. (2004). *How to Identify Unsafe Motorcycle Helmets*. Publication No. DOT HS 807 880 (revised). Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/UnsafeHelmetID/images/UnsafeHelmets.pdf

NHTSA. (2006a). *Implementation Guide for the National Agenda for Motorcycle Safety*. Publication No. DOT HS 810 680. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/NAMS2006/images/ImplementationGuide.pdf

NHTSA. (2006b). *2006 Motorcycle Safety Program Plan*. Publication No. DOT HS 810 615. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/MotorcycleSafety2006.pdf

NHTSA. (2007a). *Share the Road with Motorcycles*. Publication No. DOT HS 809 713. NHTSA. www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/ShareTheRoad/

NHTSA. (2007b). *Traffic Safety Facts, Research Note: Summary of Novelty Helmet Performance Testing*. Publication No. DOT HS 810 752. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Studies%20&%20Reports/Associated%20Files/Novelty_Helmets_TSF.pdf

NHTSA. (2008a). *Traffic Safety Facts 2006 (Final Edition)*. Publication No. DOT HS 810 818. Washington, DC: National Highway Traffic Safety Administration.

www-nrd.nhtsa.dot.gov/Pubs/TSF2006FE.PDF

NHTSA. (2008b). *Traffic Safety Facts, 2007 Data: Motorcycles*. Publication No. DOT HS 810 990. Washington, DC: National Highway Traffic Safety Administration.

www-nrd.nhtsa.dot.gov/Pubs/810990.PDF

NHTSA. (under review). *Guidelines for Motorcycle Operator Licensing*. Washington, DC: National Highway Traffic Safety Administration.

Olsen, P. L., Halstead-Nussloch, R., & Sivak, M. (1979). *Development and Testing of Techniques for Increasing the Conspicuity of Motorcycles and Motorcycle Drivers*. Washington, DC: National Highway Traffic Safety Administration.

<http://deepblue.lib.umich.edu/bitstream/2027.42/487/2/43121.0001.001.pdf>

Preusser, D. F., Hedlund, J. H., & Ulmer, R. G. (2000). *Evaluation of Motorcycle Helmet Law Repeal in Arkansas and Texas*. Publication No. DOT HS 809 131. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/EvalofMotor.pdf

Stuster, J. (1993). *The Detection of DWI Motorcyclists*. Publication No. DOT HS 807 839. Washington, DC: National Highway Traffic Safety Administration.

Ulmer, R. G., & Preusser, D. F. (2003). *Evaluation of the Repeal of Motorcycle Helmet Laws in Kentucky and Louisiana*. Publication No. DOT HS 809 530. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/kentucky-la03/TecDoc.htm

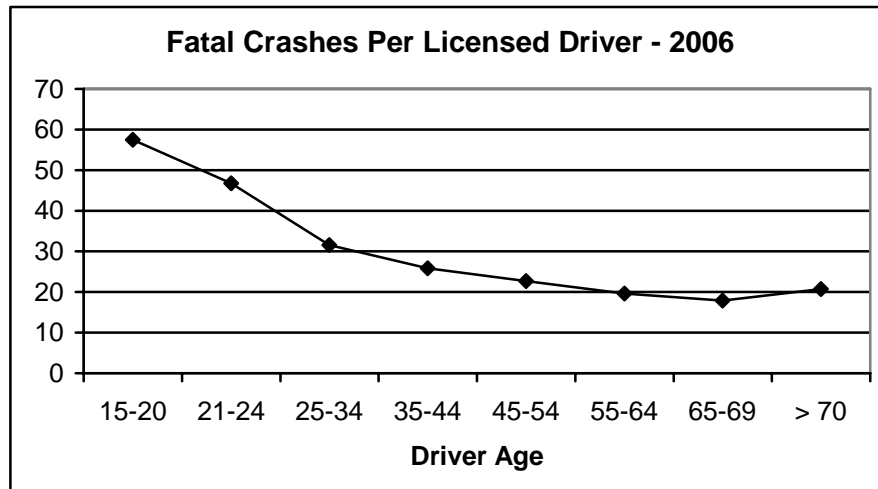
Ulmer, R. G., & Northrup, V. S. (2005). *Evaluation of the Repeal of the All-rider Motorcycle Helmet Law in Florida*. Publication No. DOT HS 809 849. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/pedbimot/motorcycle/FlaMCReport/images/FloridaMCReportscr1.pdf

U.S. DOT. (2007). *U.S. Department of Transportation Action Plan to Reduce Motorcycle Fatalities*. Publication No. DOT HS 810 855. Washington, DC: U.S. Department of Transportation.
www.nhtsa.gov/staticfiles/DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/4640-report2.pdf

6. Young Drivers

Overview

Motor vehicle crashes are the leading cause of death for teenagers in the United States. In 2007, 3,174 drivers age 15 to 20 were killed and another 252,000 were injured in motor vehicle crashes (NHTSA, 2008a). In comparison with adult drivers, young drivers are substantially over-involved in crashes. In 2006, drivers age 15 to 20 were 6.4% of all licensed drivers in the United States, 13% of drivers in fatal crashes, and 15% of drivers in all crashes (NHTSA, 2008a).



Fatal crashes per 100,000 drivers (FARS)
Source: Traffic Safety Facts (NHTSA, 2007)

Per mile driven, young drivers are even more over-involved. From April 2001 through March 2002, young drivers were involved in 7.4 fatal crashes per 100 million miles of travel, compared to 4.3 for drivers 20 to 24 and 1.6 for drivers 30 to 59 years old (IIHS, 2008a).

Trends. Between 1996 and 2005, there was a 42% decrease in the fatal crash rate for 16-year-old drivers (from 33 to 19 per 100,000 population). For 17-year-olds, fatal crash rates declined by 23%. By comparison, fatal crashes rates declined by 15% among adult drivers ages 30-59. There was a similarly large decrease (41%) in police-reported crash involvements among 16-year-old drivers, as well as substantial decreases in nighttime fatal crashes and fatal crashes involving passengers (Ferguson, Teoh, & McCartt, 2007). The reasons for the dramatic reductions in fatal and police-reported crashes among 16-year-olds are not entirely known; however, it is noteworthy that most States implemented new, multi-stage licensing systems during this time period. Presently, fatal crashes among 16-year-olds are at a historic low (Ferguson et al., 2007).

Young-driver characteristics. Young drivers have high crash risks for two main reasons, as documented by extensive research (summarized in Hedlund, Shults, & Compton, 2003). First, they are inexperienced, just learning to drive. The mechanics of driving require much of their attention, so safety considerations frequently are secondary. They do not have experience in recognizing potentially risky situations or in reacting appropriately and controlling their vehicles in these situations. Second, they are immature, sometimes seeking risks for their own sake, often

not able or willing to think ahead to the potentially harmful consequences of risky actions. In fact, research on adolescent development suggests that key areas of the brain involved in judgments and decision making are not fully developed until the mid-20s (Keating, 2007; Steinberg, 2007).

Inexperience and immaturity combine to make young drivers especially at-risk in four circumstances:

- At night: Driving is more difficult and dangerous at night for everyone; young drivers have less experience driving at night than during the day; they may be tired and may have been drinking (Lin & Fearn, 2003; Williams, 2003).
- After drinking alcohol: Young drivers' inexperience with both driving and drinking means that they have a higher crash risk at all BAC levels than older drivers (Williams, 2003).
- With passengers: Teenage passengers can distract young drivers and encourage them to take risks (Lin & Fearn, 2003; Williams, 2003).
- When unbelted: Seat belts reduce the risk of injury or fatality in a crash (see Chapter 2, Overview), but teenage drivers and passengers have lower belt use rates than older drivers and passengers (Ferguson, 2003).

Strategies to Reduce Crashes Involving Young Drivers

Graduated driver licensing (GDL) addresses both the inexperience and immaturity of young drivers. GDL provides a structure in which beginning drivers gain substantial driving experience in less-risky situations. GDL raises the minimum age of full licensure and helps parents manage their teenage drivers. GDL's effectiveness in reducing crashes has been demonstrated many times (Hartling et al., 2006; Hedlund, Shults, & Compton, 2006; Shope, 2007; Shope & Molnar, 2003; Simpson, 2003).

Driver education was developed to teach both driving skills and safe driving practices. Based on evaluations to date, school-based driver education for beginning drivers does not reduce crashes. Rather, some research shows that it lowers the age at which teenagers become licensed, so its overall effect is to increase crashes (Roberts et al., 2006; Vernick et al., 1999). Current research is investigating ways to integrate driver education with GDL and is developing second-level programs for drivers who have acquired basic driving skills and have been licensed.

Parents play a key role in their teenagers' driving. In many States a parent or guardian must sign the driver's license application for a teenager under 18 and parents can withdraw their approval at any time. Parents can set limits on their teenagers' driving. Through their own driving, parents provide role models for good or bad driving practices. Parents can be involved explicitly and formally, through GDL requirements for a minimum number of hours of supervised driving practice under a learner's permit. Or they can be involved voluntarily and informally. Several parent-teen driving guide programs can provide assistance. At least one driving guide program has successfully encouraged parents to impose more driving restrictions on their teens; however, no program has yet been shown to reduce young driver crashes or fatalities (Simons-Morton, 2007).

Young drivers are subject to two traffic laws that apply only to them: GDL and the zero-tolerance BAC laws discussed in Chapter 1. In addition, they are subject to all other traffic laws. Enforcement is critical if these laws are to have any effect. The law enforcement system faces several problems when dealing with young drivers. In deciding whether to make a traffic stop, it can be difficult for law enforcement officers to determine a person's age to know whether GDL and zero-tolerance laws apply. Moreover, in some situations there may be a tendency for officers not to make arrests or for prosecutors to dismiss charges because the offender is "just a kid." Finally, the legal system imposes additional requirements for people under the age of legal adulthood (18 in most States). See NHTSA and NIAAA (1999) for a discussion of these requirements and processes for alcohol-related offenses.

Young drivers are discussed in other chapters of this guide. See in particular:

- Chapter 1, Alcohol-Impaired Driving, Sections 6.1-6.4 (minimum-drinking-age-21 laws, zero-tolerance BAC laws, school and youth alcohol programs).
- Chapter 2, Seat Belt Use, Sections 3.2 and 4.1 (communications and outreach for low-belt-use groups, school and employer programs).
- Chapter 4, Distracted and Fatigued Driving, Sections 1.1, 2.2, and 3.1 (GDL requirements, communications and outreach, and employer programs).
- Chapter 5, Motorcycle Safety, Section 3.1 (GDL for motorcyclists).

Except for GDL requirements applying to automobile drivers, these discussions are not repeated in this chapter.

Environmental and vehicular strategies can improve safety for young drivers, as they can for all drivers. In recent years, several new technologies have been developed and applied to young drivers. For example, some parents are installing devices on their teenagers' vehicles to monitor the vehicle's location, speed, or other performance characteristics, or to monitor their teenagers' driving behavior (McGehee, Raby, Carney, Lee, & Reyes, 2007; Williamson, 2005).

For an overview of young-driver issues and research, see the papers in the June 2006 Supplement of *Injury Prevention* (ip.bmjournals.com/content/vol12/suppl_1/), or the papers in the special issue of the 2007 *Journal of Safety Research* (www.nsc.org/transportation/gdl/). See also Hedlund, Shults & Compton (2006) for a summary of much of the research on young driver issues. Additionally, an NCHRP Report 500 guide for the American Association of Motor Vehicle Administrators' Strategic Highway Safety Plan provides a detailed discussion of strategies for reducing crashes involving young drivers (NCHRP, 2007).

Key terms

- **GDL:** Graduated Driver Licensing, a three-phase system for beginning drivers consisting of a learner's permit, a provisional license, and a full license. A learner's permit allows driving only while supervised by a fully licensed driver. A provisional license allows unsupervised driving under certain restrictions.

Countermeasures That Work

Countermeasures to improve young-driver safety are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The symbols and terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Graduated Driver Licensing

Countermeasure	Effectiveness	Use	Cost	Time
1.1 Graduated driver licensing (GDL)	★★★★★	High	Medium	Medium
1.2 Learner's permit length, supervised hours	★★★★★	High	Low	Medium
1.3 Intermediate - nighttime restrictions	★★★★★	High	Low	Medium
1.4 Intermediate - passenger restrictions	★★★★★	High	Low	Medium
1.5 Belt use requirements	★★	Low	Low	Medium
1.6 Cell phone restrictions	★★	Medium	Low	Medium
1.7 Intermediate - violation penalties	★	High	Low	Medium

2. Driver Education

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Pre-licensure driver education	None	Medium	High	Long
2.2 Post-licensure driver education	★	Low	High	Long

3. Parents

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Parent roles in teaching and managing	★★	Medium	Low	Short

4. Traffic Law Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
4.1 Enforcement of GDL and zero-tolerance laws	★★★	Unknown	Medium	Short

Effectiveness:

★★★★★ - Demonstrated to be effective by several high-quality evaluations with consistent results

★★★★ - Demonstrated to be effective in certain situations

- ★ ★ ★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★ ★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

- High: more than two-thirds of the States, or a substantial majority of communities
- Medium: between one-third and two-thirds of States or communities
- Low: fewer than one-third of the States or communities
- Unknown: data not available

Cost to implement:

- High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources
- Medium: requires some additional staff time, equipment, facilities, and/or publicity
- Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

- Long: more than one year
- Medium: more than three months but less than one year
- Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Graduated Driver Licensing

1.1 Graduated Driver Licensing

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Medium	Time: Medium
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GDL is a three-phase system for beginning drivers, consisting of a learner’s permit, an intermediate license, and a full license. A learner’s permit allows driving only while supervised by a fully licensed driver. An intermediate license allows unsupervised driving under certain restrictions. These usually include limits on driving at night or with teenage passengers. The learner’s permit and the intermediate license each must be held for a specified minimum period of time.

GDL serves two functions: reducing risk and reducing exposure. GDL allows beginning drivers to acquire driving experience in less-risky situations, under direct supervision during the learner’s permit phase. It helps young drivers avoid dangerous conditions such as late-night driving or driving with teenage passengers in the vehicle during the intermediate phase. GDL delays full licensure by requiring a minimum time in both the learner’s permit and intermediate phases. Compared to earlier requirements in many jurisdictions, where beginning drivers could receive a full license at age 16 (and sometimes earlier) by passing a minimal driving test, GDL reduces the amount of driving by 16-year-olds. GDL also assures that young drivers are more mature when they receive their first unrestricted license.

Most States now have some form of GDL in place. GHSA (2008) and IIHS (2008b) document GDL laws in each State. These Web sites are updated monthly. The papers in the special issue of the 2007 *Journal of Safety Research* describe GDL’s history, components, effectiveness, parental roles, potential enhancements, and research needs (www.nsc.org/transportation/gdl/). Strategies for implementing or improving GDL systems are described in NCHRP’s *Guide for Reducing Collisions Involving Young Drivers* (NCHRP, 2007, strategies A1 through A5). See also NHTSA’s recent *Traffic Safety Facts* on GDL (NHTSA, 2008b).

Use: All States and the District of Columbia had some GDL components in place as of July 2008; 47 States and the District of Columbia had a three-phase GDL system (GHSA, 2008; IIHS, 2008b). Only Arkansas, Kansas and North Dakota still have two-phase licensing systems.

Effectiveness: GDL’s effectiveness in reducing crashes and fatalities has been documented repeatedly (Baker, Chen, & Li, 2007; Hartling et al., 2006; Hedlund et al., 2006; Shope, 2007; Shope & Molnar, 2003; Simpson, 2003). The most restrictive GDL programs – those with at least a six month holding period during the learner stage, a night restriction beginning no later than 10 p.m., and restrictions allowing no more than one teen passenger – are associated with a 38% reduction in fatal crashes among 16-year-old drivers (Baker, Chen, & Li, 2007). In addition to reducing crashes, GDL has been associated with a 36% decline in hospitalization rates for 16-year-old drivers, and a 31% decline in hospital charges (Margolis, Masten, & Foss, 2007).

Costs: GDL’s primary costs result from the intermediate license, which adds to licensing agency workload by requiring each beginning driver to receive three licenses in succession rather than two. These costs are typically covered by small fees charged by the licensing agency.

Time to implement: Licensing changes typically require up to a year to plan, publicize, and implement.

Other issues:

- **GDL provisions:** The specific provisions in current GDL systems vary substantially from State to State. GHSA (2008) and IIHS (2008b) document the main provisions of each State's law. Sections 1.2-1.7 of this Chapter discuss the main provisions in more detail. Mayhew, Simpson, and Singhal (2005) describe GDL standards for Canadian provinces and compare GDL systems in Canada, United States, Australia, and New Zealand.

1.2 GDL Learner's Permit Length, Supervised Hours

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Low	Time: Medium
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With a learner's permit, novices can drive when accompanied by an adult supervisor. The learner's permit allows and encourages beginning drivers to acquire substantial driving experience. To aid this, most States require the learner's permit to be held for a minimum period of time and most require a minimum number of supervised driving hours. NHTSA and IIHS recommend a holding period of at least six months and parental certification of 30 to 50 hours supervised driving (IIHS, 2008b; NHTSA, 2008b). Most States meet or exceed these recommendations.

Use: As of July 2008, 45 States and the District of Columbia required learner's permits to be held for at least six months, with 4 of these States requiring a minimum holding period of a full year. Forty States and the District of Columbia required some minimum number of supervised driving hours: 21 required at least 50 hours, 10 required 40 to 45 hours, 6 required 30 to 35 hours, and 3 required 20 to 25 hours. Some States reduced or eliminated supervised driving requirements for driver education graduates. This is not recommended, since evidence suggests this practice results in *higher* crash rates among young drivers (Mayhew, 2007).

Effectiveness: Several studies, summarized in Mayhew (2003), show that learner's permit drivers in various jurisdictions regularly drive under adult supervision and often exceed the minimum requirement for supervised driving hours. Thus the *combination* of a minimum learner's permit holding period and a supervised driving hour requirement is successful in achieving substantial supervised driving practice. In surveys, both parents and teenagers strongly support GDL overall. In particular, they support the learner's permit holding period and supervised driving requirements (Mayhew, 2003).

Since learner's permit drivers are being supervised, it's not surprising that crash rates during the learner's permit period are very low. For young drivers holding their first unsupervised license, the limited available evidence suggests that crash rates decreased after jurisdictions with no learner's permit holding requirement implemented a six-month requirement (Mayhew, 2003). Baker, Chen and Li (2006) found that the combination of a learner's permit holding period of at least three months and a supervised driving requirement of 30 or more hours reduced fatal crash involvements by 18%.

Costs: Once GDL is in place, requirements for the learner's permit can be implemented at very little cost.

Time to implement: GDL requirement changes typically require about six months to notify the public and implement the changes.

1.3 GDL Intermediate License Nighttime Restrictions

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Low	Time: Medium
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Driving at night increases the fatal crash risk per mile of travel for all drivers, and especially for teenage drivers (Hedlund, Shults, & Compton, 2003; Williams, 2003). At night, driving is more difficult, driver fatigue is more common, and alcohol is more likely to be used. Many intermediate license drivers have limited experience driving at night. For all of these reasons, a night driving restriction helps reduce risk for intermediate level drivers.

The restricted hours vary widely, from “sunset to sunrise” or 6 p.m. to 6 a.m. in the most restrictive States, to 1 a.m. to 5 a.m. in the least restrictive (GHSA, 2008; IIHS, 2008b). The most common hours are 11 p.m. or midnight to 5 or 6 a.m. NHTSA and IIHS recommend a 9 or 10 p.m. starting time (IIHS, 2008b; NHTSA, 2008b); however, but only 9 States start their restrictions as early as 10 p.m. A starting time earlier than midnight will prevent more crashes, especially since teenage driver crashes occur more frequently before midnight than after (Foss & Goodwin, 2003; Williams, 2003).

Use: As of July 2008, 46 States and the District of Columbia restricted intermediate license drivers from driving during specified nighttime hours. Many States allowed driving during the restricted hours for work or school-related activities (GHSA, 2008; IIHS, 2008b).

Effectiveness: The effectiveness of nighttime driving restrictions in reducing both nighttime driving and nighttime crashes has been demonstrated conclusively (Hedlund et al., 2003; Hedlund & Compton, 2004; Hedlund & Compton, 2005; Lin & Fearn, 2003; Williams, 2007).

Costs: Once GDL is in place, a nighttime driving restriction can be implemented or modified at very little cost.

Time to implement: GDL requirement changes typically require about six months to notify the public and implement the changes.

1.4 GDL Intermediate License Passenger Restrictions

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Low	Time: Medium
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Passengers substantially increase the crash risk for teenage drivers, especially the youngest drivers. Each additional passenger produces an additional increase in crash risk. In contrast, passengers decrease crash risk for drivers 30 to 59 years old (Williams, 2003; Williams, Ferguson, & McCartt, 2007). To reduce the risk to teen drivers, most States include a passenger restriction in their GDL requirements for intermediate licensees. NHTSA and IIHS recommend a restriction of not more than one teenage passenger (IIHS, 2008b; NHTSA, 2008b).

Use: As of July 2008, 40 States and the District of Columbia restricted in some way the number of passengers who can be carried by an intermediate license driver (GHSA, 2008; IIHS, 2008b). The most common passenger restrictions limit teenage drivers to zero or just one passenger. Some restrictions apply to all passengers and some only to passengers younger than a specified age. Some restrictions apply only during the initial months of the intermediate license. A few States allow exceptions for transporting family or household members.

Effectiveness: There is growing evidence that passenger restrictions are effective in reducing young driver crashes, though the restrictions sometimes are violated (Goodwin & Foss, 2004; Williams, 2007). California allows no passengers younger than 20 for teenagers who hold an intermediate license. Four recent studies demonstrate the positive effects of this restriction. For example, one study showed a 38% decrease in 16-year-old driver crashes in California in which a teen passenger was killed or injured (Williams, 2007). Another recently completed NHTSA study evaluated passenger restrictions in three States: California, Massachusetts, and Virginia. Results showed that 16-year-old-driver crashes were reduced in all three States, as were motor vehicle related injuries among 15- to 17-year-olds (Chaudhary, Williams, & Nissen, 2007).

Costs: Once GDL is in place, a passenger restriction can be implemented at very little cost.

Time to implement: GDL requirement changes typically require about six months to notify the public and implement the changes.

1.5 GDL Belt Use Requirements

Effectiveness: ★ ★	Use: Low	Cost: Low	Time: Medium
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Properly worn seat belts can dramatically reduce the risk of injury or death to vehicle occupants in the event of a crash (NHTSA, 1999). Seat belts are particularly important for teenage drivers because of their elevated crash risk. Nonetheless, teenage drivers and passengers have lower seat belt use rates than older drivers and passengers (Ferguson, 2003).

Young drivers are covered by seat belt laws in all States (with the exception of New Hampshire, which only requires seat belts for people under age 18) (Williams, 2007). Six States have primary enforcement belt use laws for passengers under 18 or 19 but secondary enforcement for older passengers (Glassbrenner, 2004; see also Chapter 2, Sections 1.1 and 1.4). Some States explicitly require belt use under their GDL laws. NHTSA recommends that States require all GDL license holders and their passengers to be belted (NHTSA, 2008b). An explicit belt use requirement in a State's GDL law may have more influence on beginning drivers than the State's overall belt use law, especially in States with primary enforcement for young drivers and in States where seat belt violations result in delayed graduation to the next GDL stage.

Use: In 2005, GDL laws in 15 States explicitly required belt use (AAA, 2005). Sanctions for violating this requirement varied across the States.

Effectiveness: To date, there has been only one evaluation of the effects of explicit belt use requirements in GDL laws. Tennessee and Wisconsin both have a seat belt restriction within their States' GDL program. Evaluations of the restrictions in these two States found little, if any, effect on teen driver belt use (Freedman & Levi, 2008). One problem is that teens (and parents) may not be aware when seat belt laws are part of a State's GDL system. For example, surveys in North Carolina have shown very high awareness for the State's nighttime and passenger restrictions, but only 3% of teens and 5% of parents are aware of the special GDL provision concerning seat belts (Goodwin & Foss, 2004).

Costs: Once GDL is in place, a belt use requirement can be implemented at very little cost.

Time to implement: GDL requirement changes typically require about six months to notify the public and implement the changes.

1.6 GDL Cell Phone Restrictions

Effectiveness: ★ ★	Use: Medium	Cost: Low	Time: Medium
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Cell phones may distract drivers, as discussed in Chapter 4, Section 1.2. Cell phones are more commonly used by young drivers than adult drivers (NHTSA, 2008c), and they may pose greater risks for young drivers for the reasons outlined in the Overview (see also Ferguson, 2003). To reduce this risk, a growing number of States include cell phone restrictions in their GDL laws. NHTSA recommends that teens not be permitted to use portable electronic communication and entertainment devices while driving (NHTSA, 2008b). See Chapter 4, Section 1.2 for a discussion of cell phone laws applying to all drivers.

Use: Twenty States and the District of Columbia prohibit cell phone use for some young drivers. In most States, these cell phone restrictions cover teenagers holding a learner's permit or intermediate license, although in some States the restrictions cover all drivers under a certain age, such as 18 or 19 (GHSA, 2008; IIHS 2008b). California, Connecticut, New Jersey, New York, Washington, and the District of Columbia prohibit handheld cell phone use by all drivers (see Chapter 4, Section 1.2).

Effectiveness: One recent study examined the short-term effects of a teenage driver cell phone restriction (Foss, Goodwin, McCartt, & Hellinga, 2008). In North Carolina, teenage driver cell phone use was observed one month before and five months after a ban on cell phones took effect. The proportion of teens using cell phones while driving was unchanged following the law. Telephone interviews with parents and teens found that support for the restriction was high among both parents (95%) and teens (74%), but awareness for the restriction was only moderate. There was also very little perceived (and actual) enforcement of the law. Hence, it appears that publicity and enforcement are key to obtaining compliance with teen driver cell phone restrictions (Foss et al., 2008).

Costs: Once GDL is in place, a cell phone restriction can be implemented at very little cost.

Time to implement: GDL requirement changes typically require about six months to notify the public and implement the changes.

1.7 GDL Intermediate License Violation Penalties

Effectiveness: ★	Use: High	Cost: Low	Time: Medium
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Probationary licensing preceded graduated licensing. Probationary licensing had no intermediate phase, so that beginning drivers received a full and unrestricted license after their learner's permit. However, the initial full licensure period was probationary in that the license could be revoked or suspended, or some driver improvement actions could be required, at a lower threshold than for drivers with a standard non-probationary license (Simpson, 2003).

The probationary feature has been included in the intermediate phase of graduated licensing, typically by delaying full licensure until the intermediate licensee has demonstrated a good driving record. For example, NHTSA recommends that States require intermediate license holders to remain crash and conviction free for at least 12 consecutive months before full licensure (NHTSA, 2008b).

Use: Almost all States penalize some GDL or traffic law violations by delaying full licensure (IIHS & TIRF, 2004).

Effectiveness: The few evaluations of early stand-alone probationary license systems generally found no substantial benefits (McKnight & Peck, 2003; Simpson, 2003). No recent evaluations have attempted to separate out the effect of penalties for GDL or other traffic law violations from the overall effects of GDL.

An enforcement/education program dubbed "Ticket Today = License Delay" highlighted the resulting delay in licensure for teenagers who are convicted of a moving violation, seat belt violation or GDL violation. Although teens and their parents clearly perceived the increased enforcement, the program had only minimal effects on seat belt use and compliance with GDL restrictions (Goodwin, Wells, Foss, & Williams, 2006). In general, it appears that awareness of penalties for license violations among parents and teens is relatively low, enforcement is rare, and licensing delays are not always applied even when violations are enforced (Goodwin & Foss, 2004; Steenbergen et al., 2001; Williams, 2007).

Costs: Once GDL is in place, penalties for violating its provisions can be changed at very little cost.

Time to implement: GDL requirement changes typically require about six months to notify the public and implement the changes.

2. Driver Education

2.1 Pre-Licensure Driver Education

Effectiveness: None	Use: Medium	Cost: High	Time: Long
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Driver education has long been advocated and used to teach both driving skills and safe driving practices. Driver education in high schools grew in popularity in the 1950s, using a standard curriculum of at least 30 hours classroom instruction and 6 hours on-the-road driving practice. By about 1970, approximately 14,000 high schools taught driver education to about 70% of all eligible teenagers. Many States and insurance companies encouraged driver education: States licensed graduates at an earlier age and insurance companies reduced auto insurance premiums for graduates. During the 1980s driver education offerings decreased as State and Federal funding for driver education decreased. By the early 1990s fewer than half of all high schools offered driver education and the majority of beginning drivers did not take driver education. See Smith (1994) or Mayhew (2007) for a concise review of the history of driver education in the United States.

The evaluations to date find that driver education does not improve safety. Roberts et al. (2006) concluded from three well-designed evaluations in Australia, New Zealand, and the United States that driver education lowers the age at which teenagers become licensed but does not affect their crash rates once they do become licensed. The net effect of driver education is to increase crashes because it puts more young drivers on the road. Vernick et al. (1999) reached the same conclusion from a review of nine studies, eight from the United States and one from Australia. It has been suggested that safety outcomes are not appropriate or fair measures for driver education, and that a safety benefit for driver education courses is an unrealistic expectation (Waller, 2003).

The study most familiar in the United States is the extensive NHTSA-sponsored study in DeKalb County, Georgia, in the late 1970s. Over 16,000 students were randomly assigned to three groups: standard driver education; an 80-hour long course including classroom, simulation, driving range, and on-the-road components; and a control group of no formal driver education. The initial analysis found no significant difference in crashes or traffic violations among the three groups (Smith, 1994). A second analysis, which tracked the students' driving records for a longer period of time, found a slight crash reduction for standard course graduates during their first months of driving only, and no difference between the long course and no course graduates (Smith, 1994). See Vernick (1999) for brief summaries of all DeKalb study analyses.

Based primarily on these results, NHTSA dropped driver education from its list of priority highway safety program areas for States (Smith, 1994). NHTSA concluded that driver education should be integrated into a GDL program. It also concluded that driver education should be "distributed over time." NHTSA proposed a two-stage driver education system, both pre-licensure and post-licensure. See Chapter 6, Section 2.2, for further discussion.

As of July 2008, 7 States encouraged driver education by lowering the minimum learners, intermediate, or unrestricted licensing age for driver education graduates or by reducing the required number of supervised driving hours (IIHS, 2008b). Research shows that driver

education “discounts” increase, rather than reduce, crashes (Mayhew, 2007). For example, a study in British Columbia found that crash rates were 27% higher for driver education graduates, who reduced their learner’s permit holding period by three months, than for non-graduates (Wiggins, 2004).

Use: The American Driver and Traffic Safety Education Association (ADTSEA) recently completed an investigation of driver education requirements in the U.S. (ADTSEA, 2008). Presently, 33 States and the District of Columbia require some form of driver education before licensure. Most commonly this includes 30 hours of classroom instruction and 6 hours of behind-the-wheel practice, although requirements vary considerably across States. For example, some States require novices to obtain a certain number of hours practice on a driving simulator. Other States require practice on certain types of roadways, such as highways (ADTSEA, 2008). No data are currently available on commercial driver education courses or students.

Effectiveness: Driver education leads to earlier licensure but does not reduce crash rates (Mayhew, 2007; Roberts et al, 2006; Vernick et al., 1999). Nonetheless, there has been a growing interest in improving and evaluating driver education. Future directions for driver education were summarized in a research circular by the Transportation Research Board (TRB, 2006). In addition, the AAA Foundation for Traffic Safety has produced a series of publications that provide practical information on how to conduct evaluations of driver education (Clinton & Lonerio, 2006). NHTSA is currently partnering with the AAA Foundation for Traffic Safety and the Centers for Disease Control to conduct a comprehensive evaluation of driver education in selected sites.

Costs: Even a minimal driver education course of 30 hours in the classroom and 6 hours on the road requires extensive funds. Driver education also requires students to find time for it in their schedules of high school classes, extracurricular and summer activities, and jobs.

Time to implement: A driver education course requires at least a year to plan and implement.

2.2 Post-Licensure or Second-Tier Driver Education

Effectiveness: ★	Use: Low	Cost: High	Time: Long
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As discussed in Chapter 6, Section 2.1, standard pre-licensure driver education leads to earlier licensure but does not reduce crash rates. Based on this conclusion, driver education research has sought to develop post-licensure driver education curricula and to integrate driver education with GDL (Smith, 1994). These “second-tier” post-licensure courses teach safety-related information, building on the on-road experience that the students have acquired in their initial months of driving. They should not be confused with “advanced driving performance” courses that teach driving skills such as panic braking, skid control, and evasive lane-changing maneuvers.

Previous post-licensure driver education courses were remedial, directed at drivers who had accumulated enough violations or crashes to warrant some attention. For this audience, driver education had no effect (Ker et al., 2005, 2006).

Initiatives in Australia and Europe may provide insight on potential approaches for post-license training for beginning drivers (Senserrick, 2007; Twisk & Stacey, 2007). Christie and colleagues have developed a model “best practice” curriculum for intermediate license drivers with at least six months of driving experience in Australia (Christie, Harrison, & Johnston, 2004). The 8-hour curriculum consists of eight modular sessions with a mentor or coach, including one-on-one driving and discussion, group observation and discussion of driving behavior, and telephone follow-up. A trial involving 14,000 intermediate drivers in New South Wales and Victoria, funded by a consortium of government bodies, insurers, industry groups, and automobile clubs, began in 2005.

NHTSA has completed a feasibility study in anticipation of a major evaluation of the benefits of an integrated driver education and GDL program (Hedlund & Compton, 2005).

Use: Post-licensure driver education is still under development. Michigan is the only State that has adopted a two-stage system of driver education (Mayhew, 2007).

Effectiveness: Post-licensure driver education has not yet been evaluated.

Costs: If a post-licensure driver education program proves to be effective, it likely will require substantial funds to implement.

Time to implement: Any course requires at least a year to plan and implement.

3. Parents

3.1 Parental Role in Teaching and Managing Young Drivers

Effectiveness: ★ ★	Use: Medium	Cost: Low	Time: Short
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Most parents are heavily involved in teaching driving skills to their beginning teenage drivers and supervising their driving while they have a learner's permit. Parents are in the best position to enforce GDL restrictions for intermediate drivers, and many parents impose additional driving restrictions on their teenagers. Parents strongly support GDL; however, many parents do not understand the dangers of high-risk situations, such as driving with teenage passengers. Parents could use guidance and assistance in teaching and managing their teenage drivers (Hedlund et al., 2003; NCHRP, 2008, Strategies C1-C3). Simons-Morton and Ouimet (2006) summarize the research on parent involvement in teen driving.

Many programs to assist parents and beginning drivers have been developed. Five examples follow. Only two, *Checkpoints* and *The Novice Driver's Road Map*, have been evaluated.

The central feature of the *Checkpoints* program, developed by Simons-Morton and colleagues at the National Institute of Child Health and Human Development, is a written agreement that parents and teens sign. The agreement limits teens' driving under various higher-risk situations, such as driving at night, with other teens in the car, or in bad weather. A supporting video and periodic newsletters explain the risks that new drivers face and reinforce the need for parents to limit their newly licensed teens' driving under these risky conditions (Simons-Morton & Hartos, 2003).

Driving Skills for Life, developed by Ford and GHSA, emphasizes four skills: hazard recognition, vehicle handling, space management, and speed management (Ford and GHSA, 2003). The program's educational kit includes a video, guide, and brochure, and the Web site contains online learning material, parental tips and a coaching guide. It has been sent to every public high school in the United States and has reached an estimated 4 million teenagers and their parents.

Road Ready Teens, developed by DaimlerChrysler together with AAA, MADD, and the National Safety Council, provides a parent's guide, a parent-teen contract, and a video game and Road Ready Reality Check quiz for teens (DaimlerChrysler, 2003).

The National Safety Council released its 68-page book, *Teen Driver: A Family Guide to Teen Driver Safety*, in 2004 (NSC, 2004). The book provides information and advice to parents and teens on crash risks, how to develop a family plan and written agreement for beginning drivers, and GDL components and restrictions.

Finally, *The Novice Driver's Road Map*, produced by the Network of Employers for Traffic Safety, describes eight driving situations of increasing difficulty, from driving in an empty parking lot to driving at night and in inclement weather. Parents complete a checklist when practice has been obtained in each driving situation. *The Road Map* also includes a brief insert,

called *The Coach's Gamebook*, with advice for parents of beginning drivers and a parent-teen driving contract.

Use: Checkpoints is still being tested and has not been released to the general public. *Teen Driver* and *The Road Map* can be provided to individual families upon request. *Driving Skills for Life* and *Road Ready Teens* are available on the Web.

Effectiveness: Results from testing in several States show that the *Checkpoints* program produces modest increases in parents' restrictions on teen driving (Simons-Morton & Hartos, 2003; Simons-Morton, Hartos, Leaf, & Preusser, 2005). However, a study in Connecticut found no differences in violations or crashes for families who participated in the *Checkpoints* program when compared with families who did not participate in the program (Simons-Morton, Hartos, Leaf, & Preusser, 2006).

With *The Road Map*, two separate evaluations found the material had little effect on parents. In each study, *The Road Map* was provided to parents of teens who had just received their learner's permits. Although parents said that the information was helpful, they used the guidance material in only a general way. The information had no effect on the amount or type of supervised driving during the learner's stage or on parental restrictions on driving after licensure (Chaudhary, Ferguson, & Herbel, 2004; Goodwin, Waller, Foss, & Margolis, 2006).

Although evaluations of programs to assist parents have not yet shown reductions in young driver crashes, there is still reason to be optimistic. Programs such as *Checkpoints* have increased parent limit setting, and several studies show that teenagers whose parents impose more strict driving limits report fewer risky driving behaviors, traffic violations and crashes (see Simons-Morton, 2007, for a review). Educational programs alone are unlikely to produce changes in behavior. However, education in combination with other strategies may deliver stronger results.

Costs: *Driving Skills for Life* and *Road Ready Teens* are available on the Web at no cost. *Teen Driver* and *The Road Map* are available to parents and teenagers at minimal cost.

Time to implement: The Checkpoints program has not been released for use by the general public. The other four programs are available immediately.

4. Traffic Law Enforcement

4.1 Enforcement of GDL and Zero-Tolerance Laws

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Medium	Time: Short
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Two traffic laws apply only to young drivers: GDL laws and zero-tolerance laws that set a maximum BAC of .02 or less for drivers under the age of 21. As discussed in Chapter 1, Section 6.1, zero-tolerance laws are not actively publicized or enforced. It's likely that increased publicity and enforcement would reduce teenage drinking and driving.

GDL laws, discussed in Chapter 6, Sections 1.1-1.7, also appear not to be enforced vigorously. Some GDL provisions such as nighttime driving restrictions are inherently difficult to enforce because violations are difficult to detect (Hedlund et al, 2003). A study in one State found that intermediate license drivers and their parents were quite aware of their GDL law's nighttime and passenger restrictions. Both restrictions were violated, though not frequently. Teenagers expressed little concern regarding GDL enforcement. Although surveys of law enforcement officers found that most were supportive of GDL, officers were not familiar with GDL details and considered GDL enforcement a low priority (Goodwin & Foss, 2004). Another recently completed study found that teen drivers reported frequently violating passenger restrictions, with and/or without their parents' knowledge/permission, because local police did not routinely enforce GDL restrictions (Chaudhary et al., 2007).

Parents are in the best position to enforce GDL requirements (Chapter 6, Section 3.1). However, some law enforcement support for GDL nighttime driving and teenage passenger restrictions may be useful to emphasize that the requirements are serious. GDL law violations are penalized by driver license actions, such as suspension or revocation of the learner's permit or intermediate license or an extension of the time before full licensure. This means that they can be applied administratively and do not involve criminal court proceedings. As noted in Chapter 1, Section 6.1, administrative penalties for zero-tolerance laws are far easier to enforce than criminal penalties.

Use: The amount of enforcement of zero-tolerance and GDL laws is unknown but probably is low.

Effectiveness: Zero-tolerance law publicity and enforcement likely will reduce teenage drinking and driving, as discussed in Chapter 1, Section 6.1. Similarly, high-visibility enforcement of GDL provisions should encourage compliance with nighttime and passenger restrictions. One study investigated whether well-publicized enforcement, including checkpoints near high schools, could increase compliance with seat belt laws and GDL provisions. The study found only modest increases in seat belt use and compliance with the GDL passenger restriction, although levels of compliance prior to the enforcement efforts were already high (Goodwin, Wells, Foss, & Williams, 2006).

Costs: See Chapter 1, Section 6.1, for zero-tolerance law enforcement strategies and costs. GDL law enforcement costs will depend on how the enforcement is conducted. Enforcement through regular patrols will require moderate costs for training. Special patrols or checkpoints will

require additional staff time. All enforcement will require good publicity to both teens and parents. Publicity to teens can be delivered through high schools, colleges, recreational venues attended by youth, and media directed to youth.

Time to implement: Enforcement programs can be implemented within three or four months, as soon as appropriate training, publicity, and equipment are in place.

Other issues:

- **Compliance with restrictions:** Several studies have shown that teenagers do not always comply with GDL restrictions (Goodwin & Foss, 2004; Williams, Nelson & Leaf, 2002). To the extent that teens do not adhere to restrictions, the effectiveness of GDL may be reduced. It should be noted, however, that GDL has been shown to be effective even in the absence of police enforcement. For example, focus groups with parents and teen drivers conducted in California, Massachusetts, and Virginia revealed that passenger restrictions were frequently violated in all three States, but even incomplete adherence to the restrictions had a positive impact on teen driver crashes (Chaudhary et al., 2007). In general, compliance with restrictions will be higher in States that have well-designed GDL systems with restrictions that are considered reasonable by parents and teens (Foss & Goodwin, 2003).

Young Driver References

AAA. (2005). *GDL Laws*. Heathrow, FL: AAA Public Affairs.

ADTSEA. (2008). *National Overview of Driver Education*. Indiana, PA: American Driver & Traffic Safety Education Association.

www.nhtsa.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/4446ADTSEA.pdf

Baker, S. P., Chen, L-H., & Li, G. (2006). *National Evaluation of Graduated Driver Licensing Programs*. Publication No. DOT HS 810 614. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.gov/staticfiles/DOT/NHTSA/Communication%20&%20Consumer%20Information/GDL_6-20-2006.pdf

Baker, S. P., Chen, L-H., & Li, G. (2007). *Nationwide Review of Graduated Driver Licensing*. Washington, DC: AAA Foundation for Traffic Safety.

www.aaafoundation.org/pdf/NationwideReviewOfGDL.pdf

Christie, R., Harrison, W., & Johnston, D. (2004). *Development of a Novice Driver Education Curriculum for the ATSB*. Report CR 222. Canberra, Australia: Australian Transport Safety Bureau. www.infrastructure.gov.au/roads/safety/publications/2004/Edu_Nov_Dr.aspx

Chaudhary, N. K., Ferguson, S.A., & Herbel, S. B. (2004). Tennessee's novice driver safety project: A program to increase parental involvement. *Traffic Injury Prevention*, 5, 356-361.

Chaudhary, N., Williams, A., & Nissen, W. (2007). *Evaluation and Compliance of Passenger Restrictions in a Graduated Driver Licensing Program*. Publication No. DOT HS 810 781. Washington, DC: National Highway Traffic Safety Administration.

www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/810781Scr.pdf

Clinton, K. M., & Lonero, L. (2006). *Guidelines for Evaluating Driver Education Programs*. Washington, DC: AAA Foundation for Traffic Safety.

www.aaafoundation.org/pdf/EvaluatingDriverEducationProgramsGuidelines.pdf

DaimlerChrysler. (2003). *Road Ready Teens*. Auburn Hills, MI: DaimlerChrysler. www.roadreadyteens.org/index.html

Ferguson, S. A. (2003). Other high-risk factors for young drivers - how graduated licensing does, doesn't, or could address them. *Journal of Safety Research*, 34, 71-77.

Ferguson, S. A., Teoh, E. R., & McCartt, A. T. (2007). Progress in teenage crash risk during the last decade. *Journal of Safety Research* 38, 137-145.

Ford & GHSA. (2003). *Driving Skills for Life*. Dearborn, MI: Ford Motor Company. www.drivingskillsforlife.com/

Foss, R., & Goodwin, A. (2003). Enhancing the effectiveness of graduated driver licensing legislation. *Journal of Safety Research*, 34, 79-84.

Foss, R. D., Goodwin, A. H., McCartt, A. T., & Hellinga, L. A. (2008). Short-term effects of a teenage driver cell phone restriction. *Manuscript under review*.

Freedman, M., & Levi, S. (2008). *Evaluation of a Seat Belt Restriction in a Graduated Driver Licensing Program*. Presentation at the 2008 Lifesavers Conference. Portland, OR (April).

GHSA. (2008). *Graduated Licensing Laws*. Washington, DC: Governors Highway Safety Association.
www.statehighwaysafety.org/html/stateinfo/laws/license_laws.html

Glassbrenner, D. (2004). *Safety Belt Use in 2004: Use Rates in the States and Territories*. Publication No. DOT HS 809 813. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/SafetyBelt/SafetyBeltUse_2004/

Goodwin, A. H., & Foss, R. D. (2004). Graduated driver licensing restrictions: awareness, compliance, and enforcement in North Carolina. *Journal of Safety Research*, 35, 367-374.

Goodwin, A. H., Waller, M. W., Foss, R. D., & Margolis, L. H. (2006). Parental supervision of teenage drivers in a graduated licensing system. *Traffic Injury Prevention*, 7, 224-231.

Goodwin, A. H., Wells, J. K., Foss, R. D., & Williams, A. F. (2006). Encouraging compliance with graduated driver licensing restrictions. *Journal of Safety Research*, 37, 343-351.

Hartling, L., Wiebe, N., Russell, K., Petruk, J., Spinola, C., & Klassen, T. P. (2006). Graduated driver licensing for reducing motor vehicle crashes among young drivers. *The Cochrane Database of Systematic Reviews* 2006, Issue 2. www.cochrane.org/reviews/en/ab003300.html

Hedlund, J., & Compton, R. (2004). Graduated driver licensing research in 2003 and beyond. *Journal of Safety Research*, 35, 5-11.

Hedlund, J., & Compton, R. (2005). Graduated driver licensing research in 2004 and 2005. *Journal of Safety Research* 36, 109-114.

Hedlund, J., Shults, R. A., & Compton, R. (2003). What we know, what we don't know, and what we need to know about graduated driver licensing. *Journal of Safety Research*, 34, 107-115.

Hedlund, J., Shults, R. A., & Compton, R. (2006). Graduated driver licensing and teenage driver research in 2006. *Journal of Safety Research*, 37, 107-121.

IIHS. (2008a). *Fatality Facts 2007: Teenagers*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/research/fatality_facts_2007/teenagers.html

IIHS. (2008b). *U.S. Licensing Systems for Young Drivers: Laws as of July 2008*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/graduatedLicenseIntro.aspx

IIHS & TIRF. (2004). *Graduated Licensing: A Blueprint for North America*. Arlington, VA: Insurance Institute for Highway Safety.

Keating, D. P. (2007). Understanding adolescent development: Implications for driving safety. *Journal of Safety Research*, 38, 147-157.

Ker, K., Roberts, I., Collier, T., Beyer, F., Bunn, F., & Frost, C. (2005). Post-license driver education for the prevention of road traffic crashes: a systematic review of randomised controlled trials. *Accident Analysis and Prevention*, 37, 305-313.

Ker, K., Roberts, I., Collier, T., Beyer, F., Bunn, F., & Frost, C. (2006). Post-license driver education for the prevention of road traffic crashes. *The Cochrane Database of Systematic Reviews* 2006, Issue 2. www.cochrane.org/reviews/en/ab003734.html

Lin, M-L., & Fearn, K. T. (2003). The provisional license: nighttime and passenger restrictions -- a literature review. *Journal of Safety Research*, 34, 51-61.

Margolis, L. H., Masten, S. V., & Foss, R. D. (2007). The effects of graduated driver licensing on hospitalization rates and charges for 16- and 17-year-olds in North Carolina. *Traffic Injury Prevention*, 8, 35-38.

Mayhew, D. R. (2003). The learner's permit. *Journal of Safety Research*, 34, 35-43.

Mayhew, D. R. (2007). Driver education and graduated licensing in North America: Past, present, and future. *Journal of Safety Research*, 38, 229-235.

Mayhew, D. R., Simpson, H. M., & Singhal, D. (2005). *Best Practices for Graduated Driver Licensing in Canada*. Ottawa, ON: Traffic Injury Research Foundation. www.trafficinjuryresearch.com/publications/pub_details.cfm?intPubID=204

McGehee, D. V., Raby, M., Carney, C., Lee, J. D., & Reyes, M. L. (2007). Extending parental mentoring using an event triggered video intervention in rural teen drivers. *Journal of Safety Research*, 38, 215-227.

McKnight, A. J., & Peck, R. C. (2003). Graduated driver licensing and safer driving. *Journal of Safety Research* 34, 85-89.

NCHRP. Vol 19 (2007). *A Guide for Reducing Collisions Involving Young Drivers*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/onlinepubs/nchrp/nchrp_rpt_500v19.pdf

NHTSA. (1999). *Fourth report to Congress: Effectiveness of occupant protection systems and their use*. Publication No. DOT HS 808 919. Washington, DC: National Highway Traffic Safety Administration.

NHTSA. (2008a). *Traffic Safety Facts, 2007 Data: Young Drivers*. Publication No. DOT HS 811 001. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/NCSA/Content/TSF/2006/811001.pdf

NHTSA. (2008b). *Traffic Safety Facts, Laws: Graduated Driver Licensing System*. Publication No. DOT HS 810 888W. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/staticfiles//DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810888.pdf

NHTSA. (2008c) *Traffic Safety Facts, Research Note: Driver Electronic Device Use in 2007*. Publication No. DOT HS 810 963. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/NCSA/Content/RNotes/2008/810963.pdf

NHTSA & NIAAA. (1999). *Sentencing and Dispositions of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors*. Publication No. DOT HS 808 891. Washington, DC: National Highway Traffic Safety Administration.

NSC. (2004). *Teen Driver: A Family Guide to Teen Driver Safety*. Itasca, IL: National Safety Council. <http://shop.nsc.org/Family-Guide-to-Teen-Driver-Safety-P2049.aspx>

Roberts, I., Kwan, I., and the Cochrane Injuries Group Driver Education Reviewers (2006). School based driver education for the prevention of traffic crashes. *The Cochrane Database of Systematic Reviews* 2006, Issue 2. www.cochrane.org/reviews/en/ab003201.html

Senserrick, T. M. (2007). Recent developments in young driver education, training and licensing in Australia. *Journal of Safety Research*, 38, 237-244.

Shope, J. T. (2007). Graduated driver licensing: Review of evaluation results since 2002. *Journal of Safety Research*, 38, 165-175.

Shope, J. T., & Molnar, L. J. (2003). Graduated driver licensing in the United States: evaluation results from the early programs. *Journal of Safety Research*, 34, 63-69.

Simons-Morton, B.G. (2007). Parental involvement in novice teen driving: Rationale, evidence of effects, and potential for enhancing graduated driver licensing effectiveness. *Journal of Safety Research*, 38, 193-202.

Simons-Morton, B. G., & Hartos, J. L. (2003). How well do parents manage young driver crash risks? *Journal of Safety Research*, 34, 91-97.

Simons-Morton, B. G., Hartos, J. L., Leaf, W. A., & Preusser, D. (2005). The persistence of effects of the Checkpoints program on parental restrictions of teen driving privileges. *American Journal of Public Health*, 95, 447-452.

Simons-Morton, B. G., Hartos, J. L., Leaf, W. A., & Preusser, D. (2006). The effects of the Checkpoints program on parent-imposed driving limits and crash outcomes among Connecticut novice teen drivers at 6-months post-licensure. *Journal of Safety Research*, 37, 9-15.

Simons-Morton, B. G. & Ouimet, M. C. (2006). Parent involvement in novice teen driving: a review of the literature. *Injury Prevention*, 12, i30-i37.

Simpson, H. M. (2003). The evolution and effectiveness of graduated licensing. *Journal of Safety Research*, 34, 25-34.

Smith, M. F. (1994). *Research Agenda for an Improved Novice Driver Education Program*. Report to Congress, May 31, 1994. Publication No. DOT HS 808 161. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/research/pub/drive-ed.pdf

Steenbergen, L. C., Kidd, P. S., Pollack, S., McCoy, C., Pigman, J. G., & Agent, K. R. (2001). Kentucky's graduated licensing program for young drivers: barriers to effective local implementation. *Injury Prevention*, 7, 286-291.

Steinberg, L. (2007). Risk taking in adolescence: New perspectives from brain and behavioral science. *Current Directions in Psychological Science*, 16, 55-59.

TRB. (2006). *Driver education: The path ahead*. Transportation research circular, Vol. E-C101. Washington, DC: Transportation Research Board.
<http://onlinepubs.trb.org/onlinepubs/circulars/ec101.pdf>

Twisk, D. A. M., & Stacey, C. (2007). Trends in young driver risk and countermeasures in European countries. *Journal of Safety Research*, 38, 245-257.

Vernick, J. S., Li, G., Ogaitis, S., MacKenzie, E. J., Baker, S. P., & Gielen, A. C. (1999). Effects of high school driver education on motor vehicle crashes, violations, and licensure. *American Journal of Preventive Medicine*, 16, 40-46.

Waller, P. F. (2003). The genesis of GDL. *Journal of Safety Research*, 34, 17-23.

Wiggins, S. (2004). *Graduated Licensing Program: Interim Evaluation Report - Year 3*. Victoria, BC: Insurance Corporation of British Columbia.

Williams, A. F. (2003). Teenage drivers: patterns of risk. *Journal of Safety Research*, 34, 5-15.

Williams, A. F. (2007). Contribution of the components of graduated licensing to crash reductions. *Journal of Safety Research*, 38, 177-184.

Williams, A. F., Ferguson, S. A., & McCartt, A. T. (2007). Passenger effects on teenage driving and opportunities for reducing the risks of such travel. *Journal of Safety Research*, 38, 381-390.

Williams, A. F., Nelson, L. A., & Leaf, W. A. (2002). Responses of teenagers and their parents to California's graduated licensing system. *Accident Analysis and Prevention*, 34, 835-842.

Williamson, E. (2005). Parents Hand Out Keys, and a Monitoring Device. *Washington Post*, March 2, 2005, p. A1. www.washingtonpost.com/wp-dyn/articles/A64176-2005Mar1.html

7. Older Drivers

Overview

In 2006, almost 15% of licensed drivers in the United States were at least 65 years old. By 2030 this proportion will rise to at least 20%. As drivers age, their physical and mental abilities, driving behaviors, and crash risks all change, though age itself does not determine driving performance. Many features of the current system of roads, traffic signals and controls, laws, licensing practices, and vehicles were not designed to accommodate older drivers. Older Americans are increasingly dependent on driving to maintain their mobility, independence, and health. The challenge is to balance mobility for older drivers with safety for all road users.

Trends. From 1982 to 2005, the proportion of older licensed drivers (65 and above) rose from 11.2% to 14.6% while the proportion of older drivers in fatal crashes rose slightly more rapidly, from 7.0% to 10.5%.

People 65 and older; number and proportion of total populations

65 & up year	resident population		licensed drivers		drivers in fatal crashes	
	million	%	million	%		%
1982	26.8	11.6%	16.8	11.2%	3,894	7.0%
2005	37.3	12.5%	29.3	14.6%	6,233	10.5%
2030	71.4*	19.1 %*	57- 61**	> 20% **	?	?

Resident population: U.S. Census Bureau (2007)

Licensed drivers: FHWA Highway Statistics (1995, 2006)

Fatal crashes: NHTSA Traffic Safety Facts (2006)

* estimated

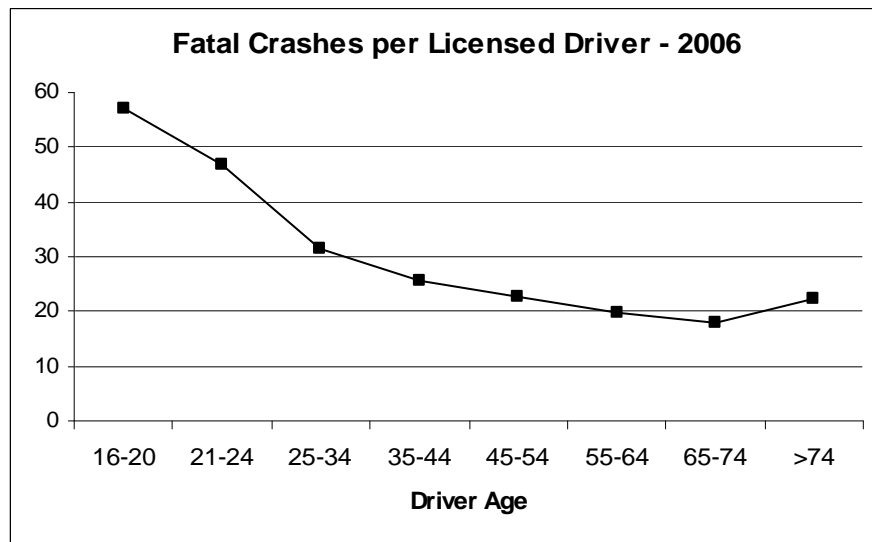
** see discussion

By 2030, the Census Bureau estimates that the resident population over age 65 will double, to over 71 million, and will comprise 19.1% of the total population. The licensed driver population likely will grow even faster. The proportion of people over age 65 who held a driver's license rose from 63% in 1982 to 78% in 2005. If the licensure rate rises only to 80%, by 2030 there will be twice as many older drivers in the United States as there are today – as many as 57 million licensed drivers 65 and older. Currently 91% of people 65 to 69 are licensed, as are 87% of people 70 to 74. The licensure rate probably will increase because tomorrow's older people likely will be healthier and more accustomed to driving than today's. By 2030, if 85% of older people are licensed there will be 61 million licensed drivers at least 65 years old.

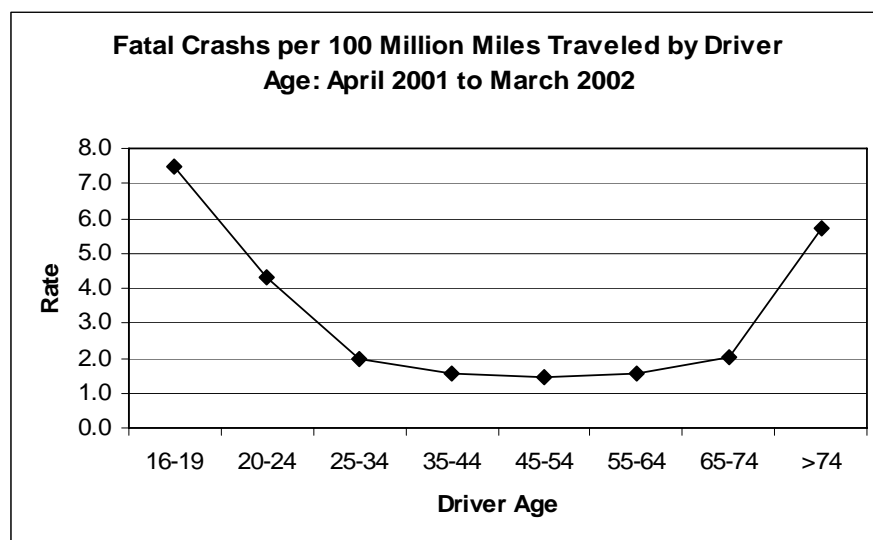
Older driver characteristics. Certain changes are inevitable as drivers age (Potts, et. al, 2004; National Cooperative Highway Research Program [NCHRP], 2004, Section III).

- Physical capabilities diminish. Hearing, muscle tone, reaction time, and vision (especially at night) all decline, though at very different rates for different people.
- Fragility increases. The same force produces more serious injuries to a 70-year-old than to a 20-year-old. Injuries take longer to heal.
- Cognitive capabilities can diminish. Driving is a complex activity that requires a variety of high-level cognitive skills that can diminish through changes that occur with normal aging and/or as a result of dementia.

- Many older drivers use medications. These may be necessary to control disease or health conditions but which also may cause drowsiness or otherwise affect driving. Older drivers are less likely than younger people to drive after drinking or using recreational drugs.
- Older drivers rarely drive aggressively or speed. However, they may exhibit other risky behaviors such as driving more slowly than prevailing traffic or failing to detect or accurately judge the speed of an oncoming vehicle while making a left turn.
- Most older drivers reduce their driving mileage as their lifestyles change. Many older drivers recognize and avoid driving in situations in which they feel uncomfortable, such as at night, on high-speed roads, or in unfamiliar situations (Staplin & Lococo, 2003).



Fatal crashes per 100,000 drivers
Source: Traffic Safety Facts (NHTSA, 2006)



Source: Insurance Institute for Highway Safety [IIHS] (2006a)

These characteristics produce the following results.

- The older driver crash rate per licensed driver is *lower* than for younger drivers.
- Because older drivers are more fragile, a crash is more likely to produce a serious injury or fatality than for younger drivers. Thus the *fatal* crash rate per licensed driver *increases* for the oldest drivers.
- Because older drivers drive fewer miles annually than younger drivers and tend to drive where there are more potential hazards, their fatal crash rate *per mile traveled* is *higher* than for all but the youngest drivers.

Strategies to Reduce Crashes and Injuries Involving Older Drivers

The overall goal is to enable older drivers to retain as much mobility through driving as is consistent with safety on the road for themselves, their passengers, and other road users. “Safe mobility for life” is the phrase used in the U.S. Department of Transportation’s plan (U.S. DOT, 2003). Four behavioral strategies address this goal.

- Educate and train older drivers to assess their driving capabilities and limitations, improve their skills when possible, and voluntarily limit their driving to circumstances in which they can drive safely. This can be accomplished through formal courses or through communications and outreach provided directly to older drivers or to families, friends, and organizations that deal regularly with older drivers.
- Help drivers adapt to medical or functional conditions that may affect driving, through treatment (such as eyeglasses or cataract surgery to improve vision) or through vehicle adaptations (such as extra mirrors, extended gear shift levers, or hand controls).
- Identify older drivers who cannot drive safely, in certain situations or at all, and restrict or revoke their driver’s licenses. This involves two steps:
 - Bring these drivers to the attention of the motor vehicle department through license renewal procedures or through referral from law enforcement, physicians, family, or friends.
 - At the motor vehicle department, assess their driving abilities and take appropriate action to re-issue an unrestricted license, issue a restricted license, or revoke the license.
- Increase seat belt use, because seat belts are even more effective for older than for younger occupants.

Vehicular, environmental, and societal strategies are critical to provide safety and mobility for older people. Vehicles can be designed with better crash protection for older and more easily injured occupants, with controls and displays that are easier to see, reach and understand, and with crash warning and crash avoidance technology. These measures will make vehicles safer for everyone, not just older people. Aftermarket vehicle devices such as one-hand joystick driving controls can make driving possible or easier for people with some physical limitations. Roadways with separate left turn lanes, protected left turn signal phases, larger and more-visible signage, more-visible lane markings, rumble strips, and a host of other measures will assist all drivers. These subjects are not discussed in this guide because they do not fall under direct SHSO jurisdiction.

Of all the problem areas in this guide, older drivers are perhaps the most complex because they involve so many issues beyond traffic safety. Sooner or later, in the interest of safety, most older drivers must restrict or eliminate driving. Frequently, this has substantial effects on the older driver's mobility and on physical and mental health. State Highway Safety Offices and licensing agencies cannot act alone but must plan and implement their older driver policies and programs as part of integrated community activities to improve older people's safety, mobility, and health. As just one example, some communities have established referral centers where people can go for "one-stop" access to resources for addressing the full range of transportation safety and mobility issues, including driving skills assessment, educational courses, licensing regulations and practices, and public transportation. See Stutts (2005) for summaries of comprehensive programs for older drivers in six States.

Several studies and policy papers discuss these issues. See in particular the Department of Transportation's *Safe Mobility for a Maturing Society: Challenges and Opportunities* (U.S. DOT, 2003) and NCHRP's *Guide for Addressing Collisions Involving Older Drivers* (NCHRP, 2004) for excellent summaries and references to further information. The Organisation for Economic Co-Operation and Development's *Ageing and Transport: Mobility Needs and Safety Issues* (OECD, 2001) presents a discussion from an international perspective. The NCHRP synthesis *Improving the Safety of Older Road Users* (Stutts, 2005) summarizes State activities as of 2005.

Key terms

- AAA: formerly the American Automobile Association; the organization now uses only the initials
- AAMVA: American Association of Motor Vehicle Administrators
- AARP: formerly the American Association of Retired Persons; the organization now uses only the initials
- AMA: American Medical Association
- ASA: American Society on Aging
- Older driver: a driver at least 65 years old

Countermeasures That Work

Countermeasures to improve older driver safety are listed below and discussed individually in this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The terms and symbols used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information.

1. Communications and Outreach

Countermeasure	Effectiveness	Use	Cost	Time
1.1 Formal courses for older drivers	★ ★	Low	Low	Short
1.2 General communications and education	★ ★	Unknown	Low	Short

2. Licensing

Countermeasure	Effectiveness	Use	Cost	Time
2.1 License screening and testing	★ ★ ★ ★	High	Medium	Medium
2.2 Referring older drivers to DMVs	★ ★ ★ ★	Low	Medium	Medium
2.3 License restrictions	★ ★ ★	Unknown	Low	Short
2.4 Medical advisory boards	★ ★	High	Varies	Medium
2.5 License renewal policies	★ ★	Medium	High	Medium

3. Traffic Law Enforcement

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Law enforcement roles	★ ★ ★	Medium	Varies	Varies

Effectiveness:

- ★ ★ ★ ★ ★ - Demonstrated to be effective by several high-quality evaluations with consistent results
- ★ ★ ★ ★ - Demonstrated to be effective in certain situations
- ★ ★ ★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★ ★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise.

See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

High: more than two-thirds of the States, or a substantial majority of communities

Medium: between one-third and two-thirds of States or communities

Low: fewer than one-third of the States or communities

Unknown: data not available

Cost to implement:

High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources

Medium: requires some additional staff time, equipment, facilities, and/or publicity

Low: can be implemented with current staff, perhaps with training; limited costs for equipment or facilities

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

Long: more than one year

Medium: more than three months but less than one year

Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Communications and Outreach

1.1 Formal Courses for Older Drivers

Effectiveness: ★ ★	Use: Low	Cost: Low	Time: Short
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Formal courses specifically for older drivers are offered by organizations including AAA, AARP, and the National Safety Council, either independently or under accreditation by States (NCHRP, 2004, Strategy D2; Stutts, 2005, Table 12). AARP's Driver Safety Program, formerly called "55-Alive," is the oldest and largest. It has been conducted since 1979 and is offered both in the classroom and online (AARP, 2006). The courses typically involve 6 to 10 hours of classroom training in basic safe driving practices and in how to adjust driving to accommodate age-related cognitive and physical changes. In 2006, 34 States and the District of Columbia mandated automobile insurance discounts for graduates of accredited courses (AARP, 2006).

Courses combining classroom and on-the-road instruction have been offered in a few locations (NCHRP, 2004, Strategy D2).

Use: Courses are taught in all States but reach only a small fraction of older drivers. For example, AARP reported that it conducted over 31,000 classes in 2006 for 590,000 drivers, approximately 1% of the eligible driving population age 50 and older (AARP, 2006). In addition, over 15,000 individuals completed the online version of the AARP Driver Safety Program.

Effectiveness: Graduates of both the AARP classroom and online courses report that they changed some driving behaviors as a result of the course (AARP, 2005; Skufca, 2008). However, none of the courses has been shown to reduce crashes (NCHRP, 2004, Strategy D2). NHTSA's Older Road User Research Plan includes the high-priority research problem statement, "Do assessment and retraining programs improve driving?" (Raymond, Knobauch, & Nitzburg, 2001, Table 1). The most thorough evaluation studied approximately 200,000 course graduates and a 360,000-driver comparison group in California from 1988 to 1992. It found that course graduates had fewer citations but no fewer crashes than non-graduates (Janke, 1994; NCHRP, 2004, Strategy D2). AARP also concluded that its course reduces citations but has not been shown to reduce crashes (AARP, 2005).

A study conducted in 2004 evaluated the effects of a well-designed three-hour educational course promoting safe driving strategies for older drivers with some visual defects. Course graduates reported that they regulated their driving more following the course than a control group that did not attend the course. There was no significant difference in crash rates between course graduates and the control group (Owsley, McGwin, Phillips, McNeal, & Stalvey, 2004).

Another 2004 study involving a systematic review of studies evaluating the effectiveness of driver retraining programs (Kua, Korner-Bitensky, Desrosiers, Man-Song-Hing, & Marshall, 2007) reached a similar conclusion as did Owsley et al., (2004). These researchers reported that while there is moderate evidence that educational interventions improve driving awareness and behavior, these interventions do not reduce crashes in older drivers. Regardless, the authors felt

that the evidence regarding the effectiveness of retraining aimed at older drivers is encouraging enough warrant further research.

More recent evaluations of courses for older drivers have produced mixed results related to the crash rates of drivers attending these courses. Marottoli (2007) concluded that a training program that combined classroom education with on-road training improved the performance of older drivers on written and on-road tests and may allow these drivers to retain their licenses longer, but did not attempt to assess the program's impact on subsequent crash rates. Bedard et al. (2008) concluded that an in-class education program coupled with on-road education led to improvements in the participants' knowledge of safe driving practices and improvements on some aspects of safe driving performance, but that further research is required to determine if these changes will affect crash rates.

Nasvadi and Vavrik (2007) conducted research in British Columbia evaluating the crash risk of drivers after attending a safe driving class and found that, at least in some cases, these classes may produce a negative benefit - that these classes were associated with an increased number of crashes for men 75 years old and older. However, attendance in these classes had no effect on crashes of younger men and women of all ages. Though acknowledging several limitations of this study, the authors stress that "Recognizing and understanding characteristics and behaviors of older drivers who attend remedial driver education is essential to the design and delivery of successful driver safety programs."

Costs: Courses typically charge a small fee, which may be offset by insurance discounts available to graduates.

Time to implement: Courses are offered regularly by AAA, AARP, NSC, and other organizations.

1.2 General Communications and Education

Effectiveness: ★ ★	Use: Unknown	Cost: Low	Time: Short
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Many organizations offer educational material for older drivers to inform them of driving risks, help them assess their driving knowledge and capabilities, suggest methods to adapt to and compensate for changing capabilities, and guide them in restricting their driving in more risky situations (NCHRP, 2004, Strategy D2).

Self-assessment tools include:

- AAA's *Roadwise Review*, a CD-ROM and instruction booklet;
- AARP's *Older Driver Skill Assessment and Resource Guide*;
- American Medical Association's *Am I a Safe Driver?* one-page checklist; and
- University of Michigan's *Driving Decisions Workbook*.

See Stutts (2005) for brief descriptions and Web links.

Other programs and material include:

- *Drive Well*, a joint program of American Society on Aging and NHTSA;
- *Getting Around*, from Emergency Nurses CARE, on safe driving decisions, pedestrian safety, and safe medication use; and
- Information from NHTSA and many State motor vehicle offices on general issues of older drivers or specific topics such as driving with glaucoma or arthritis.

See NCHRP (2004, Strategy D2) and Stutts (2005) for examples, brief descriptions, and Web links.

Other material is available to assist drivers and family members in understanding how aging affects driving, the effects of medications and health conditions, how to assess an older driver's skills, how to use specialized vehicle equipment to adapt to certain physical limitations, how to guide older drivers into voluntarily restricting their driving, and how to report older drivers to the department of motor vehicles if necessary (Stutts, 2005). Examples include:

- AAA's *How to Help an Older Driver*;
- AARP's *At the Crossroads: A Guide to Alzheimer's Disease, Dementia and Driving*;
- The Association for Driver Rehabilitation Specialists' series of fact sheets on issues such as driving after a stroke, driving with rheumatoid arthritis, and driving after a limb amputation;
- New York State Office for the Aging's *When You Are Concerned: A handbook for families, friends and caregivers worried about the safety of an aging driver*;
- NHTSA's series of fact sheets and more detailed information for older drivers and their families and friends, available from NHTSA's older driver program Web site: www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.31176b9b03647a189ca8e410dba046a0/.

Use: Data are not available on how frequently these programs or material are used.

Effectiveness: The limited information available suggests that some material may increase driver's knowledge. There are no evaluations of the effects of this material on driving or on

crashes (NCHRP, 2004, Strategy D2). As discussed in Chapter 7, Section 1.1, none of the more structured formal courses has been shown to reduce crashes. NHTSA's Older Road User Research Plan includes the high-priority research problem statement, "Do assessment and retraining programs improve driving?" (Raymond et al., 2001).

Costs: Funds are required for producing and distributing material.

Time to implement: Material and programs are available and ready for use.

Other issues:

- **Seat belt use:** Seat belts are even more effective in preventing injuries and fatalities to older than to younger occupants (NCHRP, 2004, Strategy E1). While belt use among older occupants is comparable to that of younger occupants - 81% for occupants 70 and older in 2003, compared to 80% for occupants 25 to 69 (Glassbrenner, 2004, Table 5) - the fact remains that one-fifth of older occupants are unbelted. Communications and outreach on the benefits of seat belt use may be more effective with older occupants than with younger because they may be more attentive to health and safety issues. For example, signs urging seat belt use increased belt use substantially in six senior communities compared to controls, and use remained higher after four years (Cox, Cox, & Cox, 2005). No other State or local seat belt use efforts directed at older occupants have been identified (NCHRP, 2004, Strategy E1).

2. Licensing

2.1 License Screening and Testing

Effectiveness: ★ ★ ★ ★ [†]	Use: High	Cost: Medium	Time: Medium
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[†] Proven for identifying drivers whose driving should be limited

State licensing agencies vary considerably in their procedures for screening and evaluating a driver's abilities and skills (NCHRP, 2004, Strategy C2). Many State guidelines are outdated, incomplete, or not based on actual functional impairment. Most do not include all the recommendations on medical conditions from the *Physician's Guide* (NHTSA, 2003b).

NHTSA and AAMVA have developed *Model Driver Screening and Evaluation Program Guidelines for Motor Vehicle Administrators* (Staplin & Lococo, 2003). This was the final stage in a research program that investigated the relationships between functional impairment and driving skills; methods to screen for functional impairment; and the cost, time, legal, ethical, and policy implications of the guidelines (Staplin, Lococo, Gish, & Decina, 2003a).

The *Model Driver Guidelines'* goal is to keep drivers on the road as long as they are safe, through early identification and assessment together with counseling, remediation, and license restriction when needed (Staplin & Lococo, 2003). The guidelines outline a complete process of driver referral, screening, assessment, counseling, and licensing action (Staplin & Lococo, 2003). They include nine simple visual inspection tests that licensing agency personnel can administer to screen for functional ability (Staplin & Lococo, 2003). A survey of State motor vehicle departments outlines some of the legal, policy, cost, and other criteria that must be met before the guidelines could be implemented in some States (Staplin and Lococo, 2003, Appendix C). The guidelines were tested in Maryland (Staplin, Lococo, Gish, & Decina, 2003b).

Use: All States screen and test drivers referred to them, though their procedures and criteria vary considerably (NCHRP, 2004, Strategy C2). No State appears to have implemented the model guidelines. U.S. DOT recommends that further testing and evaluation of the guidelines are needed (U.S. DOT, 2003).

Effectiveness: There is strong evidence that State screening and assessment programs identify some drivers who should not be driving at all or whose driving should be limited. The Maryland pilot test of the model guidelines concluded that "the analysis results ... have provided perhaps the best evidence to date that functional capacity screening, conducted quickly and efficiently, in diverse settings, can yield scientifically valid predictions about the risk of driving impairment experienced by older individuals" (Staplin et al., 2003b). In a study that evaluated the use of a screening tool on Alabama drivers age 18 to 87 (Edwards et al., 2008), older drivers performed significantly worse than younger drivers and older drivers with a crash history performed worse than older drivers without crashes.

Costs: The model guideline functional screening tests can be administered for less than \$5 per driver, including administrative and support service costs (Staplin et al., 2003a).

Time to implement: States should be able to modify their driver license screening and assessment procedures in four to six months.

2.2 Referring Older Drivers to Licensing Agencies

Effectiveness: ★★ ★★ ★†	Use: Low	Cost: Medium	Time: Medium
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† Proven for increasing physician referrals

Older drivers come to the attention of licensing agencies at regular license renewals, as discussed in Chapter 7, Section 2.1, or when they are referred to the licensing agency for reevaluation of their driving skills.

Licensing agencies in all States accept reevaluation referrals for drivers of any age. A survey of all State licensing agencies found that three sources accounted for 85% of referrals: law enforcement (37%), physicians and other medical professionals (35%), and family and friends (13%) (Stutts, 2005). The remaining 15% came from crash and violation record checks, courts, self-reports, and other sources.

Law enforcement officers have the opportunity to observe drivers directly at traffic stops or crashes. With appropriate training they can identify many drivers who should be referred to the licensing agency for assessment. NHTSA has developed and field-tested a set of cues that officers can use to identify potentially impaired drivers (NHTSA, 1998; see also NCHRP, 2004, Strategy C3, and Stutts, 2005, Chapter 7).

Physicians are in an excellent position to assess if changes in their patients' physical or cognitive abilities may increase their crash risk. In addition to assessment, physicians should provide counseling and assistance on driving as needed and refer patients to the licensing agency if appropriate. In 6 States, physicians are required to report patients who have specific medical conditions such as epilepsy or dementia (NCHRP, 2004, Strategy C3). Other States require physicians to report "unsafe" drivers, with varying guidelines for defining "unsafe." Physicians must balance their legal and ethical responsibilities to protect their patient's health and confidentiality with their duty to protect the general public from unsafe drivers. Physicians have been held liable for damages from crashes involving patients because they failed to report the patient to the licensing agency (NHTSA, 2003b, Chapter 7).

NHTSA's *Physician's Guide to Assessing and Counseling Older Drivers* (NHTSA, 2003b), prepared in cooperation with the AMA, provides detailed information for physicians and medical professionals. Chapter 8 has an extensive summary of State licensing and reporting laws. Chapter 9 contains a list of medical conditions and medications that may impair driving and consensus recommendations on what action to take for each. Other chapters include information on treatment and rehabilitation options that may allow patients to continue to drive and on how to counsel patients about retiring from driving. See also Lococo (2003, Appendix C) for State-level information and NCHRP (2004, Strategy C3) for overall discussion.

Many States have established procedures for family members and friends to report drivers of any age whose abilities may be impaired. NCHRP (2004, Strategy C3) provides examples and Web links for programs in Florida, Missouri, Minnesota, and Oregon.

States can increase driver referrals by establishing and publicizing procedures for referring drivers, establishing referral policies and providing appropriate training and information to law enforcement officers, and informing physicians and health professionals of their responsibilities. NCUTLO's model law on reporting drivers with a physical or mental disability (NCUTLO, 2005) describes the responsibilities of health care providers and of State Medical Advisory Boards, driver licensing agencies, and license examiners.

Use: A survey of all State licensing agencies found that fewer than 100,000 drivers 65 and older are referred each year from all sources, or fewer than 0.4% of the 28.6 million older licensed drivers (Stutts, 2005, Appendix E). The number of referrals varies substantially across the States, from a few hundred to 50,000.

Effectiveness: States that establish and publicize effective referral procedures will increase referrals. NCHRP (2004, Strategy C3) provides examples and Web links. As one example, Pennsylvania increased physician referrals substantially by sending letters to all physicians (NCHRP, 2004, Strategy C3).

Costs: Costs for establishing and publicizing effective referral procedures vary depending on the procedures adopted, but should not be extensive. Educational and training publications are available for use with law enforcement and medical professionals. Funds will be required to distribute this material and for general communications and outreach. If referrals increase substantially, then licensing agency administrative costs will increase.

Time to implement: States seeking to improve referrals will require at least six months to develop, implement, and publicize new policies and procedures.

2.3 License Restrictions

Effectiveness: ★ ★ ★	Use: Unknown	Cost: Low	Time: Short
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If a State licensing agency determines through screening, assessment, medical referrals, road tests, or other means that a driver poses excessive risks only in certain situations, the driver can be issued a restricted license. This process of “graduated de-licensing” preserves the driver’s mobility while protecting the driver, passengers, and others on the road. Drivers whose vision is adequate during daylight hours but not at night present an obvious example. Their licenses can be restricted to daylight driving only. Other common restrictions limit driving to a specific geographical area, such as the town or county where the driver lives, or limit driving only to low-speed roads.

Iowa issues restricted licenses as part of its overall older driver program (Chaudhary, 2005). As an example, drivers referred to the licensing agency for retesting who feel uncomfortable taking a driving test in strange surroundings can arrange to be tested in their hometowns. If they pass the test, they will be issued a license restricted to that town. About 2% of older drivers’ licenses in Iowa are restricted to daytime driving and another 2% to a limited geographic area.

Use: Iowa and Utah are known to issue restricted licenses (Chaudhary, 2005; Stutts, 2005; Vernon, Diller, Cook, Reading, & Dean, 2001). A survey of State licensing agencies found that two-thirds of the States said that restricted licenses would be feasible under current State policies, though two-thirds of these would require legislative changes before restricted licenses could be issued (Staplin & Lococo, 2003). The number of States that currently issue restricted licenses to older drivers is not known.

Effectiveness: Several studies show that driver license restrictions lower the crash risk for these drivers, though their crash risk is still higher than for similar-age drivers with unrestricted licenses (NCHRP, 2004, Strategy C2; Vernon et al., 2001).

Costs: Once drivers have been screened and assessed, the costs of issuing a restricted license are minimal.

Time to implement: Restricted licenses can be implemented as soon as any needed policy or legislation changes are enacted.

2.4 Medical Advisory Boards

Effectiveness: ★ ★ [†]	Use: High	Cost: Varies	Time: Medium
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[†] Quality varies considerably

Thirty-five States and the District of Columbia have medical advisory boards (MABs) to assist the licensing agencies in evaluating people with medical conditions or functional limitations that may affect their ability to drive (NCHRP, 2004, Strategy C1). MABs generally make policy recommendations on what licensing actions are appropriate for people with specific medical conditions or functional limitations. Most State MABs review individual cases, though this activity varies widely: 7 States reported that their MABs review 1,000 cases or more annually while another 7 review 10 or fewer cases (Lococo, 2003).

In 2003, NHTSA and AAMVA surveyed MAB practices in all States. Lococo (2003) contains the results: detailed documentation of how each State's medical review is organized; how drivers are identified, referred, screened, and assessed; and what licensing actions can be taken.

MABs should play a key role in each State as the link between health care professionals, licensing agencies, law enforcement, and the public. They should take the lead in defining how various medical conditions and functional impairments affect driving; defining medical assessment and oversight standards; improving awareness and training for healthcare providers, law enforcement, and the public; advising health care professionals how drivers can compensate for certain medical conditions or functional impairments; and reviewing individual cases. AAA has developed its list of best practices and recommendations for MABs based on the NHTSA-AAMVA study findings (AAA, 2004). The National Traffic Safety Board has made similar recommendations (NTSB, 2004). In June 2005, NHTSA released a summary of recommended strategies for MABs and national medical guidelines for driving, prepared in collaboration with AAMVA (Lococo & Staplin, 2005).

Use: 35 States and the District of Columbia have MABs, though some are inactive (NCHRP, 2004, Strategy C1).

Effectiveness: There are no studies evaluating the effects of MABs. Maryland's MAB reviewed over 500 individual cases in 2004 and recommended license suspension for about two-thirds of the cases (Soderstrom, personal communication, April 2005).

Costs: MABs are comprised of physicians and other health care professionals together with appropriate administrative staff. Costs will be minimal for an MAB whose activities are limited to policy recommendations. Costs for an MAB that evaluates individual cases will depend on the caseload.

Time to implement: States probably will need at least a year to establish and staff an MAB, depending on what duties the MAB undertakes. States likely can expand the functions of an existing MAB in six months.

2.5 License Renewal Policies: In-Person Renewal, Vision Test

Effectiveness: ★ ★	Use: Medium	Cost: High	Time: Medium
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Driver's licenses in most States are valid for four to six years, longer in a few States. To renew an expiring license, drivers in many States must appear in person, pay the license fee, and have new pictures taken for their licenses. A few States require a vision test for license renewal. Some States allow all drivers to renew by mail or electronically.

More than half the States change license renewal requirements for drivers older than a specified age, typically 65 or 70. These changes may include a shorter interval between renewals, in-person renewal (no renewal by mail or electronically), or a vision test at every renewal. A very few States require written or road tests for some older renewal applicants. AAA (2008), IIHS (2006b), and Stutts (2005, Chapter 5) summarize these requirements. NHTSA (2003b, Chapter 8) and Staplin and Lococo (2003, Appendix B) provide more detail on the requirements in effect in 2001.

License examiners report that the driver's appearance at the motor vehicle office is the single most important criterion for identifying a person of any age whose driving skills may be impaired (NCHRP, 2004, Strategy C2). This observation is supported by Morrissey and Grabowski (2005), who found that in-person license renewal was associated with reduced traffic fatalities among the oldest drivers. Frequent in-person renewals and vision tests may be more useful for older drivers than for younger drivers because their abilities may change more quickly. AAMVA recommends that all drivers renew licenses in person and pass a vision test at least every four years (Staplin & Lococo, 2003; Stutts, 2005). Very few States meet these recommendations for all drivers. As of 2001, about one-fourth of the States met them for drivers over some specified age (Staplin & Lococo, 2003). In-person renewals would be even more useful, for drivers of all ages, if they included functional ability tests as recommended in the NHTSA-AAMVA *Model Driver Screening and Evaluation Program Guidelines for Motor Vehicle Administrators* (Staplin & Lococo, 2003) (see Chapter 7, Section 2.1).

Use: At least 30 States and the District of Columbia have different license renewal requirements for older than for younger drivers (AAA, 2008; IIHS, 2006b). These include 15 States with a shorter interval between renewals, 7 that require in-person renewals, and nine plus the District of Columbia that require vision tests at renewal. On the other hand, Oklahoma and Tennessee reduce or waive licensing fees for older drivers and Tennessee driver's licenses issued to people 65 or older do not expire. In 2001, about 12 States met the American Association of Motor Vehicle Administrators [AAMVA] recommendations of in-person renewal, with a vision test, at least every four years for all drivers over some specified age (Staplin & Lococo, 2003).

Effectiveness: License examiners report that in-person renewals and vision tests are effective in identifying people whose driving skills may be impaired (NCHRP, 2004, Strategy C2). No data are available on the number of potentially impaired drivers identified through these practices or on the effects of more frequent renewals and vision tests on crashes.

Costs: More-frequent license renewals or additional testing at renewal impose direct costs on driver licensing agencies. For example, a State that reduces the renewal time from 6 years to 3 years for drivers 65 and older would approximately double the licensing agency workload associated with these drivers. If 15% of licensed drivers in the State are 65 and older, then the agency's overall workload would increase by about 15% to process the renewals. If more frequent renewals and vision tests identify more drivers who require additional screening and assessment, then additional costs are imposed. See Chapter 7, Section 2.1, for additional discussion.

Time to implement: A vision test requirement for renewal or a change in the renewal interval can be implemented within months. The new requirements will not apply to all drivers for several years, until all currently valid licenses have expired and drivers appear at the driver licensing agency for licensing renewal.

Other issues:

- **Age discrimination:** A few States explicitly provide that age alone is not a justification for reexamining a driver's qualifications (AAA, 2008; IIHS, 2006b). These States have the same license renewal interval for all drivers.
- **Road tests and medical reports:** Several Australian States require a medical report, a road test, or both for drivers over a specified age to renew their licenses. Langford, Fitzharris, Koppell, and Newstead (2004) compared Australian States with and without these requirements. They found that Australian States with these requirements had higher older-driver crash rates than States without them. They conclude that there are "no demonstrable road safety benefits" to requiring medical reports or road tests for older drivers.

3. Traffic Law Enforcement

3.1 Law Enforcement Roles

Effectiveness: ★ ★ ★	Use: Medium	Cost: Varies	Time: Varies
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Law enforcement plays three overall roles in improving the safety of older drivers:

- Enforce traffic laws. In particular, active publicized enforcement of seat belt use laws can help increase belt use for older drivers and occupants. See Chapter 7, Section 1.2, for discussion.
- Identify drivers with potential driving impairments and refer them to licensing agencies. Traffic stops and crash investigations provide officers excellent opportunities to observe and evaluate driving behavior. See Chapter 7, Section 2.2, for discussion.
- Provide information and education. Law enforcement officers have formed many partnerships with public and private organizations to give talks, teach safe driving courses, work with media on news stories and public service announcements, and other communications and outreach initiatives. Stutts (2005) summarizes several examples. NHTSA (2003a) lists law enforcement programs that were active in 2003. They include training for officers, training for older drivers, and community relations programs that promote safety.

NHTSA's Older Driver Law Enforcement Course is available through the Transportation Safety Institute. The four-hour course provides background on older driver issues and discusses traffic stops, referring older drivers to licensing agencies, and community outreach.

Use: NHTSA (2003a) describes older driver programs in 28 States.

Effectiveness: Enforcement activities, such as high-visibility seat belt law enforcement, probably affect older drivers even more than other drivers. Law enforcement provides more than one-third of all referrals to licensing agencies for driver screening and assessment (Chapter 7, Section 2.2).

Costs: Costs vary depending on the nature and scope of activities.

Time to implement: Implementation time varies depending on the nature and scope of activities.

Older Driver References

- AAA. (2004). *AAA Basic Best Practices for Medical Advisory/Review Boards*. Heathrow, FL: American Automobile Association.
www.aaaxchange.com/Assets/Files/2006651520520.13MABbestpractices.pdf
- AAA. (2008). *Senior Licensing Laws*. Heathrow, FL: American Automobile Association.
www.aaaxchange.com/Assets/Files/20089121413140.StateSeniorLicensingLaws8.08.doc
- AARP. (2005). *Driver Safety*. Washington, DC: AARP. www.aarp.org/life/drive/
- AARP. (2006). *Driver Safety*. Washington, DC: AARP. www.aarp.org/life/drive/
- Bedard, M., Porter, M. M., Marshall, S., Isherwood, I., Riendeau, J., Weaver, B., Tuokko, H. Molnar, F., & Miller-Polgar, J. (2008). The Combination of Two Training Approaches to Improve Older Adults' Driving Safety. *Traffic Injury Prevention, 9*, 70-76.
- Chaudhary, N. (2005). Personal communication.
- Cox, C. D., Cox, B. S., & Cox D. J. (2005). Long-term benefits of prompts to use safety belts among drivers exiting senior communities. *Journal of Applied Behavior Analysis, 38*, 533-536.
www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1309715
- Edwards, J. D., Leonard, K. M., Lunsman, M., Dodson, J., Bradley, S., Myers, C. A., & Hubble, B. (2008). Acceptability and validity of older driver screening with the DrivingHealth^(R) Inventory. *Accident Analysis & Prevention, 40*, 1157-1163.
- FHWA. (1995). *Licensed Drivers by Sex and Age Group, 1963-1995*. Washington, DC: Federal Highway Administration. www.fhwa.dot.gov/ohim/summary95/dl220.pdf
- FHWA. (2006). Distribution of Licensed Drivers 2005; Table DL-20. *Highway Statistics 2005*. Washington, DC: Federal Highway Administration.
www.fhwa.dot.gov/policy/ohim/hs05/pdf/dl20.pdf
- Glassbrenner, D. (2004). *Safety Belt Use in 2003 - Demographic Characteristics*. Publication No. DOT HS 809 729. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/airbags/809729.pdf
- IIHS. (2006a). *Fatality Facts 2006: Older People*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/research/fatality_facts_2006/olderpeople.html
- IIHS. (2006b). *U.S. Driver Licensing Renewal Procedures for Older Drivers*. Arlington, VA: Insurance Institute for Highway Safety. www.iihs.org/laws/state_laws/older_drivers.html
- Janke, M. K. (1994). *The Mature Driver Improvement Program in California*. Sacramento, CA: California Department of Motor Vehicles.

- Kua, A., Korner-Bitensky, N., Desrosiers, J., Man-Son-Hing, M., & Marshall, S. (2007). Older Driver Retraining: a Systematic Review of Evidence of Effectiveness. *Journal of Safety Research*, 38, 81-90.
- Langford, J., Fitzharris, M., Koppell, S., & Newstead, S. (2004). Effectiveness of mandatory license testing for older drivers in reducing crash risk among urban older Australian drivers. *Traffic Injury Prevention*, 5, 326-335.
- Lococo, K. H. (2003). *Summary of Medical Advisory Board Practices in the United States*. Washington, DC: U.S. Department of Transportation. www.mdsupport.org/drivingsummary.pdf
- Lococo, K. H., & Staplin, L. (2005). *Strategies for Medical Advisory Boards and Licensing Review*. Publication No. DOT HS 809 874. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/research/MedicalAdvisory/pages/Job%201602%20-%20final%20new.pdf
- Marottoli, R. A. (2007). *Enhancement of Driving Performance Among Older Drivers*. Washington, DC: AAA Foundation for Traffic Safety.
- Morrisey, M. A. & Grabowski, D. C. (2005). State motor vehicle laws and older drivers. *Health Economics*, 14, 407-419.
- Nasvadi, G. E., & Vavrik, J. (2007). Crash risk of older drivers after attending a mature driver education program. *Accident Analysis & Prevention, Volume 39, Issue 6, November 2007*, 1073-1079.
- NCHRP, Vol 9. (2004). *A Guide for Reducing Collisions Involving Older Drivers*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/onlinepubs/nchrp/nchrp_rpt_500v9.pdf
- NCUTLO. (2005). *Reporting of Driver Impairment Model Law*. Alexandria VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org/impairment.htm
- NHTSA. (1998). *Older Drivers: Cues for Law Enforcement*. Publication No. DOT HS 808 778. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/olddrive/cuesindex.html
- NHTSA. (2003a). *A Compendium of Law Enforcement Older Driver Programs*. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/olddrive/LawEnforcementOlderDriver03/index.htm
- NHTSA. (2003b). *Physician's Guide to Assessing and Counseling Older Drivers*. Publication No. DOT HS 809 647. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.gov/people/injury/olddrive/OlderDriversBook/index.html

NHTSA. (2006). *Traffic Safety Facts 2005*. Publication No. DOT HS 810 631. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/TSF2005.PDF

NTSB. (2004). *Highway Special Investigation Report: Medical Oversight of Noncommercial Drivers*. Washington, DC: National Transportation Safety Board. NTSB/SIR-04/01 PB2004-917002. www.nts.gov/publictn/2004/SIR0401.pdf

OECD. (2001). *Ageing and Transport: Mobility Needs and Safety Issues*. Paris, France: Organisation for Economic Cooperation and Development. www.oecd.org/dataoecd/40/63/2675189.pdf

Owsley, C., McGwin, G., Jr., Phillips, J. M., McNeal, S. F., & Stalvey, B. T. (2004). Impact of an education program on the safety of high-risk, visually impaired, older drivers. *American Journal of Preventive Medicine*, 26, 222-229.

Skufca, L. (2008). *2007 AARP Driver Safety Program Course Evaluation*. Washington, DC: AARP Knowledge Management.

Raymond, P., Knoblauch, R., & Nitzburg, M. (2001). *Older Road User Research Plan*. Publication No. DOT HS 809 322. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/index.htm

Staplin, L., & Lococo, K. H. (2003). *Model Driver Screening and Evaluation Program. Vol. 3: Guidelines for Motor Vehicle Administrators*. Publication No. DOT HS 809 581. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/olddrive/modeldriver/

Staplin, L., Lococo, K. H., Gish, K. W., & Decina, L. E. (2003a). *Model Driver Screening and Evaluation Program. Vol. 1: Project Summary and Model Program Recommendations*. Publication No. DOT HS 809 582. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/olddrive/modeldriver/

Staplin, L., Lococo, K. H., Gish, K. W., & Decina, L. E. (2003b). *Model Driver Screening and Evaluation Program. Vol. 2: Maryland Pilot Older Driver Study*. Publication No. DOT HS 809 583. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/olddrive/modeldriver/

Stutts, J. C. (2005). *Improving the Safety of Older Road Users*. Final report, NCHRP Synthesis Project 20-5, Synthesis Topic 35-10. Washington, DC: Transportation Research Board.

U.S. Census Bureau, Population Division (May 17, 2007). *Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2006 (NC-EST2006-02)*. Washington, DC: U.S. Census Bureau. www.census.gov/popest/national/asrh/NC-EST2006/NC-EST2006-01.xls

U.S. DOT. (2003). *Safe Mobility for a Maturing Society: Challenges and Opportunities*. Washington, DC: U.S. Department of Transportation.
<http://ostpxweb.dot.gov/policy/Data/SafeMobility.pdf>

Vernon, D. D., Diller, E., Cook, L., Reading, J., & Dean, J. M. (2001). *Further Analysis of Drivers Licensed with Medical Conditions in Utah*. Publication No. DOT HS 809 211. Washington, DC: National Highway Traffic Safety Administration.
www.nhtsa.dot.gov/people/injury/olddrive/utah/utah_index.htm

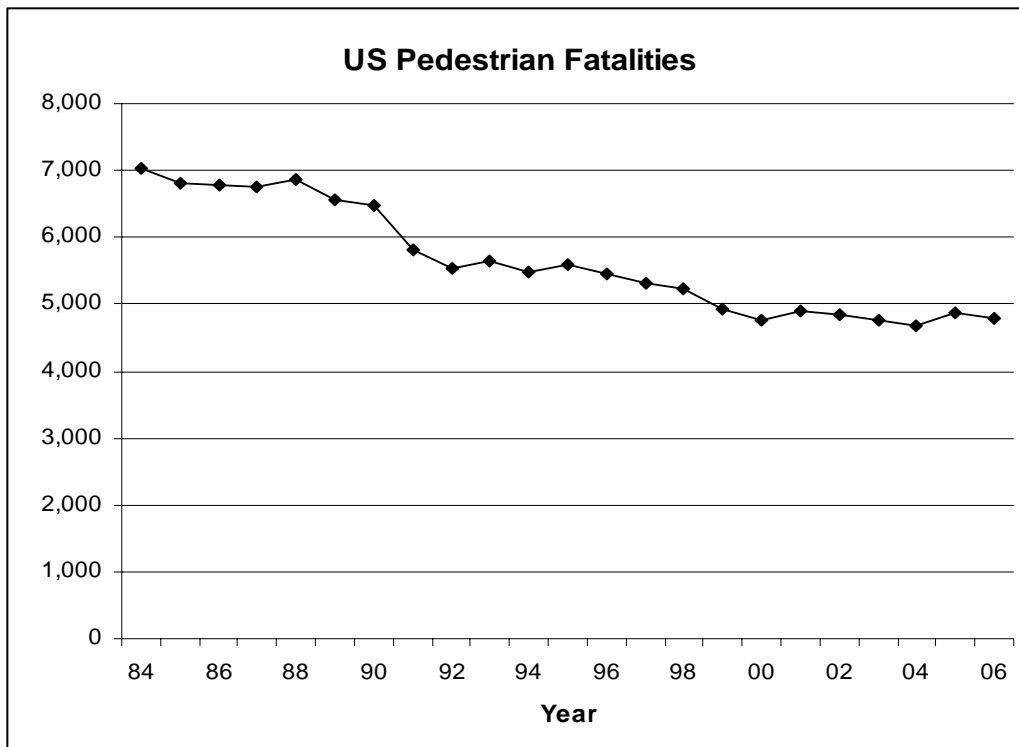
8. Pedestrians

Overview

In 2007, 4,654 pedestrians died and about 70,000 were injured in traffic crashes in the United States. Pedestrians accounted for 11% of total traffic fatalities and 3% of total injuries (NHTSA, 2007). Of the pedestrian casualties:

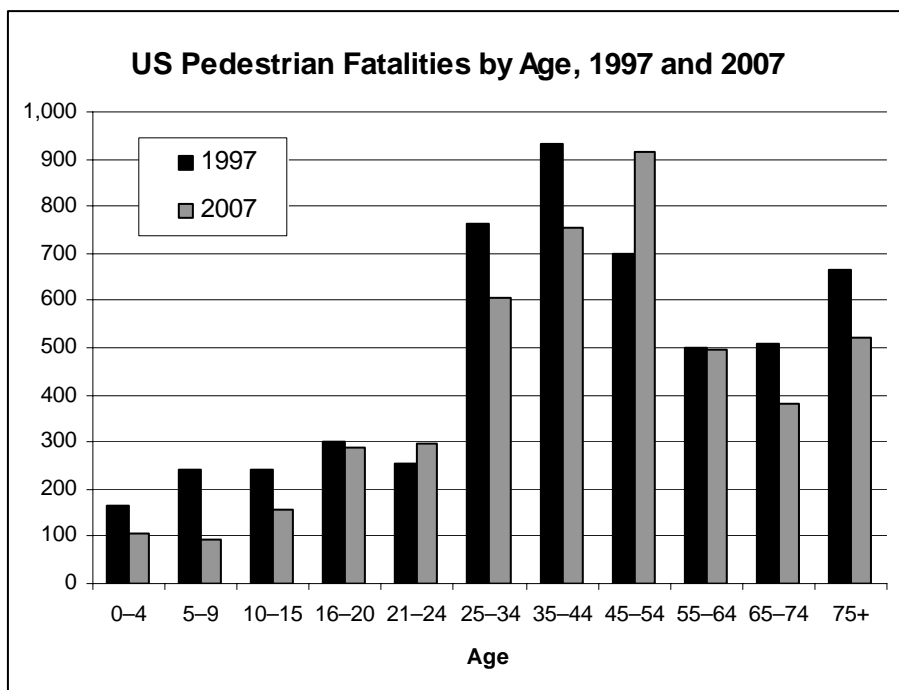
- 354 fatalities and 16,000 of the injured were children 15 and younger;
- 903 fatalities and 6,000 of the injured were older adults 65 and older;
- 1,803 of those fatally injured had a positive blood alcohol concentration (NHTSA, 2008).

Trends. Pedestrian fatalities have dropped gradually over the past 20 years from about 7,000 to less than 5,000 annually. The amount of walking appears to have decreased during the 1980s and then may have increased during the 1990s. Between 1980 and 1990, the percentage of commuting trips made by walking and bicycling dropped from 6.7% to 4.4%; the figure dropped again, to 3.3%, in 2000. However, commuting is reported to account for only about 15% of all trips. Total walking trips appear to have risen from 7.2% of all trips in 1990 to 8.7% in 2001 (Raborn, 2004), based on data from NHTSA's 1990 Nationwide Personal Transportation Survey (NPTS) and the 2001 successor National Household Travel Survey (NHTS), though the NPTS and NHTS surveys used somewhat different methodologies.



Source: NHTSA, Traffic Safety Facts

The age distribution of pedestrian fatalities has changed over the last decade. From 1997 to 2007, pedestrian fatalities decreased for all ages except the 21 to 24 and 45 to 64 age groups. In particular, child pedestrian fatalities (ages below 16) decreased 46%, from 651 to 354.



Source: FARS

Exposure. According to the Department of Transportation’s personal transportation surveys, the number of walking trips has increased from 18 billion in 1990 (U.S. DOT, 1990) to 20.3 billion in 1995 (U.S. DOT, 1995) and 35.3 billion 2001 (U.S. DOT, 2001), though the various surveys used somewhat different methodologies. This is approximately 117 trips per year for each U.S. inhabitant. As a fraction of all trips, walking increased from 7.2% in 1990, to 8.7% in 2001.

Another estimate comes from the National Survey of Pedestrian and Bicyclist Attitudes and Behaviors (NHTSA and the Bureau of Transportation Statistics, 2003). Using telephone surveys during the summer 2002, the study estimated that about 79% of those 16 and older – or about 164 million people – walked, ran, or jogged outdoors at least once between May and August 2002, averaging 1.7 trips on that day.

A third source of information comes from the U.S. Census. The Census reported notably higher values of commuting by walking in 1990 (3.9% of all commuters, or about 4.5 million people) than in 2000 (2.9%, or 4.4 million people). Commuting, however, makes up only a small percentage of all trips.

Classifying crashes. Pedestrian crashes can be classified into types based on crash location and pedestrian and motor vehicle actions. In the early 1990s this methodology was used to classify more than 5,000 pedestrian crashes in California, Florida, Maryland, Minnesota, North Carolina, and Utah (Hunter, Stutts, Pein, & Cox, 1996, summarized in www.walkinginfo.org/pc/types.cfm). Of these pedestrian crashes:

- The largest major grouping was crashes occurring at or within 50 feet of an intersection, accounting for 32% of all crashes. Of these intersection crashes, 30% involved a turning vehicle; another 22% involved a pedestrian running across the intersection or darting out in front of a vehicle from a location where the pedestrian could not be seen, and 16% involved a driver violation.
- The second major grouping was crashes occurring in the middle of a block, accounting for 26%. In one-third of these, the pedestrian ran into the street and the driver's view was not obscured; one-sixth were "dart-outs" in which the pedestrian walked or ran into the street from a location where the pedestrian could not be seen.
- Only 7% of the crashes involved a pedestrian walking along a roadway not on a sidewalk. In three-quarters of these crashes the pedestrian was struck from behind while walking in the direction of traffic.

Different crash types at different locations can be addressed by different countermeasures. The crash typing methodology is available as the Pedestrian and Bicycle Crash Analysis Tool (PBCAT) software. States and communities can use PBCAT to analyze pedestrian crashes and select countermeasures. PBCAT may be downloaded from www.walkinginfo.org/facts/pbcats/index.cfm.

An emerging issue likely to attract attention in future years is the increasing research establishing cell phone use as a source distraction for pedestrians. Nasar, Hecht, and Wener (2007) and Hatfield and Murphy (2007) indicate that talking on cell phones is associated with cognitive distraction that may undermine pedestrian safety. At the moment, however, no countermeasures to address this emerging issue have been evaluated.

Strategies to Increase Pedestrian Safety

Countermeasures in this Chapter are organized by pedestrian type:

- Young children;
- School-age children;
- Adults, including highway construction workers; and
- Alcohol-impaired pedestrians.

A final group contains countermeasures that may affect all pedestrians.

Basic countermeasure principles include reducing vehicle speed, which allows pedestrians and drivers more time to react and reduces impact forces if crashes do occur; reducing exposure to known risky situations; and increasing enforcement of pedestrian-friendly laws.

Countermeasures need to be tailored to diverse populations, including groups such as recent immigrants who may not be familiar with U.S. traffic laws, the U.S. traffic environment, or may not speak or read English.

This chapter is restricted to behavioral countermeasures. Many environmental and engineering strategies affect pedestrian safety substantially, but they are outside the direct authority of SHSOs. For information on engineering strategies, see the *NCHRP Report 500 Guide for*

Reducing Collisions Involving Pedestrians (NCHRP, 2004) or the Pedestrian and Bicycle Information Center (www.walkinginfo.org/). For a broad set of resources on behavioral strategies from NHTSA, see www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.dfedd570f698cabbbf30811060008a0c/. For information on education, engineering, vehicular, and legislative practices and recommended strategies in Europe, see Organization for Economic Co-operation and Development (2004).

Key terms

- NCHRP: National Cooperative Highway Research Program
- NPTS: Nationwide Personal Transportation Survey, conducted by NHTSA approximately every 5 years through 1995.
- NHTS: National Household Travel Survey, the successor to NPTS, conducted last in 2001.

Countermeasures That Work

Countermeasures to improve pedestrian safety are listed below and discussed individually in the remainder of this chapter. The table is intended to give a rough estimate of each countermeasure’s effectiveness, use, cost, and time required for implementation. The symbols and terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information on each item.

1. Young Children

Countermeasure	Effectiveness	Use	Cost	Time
1.1 Children’s safety clubs	★ ★	Unknown	Low	Uncertain
1.2 Child supervision	★	Unknown	Low	Short

2. School-age Children

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Elementary school pedestrian training	★ ★ ★ ★ ★	Unknown	Low	Short
2.2 Safe Routes to School (SRTS)	★ ★ ★	High	Low	Short
2.3 Child school bus training	★ ★ ★	High	Low	Short
2.4 Model “ice cream vendor” ordinance	★ ★ ★	Low	Low	Medium

3. Adults

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Pedestrian safety zones	★ ★ ★ ★ ★	Low	High	Medium
3.2 Model road work site law	★ ★	Medium	Low	Short

4. Impaired Pedestrians

Countermeasure	Effectiveness	Use	Cost	Time
4.1 Communications and outreach	★ ★	Low	Medium	Medium
4.2 Pedestrian “sweeper” patrols	★	Low	Medium	Short

5. All Pedestrians

Countermeasure	Effectiveness	Use	Cost	Time
5.1 Reduced speed limits	★★★★★	High	Low	Short
5.2 Targeted enforcement	★★★★	Unknown	Medium	Short
5.3 Daylight saving time	★★★	High	Low	Medium
5.4 Conspicuity enhancement	★★★	Low	Low	Short
5.5 Driver training	★	Low	Low	Medium

Effectiveness:

- ★★★★★ - Demonstrated to be effective by several high-quality evaluations with consistent results
- ★★★★ - Demonstrated to be effective in certain situations
- ★★★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

- High: more than two-thirds of the States, or a substantial majority of communities
- Medium: between one-third and two-thirds of States or communities
- Low: less than one-third of the States or communities
- Unknown: data not available

Cost to implement:

- High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources
- Medium: requires some additional staff time, equipment, facilities, and/or publicity
- Low: can be implemented with current staff, perhaps with training; limited costs for equipment, facilities, and publicity

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

- Long: more than one year
- Medium: more than three months but less than one year
- Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Young Children

1.1 Children's Safety Clubs

Effectiveness: ★ ★	Use: Unknown	Cost: Low	Time: Uncertain
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The purpose of children's safety clubs is to have parents and caregivers educate young children about safe walking techniques, particularly regarding traffic, while walking in real-world settings. Very young children have limited abilities to perceive traffic hazards, little experience with which to anticipate and interpret, and limited abilities to reason and react. Motor vehicle crashes involving preschool children often involve slow-moving vehicles, frequently backing up in driveways and parking lots (Agran, Winn, & Anderson, 1994; Olson, Sklar, Cobb, Sapien, & Zumwalt, 1993). It is important to teach children age-appropriate lessons about traffic. It is even more important that parents and caregivers take direct responsibility and supervise young children carefully, as discussed in the following Section 1.2 (Rivara, Bergman, & Drake, 1989).

Safety clubs are a promising way to promote understanding and to teach a specific set of appropriate behaviors for these young pedestrians. However, the knowledge and skill benefits have not been found to translate into crash and injury reductions (Gregersen & Nolen, 1994; West, Sammons, & West, 1993). An equally important outcome of safety clubs is for parents and caregivers to recognize their charges' limits and to understand their own obligation to maintain supervisory control.

NHTSA has a number of brochures on child pedestrian safety, as does Safe Kids Worldwide. The main development of safety clubs took place in Europe a number of years ago, but they have not been adopted broadly in the U.S. There do not appear to be any national or statewide standards, models, or curricula. One online game for parents and young children (Otto the Auto, from the California State Automobile Association) can be found at www.ottoclub.org. For a British traffic club source, see The Children's Traffic Club, www.trafficclub.co.uk.

Use: Pedestrian safety may be a topic at many preschools, but programs are likely to be unique, without consensus objectives, material, or curriculum.

Effectiveness: As noted, safety clubs, chiefly in Europe, have been shown to increase knowledge in young children, but the anticipated crash and injury reductions have not been demonstrated.

Costs: Only a few dollars per child for material. If integrated into preschool programs, training for teachers may be needed.

Time to implement: Before a safety club program could be implemented, program material must be located and adapted as necessary. Following that, a modest time period would be needed to arrange for material, disseminate information, and train teachers.

1.2 Child Supervision

Effectiveness: ★	Use: Unknown	Cost: Low	Time: Short
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The purpose of child supervision programs is to increase the supervision of children when they are exposed to traffic, or when they are nearby with direct access to traffic. Because children do not have the impulse control to make proper safe walking decisions, these programs can be an asset to anyone responsible for the supervision of children. The State can require such programs for teachers, day care workers, and others licensed to care for children. The programs can also be made available to parents, babysitters, or other caretakers through PTAs, churches, pediatricians, or even direct mail or Internet access.

One of the ways to “sell” these programs may be to point out that parents don’t know how much their children need supervision (and effective training). Rivara et al. (1989) and Dunne, Asher, and Rivara (1992), for example, have shown that parents consistently overestimate the ability of children younger than 9 or 10 to negotiate in traffic. Adults should actively supervise children and not assume that their presence will be adequate to ensure safer behavior.

Use: The availability and use of such programs is unknown. Two valuable resources are NHTSA, with publications such as *Walking Through the Years* and *Preventing Pedestrian Crashes: Preschool/Elementary School Children*, and Safe Kids Worldwide, with *Teach Your Child Street Smarts*.

Effectiveness: Programs or material can provide effective training for caregivers if they point out specific risks as well as guidelines for the kind and degree of oversight that are necessary, but the caregivers need to put the training into practice.

Costs: Material for individuals is already available and quite inexpensive. Training for licensed caregivers would be inexpensive to develop and distribute.

Time to implement: Short, for existing material; medium, to develop and disseminate a training curriculum with material.

2. School-Age Children

2.1 Elementary School Pedestrian Training

Effectiveness: ★ ★ ★ ★ ★	Use: Unknown	Cost: Low	Time: Short
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The purpose of elementary school pedestrian training is to equip school-age children with knowledge and practice to enable them to walk safely in environments with traffic and other safety hazards. A number of elementary school pedestrian training programs have been developed over the years. “Willy Whistle” was developed in the 1970s as a film to teach K-3 children to look left-right-left before crossing. NHTSA-developed videos for grades 4-6 include “Keep on Looking” and “Walking with Your Eyes.” Additional curricula have been developed for rural pedestrian concerns (Cleven & Blomberg, 1994).

These programs are useful to teach basic pedestrian concepts and safe behaviors at schools, churches, and other institutions with groups of elementary-age children. Pedestrian safety programs are especially important for children who may be more likely to make risky pedestrian decisions, such as those from lower-income families or ethnic minority backgrounds, or those who are less able to control their behavior (Barton & Schwebel, 2007).

Use: Unknown. The material has been available for years, and they have been distributed widely, but not in a systematic program. It is likely there are a number of copies that are “out there” but not in current use. In addition, some technology might be outdated (e.g., VHS versus DVD). With schools being called on for a wider variety of services and narrower set of teaching requirements, finding time to add child traffic safety modules may be quite difficult.

Effectiveness: The programs are proven to increase knowledge as observed in normal (non-crash) circumstances. In tests in Los Angeles and Milwaukee, child dart-out crashes were reduced by 20% overall. In Miami schools, the WalkSafe program was found to increase left-right-left searching and reduce mid-block crossings and dart-outs immediately after the intervention; however, the results from the 3-month post-test were not different from behaviors exhibited at pre-test (Hotz et al., 2004). Barton, Schwebel, and Morrongiello (2007) showed that children behaved more safely following a brief pedestrian safety training. In the United Kingdom, a combination of adult-led training and peer discussions for children 5 to 8 led to improved roadside search skills (Tolmie et al., 2005).

The material would be best if it combined child training with emphasis to teachers, parents, and other caregivers on the limits of children, particularly those younger than 10, and the need for careful supervision.

Costs: Low. NHTSA’s existing publications are valuable tools in the toolbox, and they can be recommended and provided at low expense.

Time to implement: Short; after a decision is made by the school districts to offer such a program, time is needed for them to review recommended material, select or enhance one choice, and work it into the curriculum.

2.2 Safe Routes to School

Effectiveness: ★ ★ ★	Use: High	Cost: Low	Time: Short to Long
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The goal of Safe Routes to School (SRTS) programs is to increase the amount of bicycling and walking trips to and from school while simultaneously improving safety for children walking or bicycling to school. SRTS programs include educating and encouraging children to bicycle or walk to school, identifying routes that are appropriate for bicycling and walking to school, and improving the safety of those routes. SRTS is made up of training and encouragement for children, improved traffic control around schools, and engineering to improve risky elements of the traffic environment.

SRTS packages are available from NHTSA. They include student and instructor publications and can be implemented “off the shelf.” For an overview, see NHTSA’s *Safe Routes to School: Practice and Promise*, which presents the background, rationale, and steps to follow for SRTS and describes several existing programs (NHTSA, 2004). SAFETEA-LU requires each State to have its own SRTS program beginning in 2005, including infrastructure improvements, public awareness and outreach, traffic education and enforcement near schools, student sessions, training for volunteers and program managers, and a full-time State SRTS coordinator. See the Federal Highway Administration’s Safe Routes to School Clearinghouse at www.saferoutesinfo.org for information on SRTS programs around the country.

Use: High. With the establishment of the national SRTS program, all 50 States and the District of Columbia are now operating SRTS programs in their Departments of Transportation. Local SRTS programs exist, in different forms, in nearly all States.

Effectiveness: Some publications are effective in teaching young children and their parents how to evaluate and choose the best routes for walking or bicycling to and from school. They are derived from analyses of types of crashes associated with to/from school trips, but it has not been possible to evaluate their effect on preventing crashes and injuries. Although the full program emphasizes broad education, some specific implementations have centered on site-appropriate engineering changes; results have shown behavioral improvements for pedestrians, bicyclists, and motorists (Britt, Bergman, & Moffat, 1995). Dumbaugh and Frank (2007) found that many of the safety benefits associated with SRTS countermeasures are assumed rather than known. With the establishment of the national program, there will soon be extensive evaluation of SRTS programs.

A variation on the SRTS theme, “walking school buses,” uses volunteer adults, usually parents, to walk a specific route to and from school, collecting or dropping off children on the way, so that a group of children walks to school under the supervision of adults. The program has been found popular and practical in New Zealand and Italy (Collins & Kearns, 2005; Roberts, 1995). Roberts found in New Zealand that when parents walked with children to and from school, the risk of injury was only 36% of the risk for unaccompanied children, though the small sample sizes made the difference suggestive rather than statistically significant.

Costs: Low. Many NHTSA publications are available and can be procured and distributed from existing stock. The National Center for SRTS provides many freely downloadable publications for local SRTS programs.

Time to implement: Very short, once the school or district has decided to use SRTS; a wide range of material is available from NHTSA and the National Center for Safe Routes to School. Programs funded through State DOTs typically require applications on a funding cycle and can take significantly longer to implement.

2.3 Child School Bus Training

Effectiveness: ★ ★ ★	Use: High	Cost: Low	Time: Short
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The purpose of school bus training for children is to teach school-age children how to safely approach, board, depart, and walk away from school buses. Approximately 800 children have died in traffic crashes in each recent year during normal school travel hours. On average, only 5 were school bus passengers and 15 were pedestrians near a school bus (TRB, 2002, p. 1). The 2005 experience fits this model: one fatality to children in a school bus and 8 to children age 15 or younger around a school bus (NHTSA, 2007, Tables 92 and 93). There are no data for pedestrian fatalities and injuries involving school buses during hours not associated with travel to and from school (i.e., for special school-related trips). It is estimated that less than 500 pedestrians of all ages were injured in school-bus related crashes in 2007 (NHTSA, 2007, Table 93).

Basic training for children who ride school buses should be part of the normal school routine, if it is not already. Training should include behavior on the bus as well as getting on or off the bus at bus stops or school, obeying bus drivers and bus monitors, emergency evacuation procedures, and any topics unique to the school.

Jurisdictions should use a common curriculum for school bus safety training. NHTSA has developed and evaluated a safety training program for elementary children who ride the school bus (Cleven & Blomberg, 1994). Targeted behaviors include boarding and exiting from the bus and crossing the street to and from the bus. Burke, Lapidus, Zavoski, Wallace and Banco (1996) found that stenciled pavement markings, together with in-school training, led to improved behavior in waiting for and boarding the school bus (compared to training alone), for students in grades 4-6.

Use: Most school districts have some form of school bus training in place, though the content and quality of those programs varies. Schools should be eager to provide this training, both for child safety and for legal liability.

Effectiveness: School bus training to publicize and support the kinds of behaviors expected and required can be very useful. The most readily demonstrated effect of the training will be improved behavior on and around buses. The training, along with outreach publicizing it, can also communicate standards and expectations to parents and others. Any reductions in crashes and injuries are extremely difficult to demonstrate because some form of training is very widespread and the choice to adopt a stronger curriculum would be confounded with any number of other factors.

Costs: Low; the primary cost for the SHSOs would be in adapting material for their States and producing, stocking, and distributing the material.

Time to implement: Short. Basic material can be obtained from NHTSA, and schools could adopt the recommended curriculum, or another of their choice, quickly.

2.4 “Ice Cream Vendor” Ordinance

Effectiveness: ★ ★ ★	Use: Low	Cost: Low	Time: Medium
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The purpose of “Ice Cream Vendor” ordinances is to modify the behavior of drivers around ice cream trucks to reduce speeds and improve safety when children approach the trucks. The neighborhood ice cream truck is a very specific hazard for children. As children run to or from the truck, they may pay little attention to traffic. The truck may screen the children from drivers.

The ordinance requires that drivers come to a complete stop before passing an ice cream truck that is stopped to vend. Drivers may proceed when it is safe at no more than 15 mph and must yield to all nearby pedestrians. The ice cream truck must be equipped with flashing signal lamps and a stop signal arm, similar to those found on school buses, which can be activated when the truck is stopped for vending.

The regulation includes provisions for permits and inspections for ice cream trucks and similar on-street vendors. Details of the model regulation are included in Blomberg (2001); see also Hale, Blomberg, and Preusser (1978).

Use: As of 2001 some form of ice cream vendor ordinance was in place in Florida, New Jersey, New York, South Carolina, and Texas, as well as Detroit, Michigan (Blomberg, 2001).

Effectiveness: When tested in Detroit, crashes to pedestrians going to or from ice cream trucks were reduced by 77% (Hale et al., 1978).

Costs: The primary costs are for modifications to vendor trucks, for inspections of trucks prior to issuing vending permits, and for training police officers for enforcement.

Time to implement: Medium; following passage of an ordinance, implementation must allow enough time for truck modifications to be made and an inspection system established.

3. Adults

3.1 Pedestrian Safety Zones

Effectiveness: ★ ★ ★ ★ ★	Use: Low	Cost: High	Time: Medium
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The purpose of pedestrian safety zones is to slow traffic and improve conditions for pedestrians in areas with larger numbers of at-risk pedestrians. In 2007, 903 fatalities, or 19% of all pedestrian fatalities, and about 6,000 injuries, 9% of all pedestrian injuries, occurred to pedestrians age 65 and older. About 40% of their fatalities and 50% of their injuries occurred at intersections, the highest values for any age group (NHTSA, 2007, Table 94).

Most countermeasures specifically intended for older adult pedestrians involve engineering changes. These can range from simple actions such as traffic signal retiming to “pedestrian zones” that can combine communications and outreach messages for pedestrians and drivers, major alterations to the pedestrian environment to slow and channel vehicle traffic, and enhanced enforcement. Pedestrian zone programs can be targeted at a full range of pedestrian crash problems within a limited geographic area.

Pedestrian safety zones were developed by Blomberg and Cleven (1998) and NHTSA (1998). Crash data were analyzed to identify areas where older pedestrian crashes occur and “zones” were drawn around the high-incidence areas. Countermeasures were developed for the kinds of crashes that were seen. They included signal retiming, providing communications and outreach for both drivers and pedestrians living near the crash zones, and enhanced enforcement. The result in Phoenix, Arizona, was a significant reduction in crashes and injuries to older pedestrians in the target areas.

Use: Low. Pedestrian zone programs have been implemented in only a handful of cities.

Effectiveness: Properly designed and implemented pedestrian zone programs have been shown effective in reducing crashes and injuries for older pedestrians (Blomberg & Cleven, 1998) and for impaired pedestrians (Blomberg & Cleven, 2000).

Costs: High. If properly done, pedestrian zone programs require up-front analysis and planning, countermeasure development and tailoring, and implementation.

Time to implement: Medium. A pedestrian zone program can take several months of concentrated activity before it can be implemented. Programs done to date have included local task forces, usually assembled for the program, to take critical leadership roles.

3.2 Model Road Work Site Laws

Effectiveness: ★ ★	Use: Medium	Cost: Low	Time: Short
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The purpose of implementing road work site safety laws is to advise drivers and pedestrians to proceed with additional caution when traveling through or across work zones. Road work sites are very hazardous. In 2005, 1,074 people were killed at work sites including 137 pedestrians, most often road site workers. A number of countermeasures are common for work sites, including double fines, awareness campaigns (e.g., “Slow down. My daddy/mommy works here!”), requirements for worksite signing, lighting, traffic control, and heightened enforcement.

There are two complementary model regulations for worksites. The first, from NCHRP, emphasizes marking and control of work zones including permissions and inspections, speed limit maintenance and reductions, and safe traffic control (NCUTLO, 1997). It calls for site markings consistent with requirements of the *Manual on Uniform Traffic Control Devices* (FHWA, 2004).

The second also emphasizes worker conspicuous materials and worker and driver responsibilities. For more information on this model law, see Blomberg, 2001. The model law expands on existing Uniform Vehicle Code (UVC) provisions (NCUTLO, 2000), in particular to improve the conspicuity of workers at the site. Many States have existing work site practices that match or exceed the requirements of this model law, and anyone considering adopting this law should compare its provisions to current practice.

Use: States may not have these exact laws but may have most or all of their provisions in effect through alternative laws or regulations. No State had enacted the second model law as of 2001 (Blomberg, 2001).

Effectiveness: These model laws have not been specifically evaluated.

Costs: Low; they may require the State, municipality, or contractors to increase payments for materials, site layout, and active supervision and marking, but these would be a small part of the costs for any project.

Time to implement: Short. Once governing regulations are written, work site operators can be required to comply almost immediately.

4. Impaired Pedestrians

4.1 Impaired Pedestrians: Communications and Outreach

Effectiveness: ★ ★	Use: Low	Cost: Medium	Time: Medium
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The purpose of developing specific campaigns to increase awareness of the risks associated with walking as an alcohol-impaired pedestrian is to reduce crashes involving impaired pedestrians. In 2007, 39% of all fatally injured pedestrians had a positive blood alcohol concentration, and 35% had a BAC of .08 or higher (NHTSA, 2007, Table 82). Most are young adult males (Leaf & Preusser, 1997). This observation is confirmed in FARS data. For the five years of 1999-2003, of the pedestrian fatalities 18 and older, 44% of males and 22% of females had a BAC of .08 or higher, elevated BACs (.08 g/dL or higher), with the highest proportions for ages 21 through 54.

Some of the countermeasures proposed for impaired drivers in Chapter 1, such as responsible beverage service training and alternative transportation, are also appropriate for impaired pedestrians. Comprehensive programs also are appropriate.

Communications and outreach to reduce impaired-pedestrian crashes can be directed at a wide variety of audiences. A recent study obtained expert evaluations of a wide range of possible communications and outreach approaches (Leaf, Northrup, & Preusser, in press). Recommended target audiences include drivers, alcohol servers and vendors, civic and neighborhood leaders, and friends and family of likely impaired pedestrians. Likely impaired pedestrians are also a target audience, of course. However, they are viewed as a very difficult audience for communications and outreach to have a meaningful effect on their behavior. Experts think that reaching others who are in a position to prevent these crashes, or to alter the circumstances that lead up to such crashes, is the most effective way to achieve success.

Use: Low. NHTSA has successfully implemented one zone-based program in Baltimore, Maryland, but it is not currently active (Blomberg & Cleven, 2000). Most impaired-person programs focus on impaired drivers.

Effectiveness: The use of communications and outreach countermeasures alone has been shown to increase knowledge and reported behavior changes, but there have been no demonstrations of crash or injury reductions unless the communications and outreach is part of a comprehensive program such as the one in Baltimore discussed above.

Costs: The costs for such a program can range from low to high, depending on the extent of the campaign that is designed and implemented.

Time to implement: Medium. Again, the actual time to implement depends on the scope and ambition of the program. Existing communications and outreach themes should be tailored to specific localities and conditions.

4.2 Pedestrian “Sweeper” Patrols

Effectiveness: ★	Use: Low	Cost: Medium	Time: Short
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The purpose of “sweeping” inebriated pedestrians from the streets until they no longer have high BACs is intended to reduce the exposure to traffic of these at-risk pedestrians. As shown in 4.1 (above), pedestrians with high BACs are at high risk of injury due to motor vehicle crashes. A program of removing or “sweeping” inebriated pedestrians from the streets can be effective in reducing their exposure and thus the risk.

There are some important issues that need to be resolved when setting up sweeper programs, such as how to identify at-risk pedestrians (e.g., calls from bars or direct observers, observation by police or health professionals), who picks up the targets, where they are kept until they are sober, whether friends or family need to be notified at the time of the pickup, how the pedestrians are returned home after the intervention, and how the costs of the program are borne.

Huntley (1984) focused on police “sweeper” squads and “support on call” programs involving taxis and trained escorts to get intoxicated people home. Services of these types in the Boston area were surveyed. Both types of services appeared practical and effective, though the number of people who could be reached by these services was relatively small. There was a problem related to the number of available detoxification beds in the community. The sweeper squads wanted to deliver intoxicated pedestrians to the mental health community, not to police facilities, and they stopped the sweep when the beds were filled. There were also problems with the number of taxi drivers who wanted to deal with intoxicated people and the availability of volunteer escorts.

Use: Well-publicized sweep operations, which involve picking up intoxicated people from the street and letting them “sleep it off,” have been conducted in Puerto Rico and in Gallup, New Mexico. Puerto Rico’s program, which included a statute, communications and outreach, and police training, led to a 7% drop in alcohol-related pedestrian crashes (Stewart, 1994). There appear to be no well-publicized programs operating now.

Effectiveness: Such programs typically reach only a fraction of those people who need the services. The sweeps typically deal with people who are too drunk to walk or even know that they are being “swept.” These same people are at risk while they are becoming intoxicated, and, in all likelihood, will be at risk again in the near future as they become sober. As described by Huntley (1984), these individuals need intensive treatment for alcoholism; and sweeper programs may be useful in identifying potential treatment candidates.

Costs: Medium. The program incurs ongoing costs directly related to the effectiveness, i.e., the number of people swept up. Depending on how it is set up, the program may incur costs related to the sweeper patrol (or police overtime), the use of facilities, and any subsequent treatment requirements.

Time to implement: Once it is decided to offer the program, the logistics for starting it up could be handled within weeks or a few months.

Other issues:

- The legal rights of those potentially being swept need to be preserved.
- Often if the police or other formal agencies are involved, their regular procedures would require some formal charge or other processing to take place. Alternatively, a sweeper program could be without subsequent consequences to those being swept, with no formal records kept. This might eliminate certain organizations or agencies from participating.

5. All Pedestrians

5.1 Reduced Speed Limits

Effectiveness: ★ ★ ★ ★ ★	Use: High	Cost: Low	Time: Medium
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The purpose of reducing speed limits is to increase reaction time for both drivers and pedestrians to avoid conflicts, as well as reduce the severity of injuries that result when pedestrian crashes occur. Higher vehicle speeds produce more and more serious pedestrian crashes and casualties. Reducing speeds through lowering speed limits is a time-honored countermeasure. Evidence shows, though, that actual speeds are reduced by only a fraction of the reduction in speed limits – typically 1-2 mph speed reduction for every 5 mph speed limit reduction. For maximum effectiveness, speed limit reductions need to be accompanied by communications and outreach that inform the public and make the case for the reduction and by heightened, visible enforcement (Leaf & Preusser, 1999).

Speed limit reductions can be most effective when introduced to a limited area as part of a visible area-wide change, for example, identifying a downtown area as a special pedestrian-friendly zone through signs, new landscaping or “streetscaping”, lighting, etc. If done cleverly, this can be accomplished with relatively modest engineering changes and expenses.

If speed limits are routinely ignored, then enforcing speed limits may be a more effective strategy than attempting to change them. Blomberg and Cleven (2006) report on demonstration programs in two cities in which speed limit enforcement, combined with engineering changes and extensive publicity, reduced both average speeds and the number of excessive speeders in residential neighborhoods. NHTSA is conducting a further evaluation to determine whether pedestrian crashes were reduced in these neighborhoods.

See Chapter 3, Section 1.1, for further discussion of speed limits.

Use: High, in the sense that all public roads have a speed limit and all speed limits take some account of pedestrian travel and pedestrian safety issues.

Effectiveness: Actual speed reductions improve pedestrian safety. Just changing speed limits is of limited, though positive, effectiveness. Some reasons for this include drivers not noticing the new speed limit, drivers not understanding the reason to reduce speed, or drivers continuing to keep up with the speeds maintained by other drivers. Speed limit reductions need to be made compelling to be effective.

Costs: Simply changing speed limits is low-cost, only requiring updating speed limit signs or, where few signs exist, adding some new ones. Combining speed limit changes with communications and outreach, enforcement, and decorative or engineering changes can be significantly more expensive.

Time to implement: Depending on the scope of the program, the time can be very short, or it can take several months to a year to plan and implement a complex plan.

Other issues:

- Speed limit changes exist in the context of other, unchanged speed limits. The normal expectation is that there is an overall consistent approach to speed-limit setting. Where, for safety, some speed limits need to be reduced in a manner inconsistent with other speed limits, there must be clear and visible reminders that distinct conditions exist that justify the lower limits.

5.2 Targeted Enforcement

Effectiveness: ★ ★ ★ ★	Use: Unknown	Cost: Medium	Time: Short
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The purpose of targeted enforcement is to increase compliance with appropriate traffic laws by both pedestrians and motorists. Behavioral pedestrian safety initiatives require pedestrians or drivers to change their walking or driving actions and habits. Once pedestrians and drivers are informed of the changes needed and why they are important, enforcement often is necessary to encourage compliance. Although enforcement was implied or stated for many of the earlier countermeasures, it deserves to be called out separately.

Enforcement is most effective when it is highly visible and publicized, to reinforce the message of the required behavior and to raise the expectation that failure to comply may result in legal consequences. Most enforcement is seen as aimed at drivers, with enforcement actions against pedestrians occurring only to sort out culpability in crashes. As much as possible, enforcement campaigns should balance their focus on pedestrians as well as drivers, starting with the communications and outreach efforts that announce and position the campaigns.

A coordinated program of targeted enforcement may involve a range of support activities, such as communications and outreach to notify the public of the campaign, training for the police on enforcement goals and procedures, and training for prosecutors and judges so that they understand the purposes of the campaign and are prepared for the increase in citations that the enforcement will produce.

Use: Unknown. Enforcement is largely a local option, and often is integrated into other police duties, so special enforcement efforts are difficult to isolate and track.

Effectiveness: Because targeted enforcement can be employed for a wide range of purposes in a wide range of circumstances, no overall statement of effectiveness can be made. In Queens, New York, enforcement was a key part of a campaign that included minor engineering adjustments and communications and outreach and reduced pedestrian fatalities (CDC, 1989). In Seattle, a variety of communications and outreach and enforcement combinations were tested in conjunction with a change in the law for drivers to yield to pedestrians at crosswalks; the authors concluded that enforcement was not successful in increasing driver yielding (Britt et al., 1995).

Costs: Medium. The cost of the enforcement is a direct function of the size of the effort, the number of overtime officer hours and associated supplies, ranging from vehicle operating costs to equipment such as speed measurement devices or alcohol test machines.

Time to implement: Short. Police resources can be diverted to targeted enforcement very quickly. Support equipment can take longer, as can developing a plan that coordinates law changes, environmental changes, support communications and outreach, and enforcement.

5.3 Daylight Saving Time

Effectiveness: ★ ★ ★	Use: High	Cost: Low	Time: Long
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Daylight savings time provides more daylight during early afternoon, thus reducing the risk of pedestrian crashes during that time. Daylight saving time shifts an hour of daylight from the morning, when pedestrian traffic, crashes, and injuries are lighter, to the afternoon, when pedestrian traffic, crashes, and injuries are heavier. In daylight, pedestrians and drivers can see each other better, and fewer crashes occur. Shifting the hour of daylight by means of daylight saving time reduces afternoon crashes by many more than it adds in the morning. For example, if daylight saving time were extended for the entire year, it is estimated that about 727 pedestrian and 180 vehicle occupant fatalities would be saved each year (Ferguson, Preusser, Lund, Zador, & Ulmer, 1995).

Only three States do not follow current daylight saving time rules: Arizona, Hawaii, and most of Indiana. Those States could change their practices to follow Federal daylight saving time.

Use: As noted, daylight saving time is implemented in all but three States. Exceptions are long-standing local practice. Indiana has recently moved several counties from the Eastern to Central time zone, but in the process reaffirmed their commitment to daylight savings time exceptions.

Effectiveness: The effectiveness of existing daylight saving time in reducing pedestrian crashes has been clearly demonstrated (Ferguson et al., 1995). Stevens and Lord (2006) also show that daylight savings time results in reduced pedestrian crashes, but found a smaller effect than previous research. The effect would continue with the new daylight savings time schedule.

Costs: Minimal to the traffic safety community. Any daylight saving time change will be publicized extensively.

Time to implement: If a daylight savings time change is enacted, it can be implemented the following year.

Other issues:

- Local exceptions to daylight saving time have been in effect for many years, and the States with the exceptions have made deliberate choices to have them. Those exceptions will be difficult to overcome.
- Farming interests have been opposed to daylight saving time in any form, because of the inconvenience of matching their work schedules, largely determined by the availability of sunlight, with shifts in the rest of the world's schedules.

5.4 Conspicuity Enhancement

Effectiveness: ★ ★ ★	Use: Low	Cost: Low	Time: Medium
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The purpose of enhancing conspicuity for pedestrians is to increase the opportunity for drivers to see and avoid pedestrians in low light conditions. Pedestrians who are more visible are less likely to be struck. Retro-reflective materials are built into many shoes, including children's and athletic shoes. Other accessories, such as arm or leg bands, gloves, vests, and caps are available from sporting goods stores and other vendors. Light sources, including strobes and other flashing lights, are also available. Many have been designed for bicyclists but are equally applicable to pedestrians. The difficulty with most of these devices is that the user must decide in advance to take and use them. Because of this extra step, and because most of the conspicuity enhancements do not look like "normal" clothing, they are very much underused. Light-colored clothing, long a recommended solution, does little to improve conspicuity (NCHRP, 2004, Strategy B5).

There are a number of opportunities for improving pedestrian conspicuity. Devices designed to be semi-permanently fastened to children's clothing can be provided to parents through schools, group activities, or pediatricians. Light sticks and reflective bands can be supplied with new cars, or distributed by automobile clubs or insurance companies, for use during vehicle breakdowns or emergencies.

Use: Retro-reflective materials are used regularly in athletic-type shoes, occasionally in backpacks and jackets, and minimally in other clothing.

Effectiveness: Widespread use of retro-reflective materials would increase the ability of drivers to detect pedestrians in time to avoid crashes. Pedestrians wearing good retro-reflective materials, particularly materials that fill out the person's shape or outline, can be detected hundreds of feet farther than can pedestrians in normal clothing, even with low-beam illumination (NCHRP, 2004, Strategy B5). However, studies suggest the effectiveness of retro-reflective materials may be limited when pedestrians are in crowded areas. For example, a recent study found that drivers took longer to detect a pedestrian who was wearing a reflective vest or jacket if the pedestrian was standing near a strip mall or in areas with high road traffic (Sayer & Buonarosa, 2008).

Costs: Low, if supplementary publications are distributed in quantity. Supplementary publications available commercially.

Time to implement: Medium. Promoting increased conspicuity may require development of targeted messages and a publicity strategy.

5.5 Driver Training

Effectiveness: ★	Use: Low	Cost: Low	Time: Medium
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The purpose of pedestrian safety-related driver training is to increase the sensitivity of drivers to the presence and characteristics of pedestrians. Current training for new drivers typically includes relatively little information on other road users. Information on pedestrians can be significantly strengthened. Specifications for driver education curricula, typically a State requirement, can be adjusted to include more and specific information on the status of the pedestrian in the traffic environment, right of way requirements for driver and pedestrian, other driver and pedestrian responsibilities, categories of pedestrian crash types, and key ways drivers can avoid being involved in such crashes.

One of the best ways driver training can incorporate pedestrian and bicyclist concerns for new drivers is through “Share the Road” concepts and programs, though many focus exclusively on bicycles. One such resource is the State of New York’s highly readable *Sharing the Road Safely* (www.nysgtsc.state.ny.us/media/sharetheroad.pdf).

NHTSA’s current investigations of the workings and effectiveness of driver education may provide an opportunity to recommend modifications in the way driver training addresses pedestrian safety. Any new information for driver education should be reflected in State publications, much like the manual for new drivers that is handed out to learners and used as the basis for driver licensing exams.

Use: Low. As noted, all driver education curricula include some information on other road users, but the kind of expanded information recommended here is sparse.

Effectiveness: Driver education has not been shown to reduce overall crash rates. The objective for adding more pedestrian information would be to increase knowledge, particularly of crash types and countermeasures, and to improve the new drivers’ anticipation of and interactions with pedestrians – as well as improve their behavior as pedestrians.

Costs: Low. The cost would be for the development of the new segments of the standard curriculum and for getting it into the material used by driver education instructors and schools.

Time to implement: Medium. Material would need to be developed and integrated into the standard driver education curriculum, and adjustments made elsewhere in the curriculum to reflect likely additional time required for the new pedestrian material.

The same timeframe would be appropriate for making changes to official State driving manuals, license exams, and related material and procedures.

Pedestrian Safety References

- Agran, P. F., Winn, D. G., & Anderson, C. L. (1994). Differences in child pedestrian injury events by location. *Pediatrics*, *93*, 84-288.
- Barton, B. K., Schwebel, D. C., & Morrongiello, B. A. (2007). Brief report: Increasing children's safe pedestrian behaviors through simple skills training. *Journal of Pediatric Psychology*, *32*, 475-80.
- Barton, B. K., & Schwebel, D. C. (2007). The Influences of Demographics and Individual Differences on Children's Selection of Risky Pedestrian Routes. *Journal of Pediatric Psychology*, *32*, 343-53.
- Blomberg, R. D. (2001). *NHTSA Resource Guide on Laws Related to Pedestrian and Bicycle Safety*. Publication No. DOT HS 809 368. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/bike/resourceguide/
- Blomberg, R. D., & Cleven, A. M. (1998). *Development, Implementation, and Evaluation of a Pedestrian Safety Zone for Elderly Pedestrians*. Publication No. DOT HS 808 692. Washington, DC: National Highway Traffic Safety Administration.
- Blomberg, R. D., & Cleven, A. M. (2000). *Development, Implementation, and Evaluation of a Countermeasure Program for Alcohol-Involved Pedestrian Crashes*. Publication No. DOT HS 809 067. Washington, DC: National Highway Traffic Safety Administration.
- Blomberg, R. D., & Cleven, A. M. (2006). *Pilot Test of "Heed the Speed," A Program to Reduce Speeds in Residential Neighborhoods*. Publication No. DOT HS 810 648. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/HeedSpeedWeb/
- Britt, J. W., Bergman, A. B., & Moffat, J. (1995). Law enforcement, pedestrian safety, and driver compliance with crosswalk laws: evaluation of a four-year campaign in Seattle. *Transportation Research Record*, *1485*, 160-167.
- Burke, G. S., Lapidus, G. D., Zavoski, R. W., Wallace, L., & Banco, L. I. (1996). Evaluation of the effectiveness of a pavement stencil in promoting safe behavior among elementary school children boarding school buses. *Pediatrics*, *97*, 520-523.
- CDC. (1989). Queens Boulevard Pedestrian Safety Project--New York City. *Morbidity and Mortality Weekly Report*, *38*, 61-64.
- Cleven, A. M. & Blomberg, R. D. (1994). *Development and evaluation of a pedestrian safety training program for elementary school bus riders*. Publication No. DOT HS 808 267. Washington, DC: National Highway Traffic Safety Administration.

- Collins, D. C., & Kearns, R. A. (2005). Geographies of inequality: Child pedestrian injury and walking school buses in Auckland, New Zealand. *Social Science and Medicine*, 60, 61-69.
- Dumbaugh, E., & Frank, L. D. (2007). *Traffic Safety and Safe Routes to Schools: Synthesizing the Empirical Evidence*. Transportation Research Board 86th Annual Meeting, Washington, DC.
- Dunne, R. G., Asher, K. N., & Rivara, F. P. (1992). Behavior and parental expectations of child pedestrians. *Pediatrics*, 89, 486-490.
- FHWA. (2004). *Manual on Uniform Traffic Control Devices (MUTCD), 2003 Edition, Revision 1*. Washington, DC: Federal Highway Administration.
www.mutcd.fhwa.dot.gov/pdfs/2003r1/pdf-index.htm
- Ferguson, S. A., Preusser, D. F., Lund, A. K., Zador, P. L., & Ulmer, R. G. (1995). Daylight saving time and motor vehicle crashes: The reduction in pedestrian and vehicle occupant fatalities. *American Journal of Public Health*, 85, 92-95.
- Gregersen, N. P., & Nolen S. (1994). Children's road safety and the strategy of voluntary traffic safety clubs. *Accident Analysis and Prevention*, 26, 463-470.
- Hale, A., Blomberg, R. D., & Preusser, D. F. (1978). *Experimental field test of the model ice cream ordinance in Detroit*. Publication No. DOT HS 803 410. Washington, DC: National Highway Traffic Safety Administration.
- Hatfield, J., & Murphy, S. (2007) The effects of mobile phone use on pedestrian crossing behaviour at signalised and unsignalised intersections. *Accident Analysis & Prevention*, 39, 197-205.
- Hotz, G., Cohn, S., Castelblanco, A., Colston, S., Thomas, M., et al. (2004). WalkSafe: a school-based pedestrian safety intervention program. *Traffic Injury Prevention*, 5, 382-389.
- Hunter, W. H., Stutts, J. C., Pein, W. E., & Cox, C. L. (1996). *Pedestrian and Bicycle Crash Types of the Early 1990's*. Publication No. FHWA-RD-95-163. Washington, DC: Federal Highway Administration.
- Huntley, M. S., Jr. (1984). *Pedestrian/alcohol problems: Countermeasures to consider*. Cambridge, MA: Transportation Systems Center.
- Leaf, W. A., Northrup, V. S., & Preusser, D. F. (in press). *Evaluation of Alternative Approaches for Reducing Alcohol-Related Crashes Among Pedestrians: Targets of Opportunity*. Contract No. DTNH22-98-D-45079. Washington, DC: National Highway Traffic Safety Administration.
- Leaf, W.A., & Preusser, D.F. (1997). *Identification of Alcohol-Pedestrian Crash Problems Among Selected Racial/Ethnic Groups*. Publication No. DOT HS 808 641. Washington, DC: National Highway Traffic Safety Administration.

Leaf, W.A., & Preusser, D.F. (1999). *Literature Review on Vehicle Travel Speeds and Pedestrian Injuries*. Publication No. DOT HS 809 021. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/research/pub/HS809012.html

Nasar, J., Hecht, P., & Wener, R. (2007). Mobile telephones, distracted attention, and pedestrian safety. *Accident Analysis and Prevention*, 40, 69–75.

NCHRP, Vol. 10. (2004). *A Guide for Reducing Collisions Involving Pedestrians*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/Onlinepubs/nchrp/nchrp_rpt_500v10.pdf

NCUTLO. (1997). *Work Zone Model Law*. Alexandria, VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org/work_zone.htm

NCUTLO. (2000). *Uniform Vehicle Code and Model Traffic Ordinance*. Alexandria, VA: National Committee on Uniform Traffic Laws and Ordinances. www.ncutlo.org

NHTSA. (1998). *Zone Guide for Pedestrian Safety*. Publication No. DOT HS 808 742. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/ped/ZoneGuideWeb/pages/index.htm

NHTSA. (2004). *Safe Routes to School: Promise and Practice*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/bike/Safe-Routes-2004/index.html

NHTSA. (2007). *Traffic Safety Facts 2007*. Publication No. DOT HS 811 002. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/TSF2007.PDF

NHTSA. (2008). *Traffic Safety Facts: Pedestrians*. Publication No. DOT HS 810 994. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810994.PDF

NHTSA & BTS. (2003). *National Survey of Pedestrian & Bicyclist Attitudes and Behaviors: Highlights Report*. Washington, DC: National Highway Traffic Safety Administration and Bureau of Transportation Statistics. www.walkinginfo.org/library/details.cfm?id=14

OECD. (2004). *Keeping Children Safe in Traffic*. Paris, France: Organization for Economic Co-operation and Development. www.oecd.org/document/9/0,2340,en_2649_34351_31416393_1_1_1_1,00.html

Olson, L. M., Sklar, D. P., Cobb, L., Sapien, R., & Zumwalt, R. (1993). Analysis of childhood pedestrian deaths in New Mexico, 1986-1990. *Annals of Emergency Medicine*, 22, 512-516.

Raborn, C. (2004). *National Bicycling and Walking Study: Ten Year Status Report*. Chapel Hill, NC: Highway Safety Research Center, Pedestrian and Bicycle Information Center. www.fhwa.dot.gov/environment/bikeped/study/index.htm

Rivara, F. P., Bergman, A. B., & Drake, C. (1989). Parental attitudes and practices toward children as pedestrians. *Pediatrics*, *84*, 1017-1021.

Roberts, I. (1995). Adult accompaniment and the risk of pedestrian injury on the school-home journey. *Injury Prevention*, *1*, 242-244.

Sayer, J. R., & Buonarosa, M. L. (2008). The roles of garment design and scene complexity in the daytime conspicuity of high-visibility safety apparel. *Journal of Safety Research*, *39*, 281-286.

Stevens, C. R., Jr., & Lord, D. (2006). Evaluating Safety Effects of Daylight Savings Time on Fatal and Nonfatal Injury Crashes in Texas. *Transportation Research Record: Journal of the Transportation Research Board*, *1953*, 147-155.

Stewart, K. (1994). *Report of the ICADTS Working Group on Alcohol-Involved Pedestrians*. www.druglibrary.org/schaffer/misc/driving/s25p1.htm

Tolmie, A., Thomson, J. A., Foot, H. C., Whelan, K., Morrison, S., & McLaren, B. (2005). The effects of adult guidance and peer discussion on the development of children's representations: evidence from the training of pedestrian skills. *British Journal of Psychology*, *96*, 181-204.

TRB. (2002). *The Relative Risks of School Travel*. Special Report 269. Washington, DC: Transportation Research Board. www.trb.org/news/blurb_detail.asp?id=673

U.S. DOT. (1990). *1990 Nationwide Personal Transportation Survey*. Washington, DC: Bureau of Transportation Statistics, U.S. Department of Transportation. nhts.ornl.gov/

U.S. DOT. (1995). *1995 Nationwide Personal Transportation Survey*. Washington, DC: Bureau of Transportation Statistics, U.S. Department of Transportation. nhts.ornl.gov/

U.S. DOT. (2001). *2001 National Household Travel Survey*. Washington, DC: U.S. Department of Transportation. nhts.ornl.gov/

West, R., Sammons, P., & West, A. (1993). Effects of a traffic club on road safety knowledge and self-reported behaviour of young children and their parents. *Accident Analysis and Prevention*, *25*, 609-618.

9. Bicycles

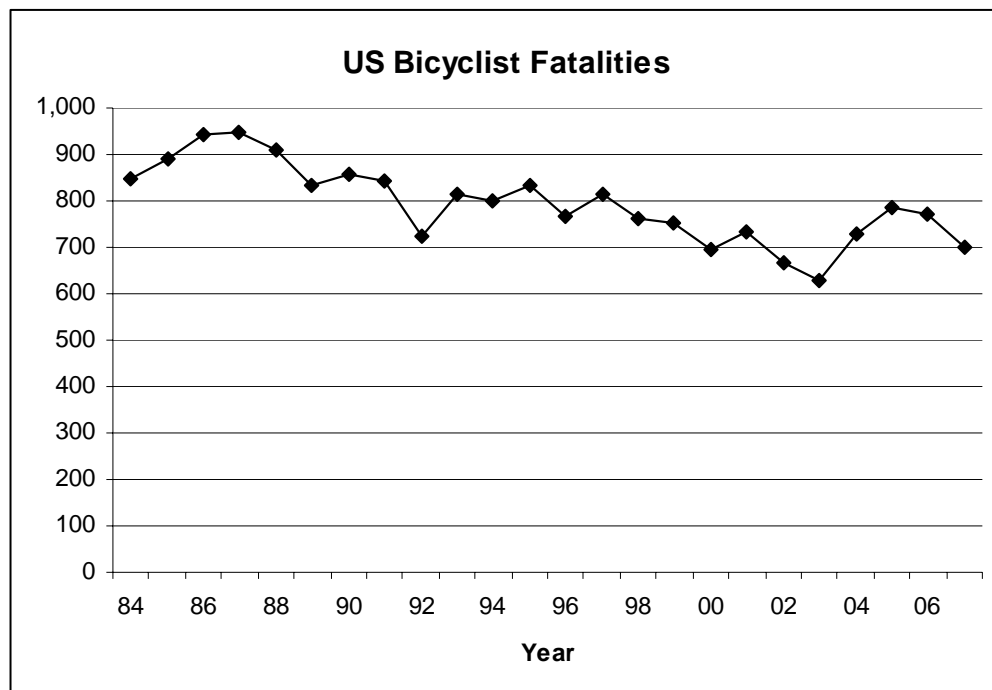
Overview

In 2007, 698 bicyclists died and about 43,000 were injured in traffic crashes in the United States. Bicyclists accounted for 2% of total traffic fatalities and 2% of total injuries (NHTSA, 2007a).

Of the bicyclist casualties:

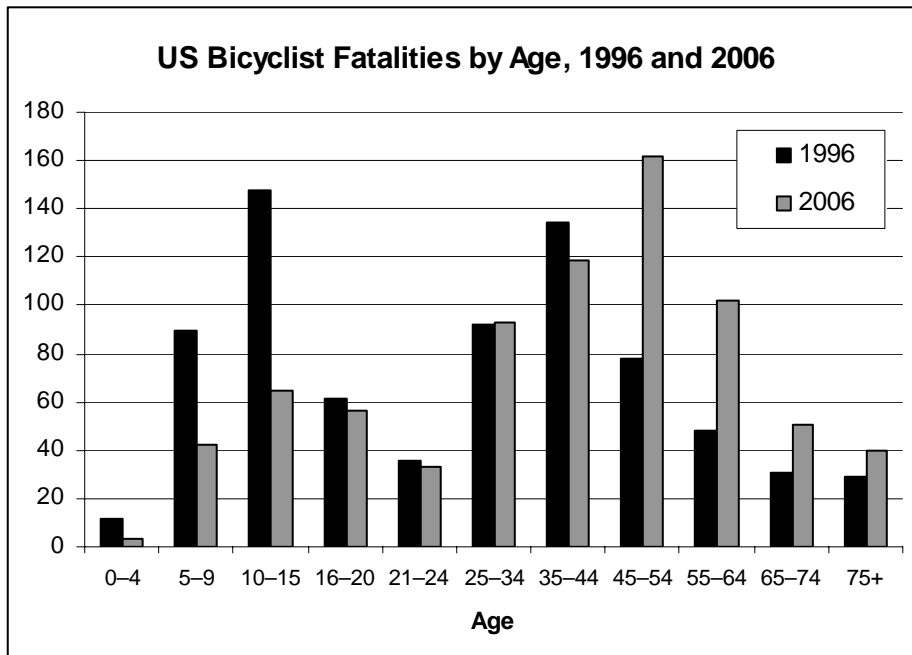
- 107 children 15 and younger were killed and about 12,000 were injured;
- 163 young adults 16 to 34 were killed and about 16,000 were injured;
- 262 mid-aged adults ages 35 to 54 were killed and about 10,000 were injured;
- 159 older adults 55 and older were killed and about 4,000 were injured;
- 88% of the bicyclists killed and 81% of those injured were male (NHTSA, 2007a).

Trends. Bicyclist fatalities dropped by 34% in 15 years, from 948 in 1987 to 629 in 2003, before rising to 786 in 2005. In 2007, bicyclist fatalities decreased to 698.



Source: FARS

Over the past decade, fatalities have decreased for bicyclists under 16 years old and increased for age 25 and older. The average age of bicyclists killed is now 40, up from 31 in 1997. The average age of bicyclists injured is 30, up from 24 in 1997 (NHTSA, 2007a).



Source: FARS

Exposure. According to the Department of Transportation’s personal transportation surveys, the number of bicycling trips has increased from 1.7 billion in 1990 (U.S. DOT, 1990) to 3.3 billion in 1995 (U.S. DOT, 1995) and 2001 (U.S. DOT, 2001), though the various surveys used somewhat different methodologies. This is approximately 10 trips per year for each U.S. inhabitant. As a fraction of all trips, bicycling has remained nearly constant, going from 0.7% to 0.9% to 0.8% over the three surveys.

Another estimate comes from the National Survey of Pedestrian and Bicyclist Attitudes and Behaviors (NHTSA and the Bureau of Transportation Statistics, 2003). Using telephone surveys covering summer 2002, the study estimates that about 27.3% of people 16 and older, or about 57 million, rode a bicycle at least once between May and August 2002, and they averaged 1.6 trips on that day.

A third source of information comes from the U.S. Census. Just for commuting, the Census reported nearly the same values in 1990 (0.4% of all commuters, or about 467,000 people) for bicycling commuting as in 2000 (0.4% or 488,000 people). Commuting, however, makes up only a small percentage of all trips.

Different crash types at different locations can be addressed by different countermeasures. The crash typing methodology is available as the Pedestrian and Bicycle Crash Analysis Tool software. States and communities can use PBCAT to analyze bicycle crashes and select countermeasures. PBCAT may be downloaded from www.walkinginfo.org/facts/pbcats/index.cfm.

Bicyclist types. Bicyclists can be considered in three general categories, with the two adult categories overlapping depending on trip purposes:

- **Purposive riders:** Adults 16 and older who are commuting, doing errands, or otherwise using the bicycle as a means to accomplish something. For these trips, bicyclists frequently use the shortest and quickest route, often involving major roads that may have relatively heavy motor vehicle traffic and less than optimal accommodations for bicyclists.
- **Recreational riders:** Adults 16 and older who ride for exercise or entertainment, or otherwise bicycle for the sake of bicycling. These bicyclists frequently seek low-traffic roads or separate bicycle-only facilities, perhaps driving in order to reach the place where they want to bicycle. They are looking for pleasant and safe places to ride and tend to avoid complex road environments with much motor vehicle traffic.
- **Children:** Children under 16 have no experience from the perspective of a driver. Depending on their age, developmental/cognitive abilities and experience, they have limited ability to detect, understand and anticipate traffic hazards and they have immature decision-making capabilities. They may be taking purposive trips, such as to or from school or to go to a sports activity, or they may be just riding around. However, they are not well equipped to take a full role as a traffic participant.

Preschool and elementary-age beginners, who have almost no adult-level traffic awareness and who ride for play, are not able to handle unsupervised access to motor vehicle traffic. They are much different than older, early teenage riders, who lack adult traffic awareness and judgment but whose bicycle-handling skills approach or exceed those of most adult riders and who may have the ability to use specific strategies to ride safely in traffic.

Strategies to Reduce Bicycle Crashes and Injuries

Several strategies may be used to decrease bicycle crashes and injuries.

- Educate motorists and bicyclists on how they should interact with each other and what the relevant laws require. For example, add material on sharing the road with bicyclists to the driver education curriculum and appropriate questions to the driver licensing exam.
- Pass laws to facilitate safe and efficient bicycling in traffic, to update and fill gaps in existing laws. Educate the public on any new laws.
- Enforcement efforts to increase traffic law compliance by both motorists and bicyclists. Train law enforcement officers in appropriate enforcement strategies. In particular, decrease wrong-way riding, sidewalk riding, and traffic control violations by bicyclists; and decrease cutting off bicyclists, passing too closely, or blocking or driving in a designated bicycle lane by motorists.
- Increase the conspicuity of bicyclists.
- Increase the use of properly fitted bicycle helmets by all bicyclists, both children and adults.
- Increase bicycle handling skills.

- Avoid distracted riding behaviors (cell phones, headphones, etc.).
- Decrease riding while impaired.

Resources

The agencies and organizations listed below can provide information on bicycle safety issues and countermeasures and links to numerous other resources.

- National Highway Traffic Safety Administration: www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.810acae50c651189ca8e410dba046a0/
- Federal Highway Administration:
 - Bicycle and Pedestrian program www.fhwa.dot.gov/environment/bikeped/index.htm
 - Office of Safety: http://safety.fhwa.dot.gov/ped_bike/bike/index.htm
- Consumer Product Safety Commission: www.cpsc.gov
- DOT Pedestrian and Bicycle Clearinghouse at the Pedestrian and Bicycle Information Center: www.bicyclinginfo.org and www.pedbikeinfo.org
- DOT National Center for Safe Routes to School: www.saferoutesinfo.org
- League of American Bicyclists: www.bikeleague.org
- National Bicycle Safety Network: www.bicyclinginfo.org/network/
- National Center for Bicycling and Walking: www.bikewalk.org
- Bicycle Helmet Safety Institute: www.helmets.org
- SAFE KIDS Worldwide: www.safekids.org
- Safe Routes to School National Partnership: www.saferoutespartnership.org

In addition, the *NCHRP Report 500 Guide for Reducing Collisions Involving Bicyclists* was released in early 2008 (NCHRP, 2008). It includes a comprehensive discussion of bicycle crash types, victims, and countermeasures emphasizing engineering solutions. The Guide is available at http://onlinepubs.trb.org/onlinepubs/nchrp/nchrp_rpt_500v18.pdf.

This chapter is restricted to behavioral countermeasures. Many environmental and engineering strategies affect pedestrian safety substantially, but they are outside the direct authority of SHSOs. For information on engineering strategies, see NCHRP (2004) or the Pedestrian and Bicycle Information Center (www.bicyclinginfo.org/). For a broad set of resources on behavioral strategies from NHTSA, see www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.810acae50c651189ca8e410dba046a0/. For information on education, engineering, vehicular, and legislative practices and recommended strategies in Europe, see Organisation for Economic Co-operation and Development [OECD] (2004).

Key terms

- NCHRP: National Cooperative Highway Research Program
- NPTS: Nationwide Personal Transportation Survey, conducted by NHTSA approximately every 5 years through 1995.
- NHTS: National Household Travel Survey, the successor to NPTS, conducted last in 2001.

Countermeasures That Work

Countermeasures to improve bicycle safety are listed below and discussed individually in the remainder of this chapter. The table is intended to give a rough estimate of each countermeasure's effectiveness, use, cost, and time required for implementation. The symbols and terms used are described below. Effectiveness, cost, and time to implement can vary substantially from State to State and community to community. Costs for many countermeasures are difficult to measure, so the summary terms are very approximate. See each countermeasure discussion for more information on each item.

All States are required by Congress and FHWA to have a Pedestrian and Bicyclist Coordinator in their Department of Transportation. The coordinator will be aware of active programs within the State and will have access to resources for implementing many of the countermeasures listed below.

1. Children

Countermeasure	Effectiveness	Use	Cost	Time
1.1 Bicycle helmet laws for children	★ ★ ★ ★ ★	Medium	Medium	Short
1.2 Safe Routes to School (SRTS) for bicyclists	★ ★ ★	High	Low	Short
1.3 Bike fairs, bike rodeos	★	Unknown	Low	Medium
1.4 Bicycle education in schools	★	Unknown	Medium	Short

2. Adults

Countermeasure	Effectiveness	Use	Cost	Time
2.1 Bicycle helmet laws for adults	★ ★ ★	Low	Medium	Short
2.2 Bicycle safety in driver education	★	Low	Low	Medium
2.3 <i>Share the Road</i> awareness programs	★	Unknown	Medium	Medium

3. All Bicyclists

Countermeasure	Effectiveness	Use	Cost	Time
3.1 Rider conspicuity	★ ★ ★	Medium	Low	Medium
3.2 Promote bicycle helmet use with education	★ ★ ★	Medium	High	Medium
3.3 Active bicycle lighting	★ ★ ★	Low	Medium	Medium
3.4 Targeted enforcement	★	Low	Medium	Medium

Effectiveness:

★ ★ ★ ★ ★ - Demonstrated to be effective by several high-quality evaluations with consistent results

★ ★ ★ ★ - Demonstrated to be effective in certain situations

- ★ ★ ★ - Likely to be effective based on balance of evidence from high-quality evaluations or other sources
- ★ ★ - Effectiveness still undetermined; different methods of implementing this countermeasure produce different results
- ★ - Limited or no high-quality evaluation evidence

Effectiveness is measured by reductions in crashes or injuries unless noted otherwise. See individual countermeasure descriptions for information on effectiveness size and how effectiveness is measured.

Use:

- High: more than two-thirds of the States, or a substantial majority of communities
- Medium: between one-third and two-thirds of States or communities
- Low: less than one-third of the States or communities
- Unknown: data not available

Cost to implement:

- High: requires extensive new facilities, staff, equipment, or publicity, or makes heavy demands on current resources
- Medium: requires some additional staff time, equipment, facilities, and/or publicity
- Low: can be implemented with current staff, perhaps with training; limited costs for equipment, facilities, and publicity

These estimates do not include the costs of enacting legislation or establishing policies.

Time to implement:

- Long: more than one year
- Medium: more than three months but less than one year
- Short: three months or less

These estimates do not include the time required to enact legislation or establish policies.

1. Children

1.1 Bicycle Helmet Laws for Children

Effectiveness: ★ ★ ★ ★ ★	Use: Medium	Cost: Medium	Time: Short
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The purpose of bicycle helmet laws for children is to reduce the number of severe and fatal head injuries to children involved in bicycle crashes. Bicycle helmets, when used properly, reduce head injuries and fatalities. Attewell, Glase, and McFadden (2001) examined all research studies published between 1987 and 1998. They found that helmets reduced overall head injuries by about 60% and reduced fatalities by about 73%. A Cochrane review and meta-analysis (Thompson, Rivara, & Thompson, 2006) confirms these findings.

A helmet use law is a significant tool in increasing helmet use. Its effectiveness is enhanced when combined with a supportive publicity and education campaign. See, for example, Rivara, Thompson, Patterson, and Thompson (1998), Kanny, Schieber, Pryor, and Kresnow (2001), and Rodgers (2002). Even non-legislative interventions can be effective at increasing helmet use among children (Royal, Kendrick, & Coleman, 2007).

Use: As of August 2007, 22 States, the District of Columbia, and at least 149 municipal localities have child helmet laws (BHSI, 2007). Most laws cover all bicyclists under age 16. Only 13 States have no State or local bicycle helmet laws.

Effectiveness: Grant and Rutner (2004) analyzed FARS data and concluded that State helmet-use laws for children reduce child bicycle fatalities by about 15% in the long run.

Costs: A helmet law should be supported with appropriate communications and outreach to parents, children, schools, pediatric health care providers, and law enforcement. NHTSA has a wide range of material that can be used to publicize proper helmet use such as the importance of wearing a helmet every ride and how to properly fit a helmet. While helmets that meet safety requirements can be purchased for as little as \$8, States may wish to provide free or discounted helmets to some children. The practical effect of bicycle helmet laws is to encourage parents to require their children to use helmets. Law enforcement officers rarely issue citations, so law enforcement costs are minimal.

When considering the costs of providing helmets, agencies should consider the benefits. A recent NHTSA summary of helmet laws reported that “every dollar spent on bicycle helmets saves society \$30 in indirect medical and other costs” (NHTSA, 2008).

Time to implement: Short, for existing material; medium, to develop custom communications and outreach or to start a helmet distribution or subsidy program.

1.2 Safe Routes to School (SRTS) for Bicyclists

Effectiveness: ★ ★ ★	Use: High	Cost: Low	Time: Short to Long
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The goal of Safe Routes to School Programs is to increase the amount of bicycling and walking trips to and from school while simultaneously improving safety for children walking or bicycling to school. SRTS programs include educating and encouraging children to bicycle or walk to school, identifying routes that are appropriate for bicycling and walking to school, and improving the safety of those routes. SRTS is made up of training and encouragement for children, education of adults and the community, improved traffic control around schools, and engineering to improve risky elements of the traffic environment.

SRTS material is available online from NHTSA and the USDOT's National Center for Safe Routes to School (NCSRTS). The NHTSA SRTS material can be found on the bicycle safety site (www.nhtsa.gov/portal/site/nhtsa/menuitem.810acae50c651189ca8e410dba046a0/). Beginning in 2005, SAFETEA-LU requires each State to have its own SRTS program to focus on infrastructure improvements, public awareness and outreach, enforcement near schools, education, training for volunteers and program managers, and a full-time coordinator for the State's entire SRTS program. For a list of current State coordinators, go to www.saferoutesinfo.org/contacts/index.cfm on the NCSRTS Web site. NCSRTS provides information, guidance, and support for community, State, and national SRTS efforts.

Use: High. With the establishment of the national SRTS program, all 50 States and the District of Columbia are now operating SRTS programs in their Departments of Transportation. Local SRTS programs exist in different forms in nearly all States.

Effectiveness: Many SRTS material can be effective in teaching young children and their parents how to evaluate and choose the best routes for walking or bicycling to and from school. They are derived from analyses of types of crashes associated with trips to and from school, but it has not been possible to directly evaluate their effect on crashes and injuries. Although the full program emphasizes broad education, some specific implementations have centered on site-appropriate engineering changes; results have shown behavioral improvements for pedestrians, bicyclists, and motorists (NHTSA, 2004). Dumbaugh and Frank (2007) found that many of the safety benefits associated with SRTS countermeasures are assumed rather than known. With the establishment of the national program, there will soon be extensive evaluation of SRTS programs.

Costs: Low. Much material produced by NHTSA is in stock and can be procured and distributed from existing stock or on its Web site. The National Center for SRTS provides much freely downloadable material for local SRTS programs.

Time to implement: Short. Once a school or district is interested in SRTS, many resources are available to assist planning efforts, including training from the NCSRTS or State coordinator, an on-line step by step guide on how to organize a SRTS team, as well as downloadable material.

1.3 Bike Fairs, Bike Rodeos

Effectiveness: ★	Use: Unknown	Cost: Low	Time: Medium
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The purpose of bike fairs and bike rodeos is to teach children about traffic laws that apply to them and how to ride defensively in a number of traffic conditions. Young children are just learning about traffic. They have little experience with which to anticipate and interpret potential traffic hazards, and limited abilities to reason and react. Their brains are still developing and they lack the maturity and judgment needed to negotiate traffic safely and limit risk-taking behaviors. They also are less skilled at riding than adults. Young children should not ride unless they can ride in a straight line, swerve to avoid hazards in the roadway, comfortably start and stop their bicycles, and maintain balance at slow speeds. Bike fairs and rodeos cannot correct the physical shortcomings, but they teach better riding behavior.

A bike fair or rodeo is an event that provides children an opportunity to learn and practice bicycling skills. A rodeo typically has several stations for specific skills and also includes bicycle and helmet inspections. Parental involvement can also be a valuable component of bicycle fairs, providing reinforcement of desired safe riding behaviors and modeling appropriate bicycling behaviors. Events should also include discussions and examples of proper bicycle helmet fitting.

There are a number of bicycle safety courses and models for fairs and rodeos. Examples include Washington Area Bicyclist Association (undated), Chaplin (2005), Minnesota Safety Council (undated), and Williams and Burden (1994). In addition, the League of American Bicyclists has numerous League Certified Instructors across the country that can teach a course very similar to Bike Rodeos.

Use: Bicycle safety fairs and rodeos are local events. They are often run by the police, school personnel, or other civic and volunteer organizations. There may be permanent “neighborhood” layouts where the rodeos are conducted, and the events may be scheduled as part of the elementary and middle school curriculum. Although their use is unknown, they are increasingly implemented as part of Safe Routes to School projects.

Effectiveness: While rodeos can result in increases in knowledge and skills, an extensive review of the research literature does not reveal any studies that document crash and injury reduction. One program of comprehensive education for preschool children and their parents, including a skills and safety rodeo, led to a doubling of helmet use (Britt, Silver, & Rivara, 1998).

Costs: A one-time rodeo can be operated with volunteers at minimal cost. A permanent rodeo facility could cost thousands of dollars.

Time to implement: A one-time rodeo can be organized in a few months. Implementing a permanent rodeo program with a facility may take up to a year or longer.

1.4 Bicycle Education in Schools

Effectiveness: ★	Use: Unknown	Cost: Medium	Time: Short
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The purpose of bicycle education offered in schools is to teach children traffic laws and how to ride on streets with traffic present. As part of the regular curriculum, the courses can reach every student. Most courses should include a demonstration or handout on how to properly fit a bicycle helmet, a helmet effectiveness demonstration, and an emphasis on wearing a helmet every ride. In addition, the course could include pedestrian safety training, making it part of a comprehensive traffic safety program, with components assembled from separate NHTSA, or comparable, programs. Many bicycle safety programs target children in grades K-8, though some are aimed at younger children.

For a careful review of training programs, many aimed at school children, see Rivara and Metrik (1998). A current listing of many training programs can be found in the FHWA Bicycle Safety Education Resource Center, www.bicyclinginfo.org/education/resource/fhwa.html. See also the *Good Practices Guide for Bicycle Safety Education* (FHWA, 2005).

NHTSA has produced publications on how to properly fit a bicycle helmet. The brochures and pamphlets are available in English (www.nhtsa.dot.gov/people/injury/pedbimot/bike/EasyStepsWeb/index.htm) and Spanish (www.nhtsa.dot.gov/people/injury/pedbimot/bike/EasyStepsSpan/index.htm).

Use: The use of such programs, which may be at the option of local school districts, is unknown. In-school education and training, however, is a frequent part of local Safe Routes to School programs.

Effectiveness: Programs such as these can increase knowledge of laws and proper behaviors, but their effectiveness in persistent behavior change and crash reductions has not been demonstrated.

Costs: Existing material can be used to set up the courses within the school environment, perhaps with temporary road and intersection layouts that can be used in the gym or outside parking lot, so the cost to the schools is moderate. If the sessions are used within the existing curriculum, then there would be no extra costs associated with the presentations.

Time to implement: Short, for existing material; medium, to develop and disseminate a training curriculum with material.

2. Adults

2.1 Bicycle Helmet Laws for Adults

Effectiveness: ★ ★ ★	Use: Low	Cost: Medium	Time: Short
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As with helmet laws for children, the purpose of bicycle helmet laws for adults is to reduce the number of severe and fatal injuries resulting from bicycle crashes. Bicycle helmets, when used properly, reduce head injuries and fatalities. Attewell et al. (2001) examined all research studies published between 1987 and 1998. They found that helmets reduced overall head injuries by about 60% and reduced fatalities by about 73%. The Cochrane review and meta-analysis (Thompson et al., 2006) confirms these findings.

Currently, no States require adult bicyclists to wear helmets. About 40 smaller governments, mostly in the State of Washington, require helmet use for all ages (BHSA, 2007).

Use: Very low.

Effectiveness: Likely to be effective. Ginsberg and Silverberg (1994) analyzed a prospective helmet law in Israel, finding a 3:1 benefit-to-cost ratio. Puder, Visintainer, Spitzer, and Casal (1999) found a helmet law for all ages produced higher helmet wearing than laws for children only; consistently, teens were least likely to wear helmets.

Costs: Moderate costs could be incurred for informing and educating the public and providing training for enforcement personnel.

Time to implement: Medium, with the need to adapt material from those urging helmet use for children, or develop entirely new material, and train police.

2.2 Bicycle Safety in Driver Education

Effectiveness: ★	Use: Low	Cost: Low	Time: Medium
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The purpose of addressing bicycle safety as part of driver education is to increase the sensitivity of drivers to the presence and characteristics of bicyclists. Although driver education and State driver manuals address sharing the road with bicyclists, they spend relatively little time on the topic. Existing print and electronic publications could be used to increase the emphasis on driving around bicyclists. For example, the Utah Department of Health developed a 12-minute video to be shown in driver education classes to reinforce how drivers can safely share the road with bicyclists. The video is available at <http://health.utah.gov/bicyclesafetyrulesoftheroad.html>. In addition, the League of American Bicyclists has released a new version of its bicycle education curriculum called SmartCycling that includes several courses that could be added to a driver education curriculum (see www.bikeleague.org).

One standard approach would be to implement a Share the Road module (see 2.3 below), covering interactions with both bicyclists and pedestrians, into the driver education curriculum, as Maine does currently (for bicyclists). For complete coverage, the same message would need to be included in State-provided material for new drivers and covered by new questions added to the knowledge license exam.

Use: All driver education curricula have some coverage of bicycles on the road. However, enhanced modules in the spirit of this countermeasure likely are quite rare.

Effectiveness: Unknown for crash and injury reduction.

Costs: Low. Publications such as those listed above are available from the League of American Bicyclists. The cost to add them to the existing driver education curriculum would be low. Changes to State manuals and other publications could be done within the normal material update budget.

Time to implement: A matter of months, once the scope and content of the added information was determined. Driver education curricula can be updated quickly. Changes to State driver manuals or licensing exams would wait for their normal update cycle, though as an interim measure the State could provide the information in the form of a separate supplement.

2.3 Share the Road Awareness Programs

Effectiveness: ★	Use: Unknown	Cost: Medium	Time: Medium
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The purpose of “Share the Road” programs is to increase drivers’ awareness of bicyclists, as well as improve both bicyclist and driver compliance with relevant traffic laws. *The National Strategies for Advancing Bicycle Safety* was developed from a July 2000 conference of bicycle advocates, injury prevention specialists, and government representatives (NHTSA, 2001). The result was five goals, each with a series of strategies and action steps. The first goal, Motorists Will Share the Road, called for the creation of a “coordinated ‘Share the Road’ public education campaign that can be adapted at the State and local levels.”

For an example of communication and outreach material, see www.bicyclinginfo.org/ee/ed_motorist.htm.

Use: Unknown.

Effectiveness: The material can be effective in increasing knowledge and appropriate attitudes, but there is no systematic evidence of changes in driving behavior or reductions in crashes.

Costs: Medium, including the costs to develop new publications or tailor current ones. The material can be delivered as training for specific target audiences, such as new drivers or all high school students, or drivers as they renew their licenses, or general communications and outreach intended for mass media delivery.

Time to implement: Medium. The first step in implementing this countermeasure would be to determine the needs of the community. This would include identifying local challenges, the desired audiences and appropriate media outlets, and adaptation of messages from existing material (if necessary).

3. All Bicyclists

3.1 Rider Conspicuity

Effectiveness: ★ ★ ★	Use: Medium	Cost: Low	Time: Medium
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Improving bicyclist conspicuity is intended to make bicyclists more visible to motorists and to allow motorists more opportunity to see and avoid collisions with bicyclists. A common contributing factor for crashes involving bicyclists in the roadway is the failure of the driver to notice the bicyclist. New bicycles must be sold with reflectors meeting the Consumer Product Safety Commission requirements (though owners are free to remove them after the purchase). The reflectors significantly improve a bicycle’s visibility when lit by vehicle lights.

Additional materials attached to bicyclists can increase their conspicuity day or night. For daytime, bright-colored clothing, including vests, caps, and ankle and wrist straps, can make the bicyclist much more noticeable. At night, the same items can have retro-reflective materials incorporated in them, so that headlights can make the bicyclist visible and identifiable from much greater distances. Retro-reflective bicycle tires are also available, but may be costly. White or light-colored clothing, long a recommended solution, does little to improve conspicuity (NCHRP, 2008, Strategy F2).

Use: Use of bicycle reflectors is high. Use of retro-reflective clothing is rare. Most, if not all, athletic shoes contain some retro-reflective material. Some athletic clothing has retro-reflective material. Bicycle helmets have retro-reflective elements. Some bicyclists may be seen wearing additional retro-reflective materials, such as vests, arm bands, or rear-mounted reflective triangles (“fanny bumpers”).

There is much room for improvement. An aggressive education campaign may make riders more aware of the need for, and benefits of, retro-reflective materials and more likely to choose and use retro-reflective clothing or other enhancements. Such a campaign may encourage clothing and bicycling equipment manufacturers to develop and market a range of bicycling clothing with retro-reflective materials strategically embedded.

Effectiveness: Retro-reflective vests can greatly increase the detection distance for pedestrians or, by extension, bicyclists at night. Even low beam headlights can illuminate figures hundreds of feet away, much farther than figures wearing normal clothing (NCHRP, 2004, Strategy B5; NCHRP, 2008, Strategy F2). The trick is getting bicyclists to wear retro-reflective materials routinely when bicycling at night. To the extent that all of their normal bicycling gear is retro-reflective, the likelihood of it being used increases.

Costs: The cost of separate vests, wrist or ankle straps, etc. is relatively modest. Adding retro-reflective fibers or patches to jackets or caps that bicyclists would wear anyway should be almost cost-free to the bicyclists. Much of the gear currently being made for bicycling can have retro-reflective materials.

Time to implement: Brochures and flyers for an education campaign by bicycle safety can be created quickly. The time necessary for bicyclists to get the information and integrate it into their normal routines will be much longer, with gradual adoption and use building over a year or more.

3.2 Promote Bicycle Helmet Use With Education

Effectiveness: ★ ★ ★	Use: Medium	Cost: High	Time: Medium
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The purpose of bicycle helmet promotions is to increase proper use of helmets and thereby decrease the number of severe and fatal injuries to bicyclists involved in crashes. Bicycle helmet promotions are frequent, but are usually aimed only at child bicyclists, often through youth health organizations and schools. Promotions can include sponsoring organizations and often involve police and schools to deliver helmets and teach their proper use. Promotions can be conducted through single events or extended campaigns to promote helmet distribution and use. Expanding helmet promotions to include adults will require an expansion in focus, and perhaps more sponsors. However, adding adult-oriented riding tips can increase the appeal of the program. NHTSA has a video titled “Bicycle Safety Tips for Adults” (NHTSA, 2007b) and a brochure titled “Seven Smart Routes to Bicycle Safety for Adults” (NHTSA, 2007c), both of which are available on NHTSA’s Web site.

Bicycle helmet promotions must include instruction on properly fitting helmets and the importance of wearing helmets on every trip. All bicyclists could benefit from utilizing resources that demonstrate how helmets work to reduce injury. Moreover, further efforts are needed to encourage parents and authority figures (e.g., law enforcement officers, school officials) to reinforce and role model desired behaviors including the proper use of a bicycle helmet every ride.

Use: Most States have conducted some bicycle helmet promotion for children within the last few years, although only a few have ongoing or regular programs.

Effectiveness: Bicycle helmets are proven to reduce injuries and fatalities (see Chapter 9, Sections 1.1 and 2.1). Of course, a bicyclist must have a helmet (that fits) before he or she can wear it. Helmet promotions are successful in getting more helmets into the hands of bicyclists. Rouzier and Alto (1995) describe a comprehensive program of presentations, media coverage, messages from doctors to patients, as well as low-cost helmet availability, which significantly increased helmet purchases and use for all ages. Though owning a helmet doesn’t guarantee its use, a large percentage of helmets distributed through a promotion do end up on the heads of bicyclists.

Costs: The cost for underwriting large numbers of helmets can be quite high, including supporting communications and outreach material. Adequate helmets can be purchased for as little as \$8 each, within reach of most adult bicyclists. Making those helmets or more expensive ones available at reduced cost, through subsidies or merchant-manufacturer participation, could greatly increase the possible impact of the program by making it available to all at-risk segments of the population.

Time to implement: The time to recruit sponsors, develop support material, and publicize the event can add up to several months or more. However, a number of free and readily available support publications are available from NHTSA (see: www.nhtsa.gov/portal/site/nhtsa/menuitem.810acae50c651189ca8e410dba046a0/).

3.3 Active Bicycle Lighting

Effectiveness: ★ ★ ★	Use: Low	Cost: Medium	Time: Medium
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The purpose of encouraging active bicycle lighting use is to increase the ability of motorists to detect and avoid bicyclists in low light conditions. In most States and jurisdictions, bicycles ridden after dark are required by law to have active white front lights and red rear lights (i.e., devices that emit their own light, not just reflect light from automobile headlights or other external sources). However, most bicycles do not have such lighting (Osberg, Stiles, & Asare, 1998). Active bicycle lighting can be critical for the detection of bicyclists coming at an angle toward the path of a motor vehicle, because the bicyclist is outside the vehicle's headlight beam until the last moment.

The laws for bicycle lighting typically specify lights on the bicycle. Though standard headlights and taillights are continuously lit, bicycle lights that flash are more readily detected. In some States flashing lights are not permitted. In these instances, lights may be applied to helmets or backpacks to make the rider more conspicuous to other vehicles. Lights also may be strapped to the bicyclist's ankles, wrists, or elbows, where the motion of the rider makes them more detectable. More extreme lighting is also available. For example, bright neon tubes are designed to be mounted on the bicycle frame, where they cast a bright, broad pattern of light onto the roadway, creating the illusion of a vehicle much wider than a bicycle. See, for example, www.fossilfool.com/down-low-glow.htm.

The goal is to encourage bicyclists to use active lighting. Most active lights are not permanently mounted on bicycles, so they are often not available when needed. Improvements in the lights themselves can help. Batteries last much longer with new LCD lighting, increasing convenience and safety. It is possible to obtain widespread use of lighting. Osberg et al. (1998) found nearly half of bicyclists in Paris used active lighting, compared to just 14% of Boston bicyclists, reflecting differences in laws, public health priorities, and perceived risk.

The SHSO can provide communications and outreach on active bicycle lighting and by supporting police training leading to enforcement of the existing requirements. All of these steps can be important to increasing the use of lights.

Use: Active lights appear to be used only occasionally by bicyclists who ride after dark.

Effectiveness: Active lights can increase the distance at which bicyclists can be detected. A CPSC study showed that flashing taillights can be detected at significantly greater distances than bicycles with CPSC regulation reflectors (CPSC, 1998). Standard lighting patterns, designed specifically for bicycling, could also improve the ability of motorists to correctly identify the source as a bicyclist.

Costs: Moderate costs are involved. Bicyclists will incur some costs to properly equip themselves and their bicycles with lights, and these costs can be substantial for something like the neon tubes described above. The State will also incur costs, for communications and outreach and for police training.

Time to implement: Medium. Though lights are available now, at least several months can be taken up by designing, producing, and implementing the communications and outreach and police training.

3.4 Targeted Enforcement

Effectiveness: ★	Use: Low	Cost: Medium	Time: Medium
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The purpose of targeted enforcement is to increase compliance with appropriate traffic laws by both bicyclists and motorists. Enforcing laws concerning bicyclists requires focus on both motorists and bicyclists. While bicyclists often fail to follow the rules of the road as they are written for motor vehicles, motorists often fail to treat bicyclists as legitimate vehicles on the roads.

Bicyclists often take inappropriate paths, such as wrong-way riding, riding on sidewalks, and making left turns by creatively weaving through lanes and traffic. They also frequently ignore stop signs and red lights. Motorists may cut bicyclists off by overtaking and then turning through the bicyclist's path without allowing enough room, or by making a left turn in front of an oncoming bicyclist. Motorists also may pass without allowing enough space between the car and the bicycle or drive in or otherwise block a designated bicycle lane. All of these actions, and others, are enforceable offenses.

Enforcing bicycle-related laws for motorists falls within the normal scope of traffic law enforcement for police, though they may not be particularly alert to these specific violations. Enforcing laws for bicyclists can be a frustrating, unpopular activity for police. The public seems tolerant of a wide variety of non-legal bicyclist behavior, so that there may be little public support for the enforcement. Also, targets for potential enforcement are often children. In those cases, police may appropriately use stops as an opportunity to explain the correct behaviors as an extension of community policing principles.

The SHSO can help ensure correct riding through a communications and outreach campaign and through training police to know the laws, the safety benefits of obeying the laws, and how to enforce bike laws. Specific training for police to enhance the safety of bicyclists is listed at the Pedestrian and Bicycle Information Center, www.bicyclinginfo.org/enforcement/training.cfm. Training includes a bicycle safety roll-call video, a two-hour self-paced CDROM training, a two-day training for officers on community outreach, and a two-day course in bicycle safety and enforcement. These products can satisfy the needs of departments regardless of how they choose to emphasize bicycle safety. Additional training for prosecutors and judges is important as well so that there is appropriate follow-up for citations throughout the judicial system.

Use: Unknown. Targeted enforcement of bicycle-related violations is likely a rarely used intervention.

Effectiveness: Gilchrist, Schieber, Leadbetter, and Davidson (2000) describe an enforcement program in Georgia that impounded the bicycles of unhelmeted children and produced long-term increases in helmet wearing. This specific example seems unlikely to be broadly popular. Increasing community awareness and police enforcement efforts, however, through the training courses and approaches noted above, could yield benefits that go beyond bicycle safety, to include improved community relations and more positive interactions between police and younger members of the community.

Costs: Medium. Training currently exists for the police. Roll-call videos can be implemented at essentially no cost to the departments. The longer courses take officers away from their regular duties or require overtime commitment. SHSOs may be able to provide funding for departments to participate in such training. Training for prosecutors and judges would likely need to be developed, as would a supporting communications and outreach programs for the public, motorists and bicyclists.

Time to implement: For existing police training, with ongoing presentation schedules, implementation time can be quite short. For the full effort described above, a longer time frame would be needed.

Bicycle Safety References

- Attewell, R. G., Glase, K., & McFadden, M. (2001). Bicycle helmet efficacy: a meta-analysis. *Accident Analysis and Prevention, 33*, 345-352.
- BHSI. (2007). *Helmet Laws for Bicycle Riders*. Arlington, VA: Bicycle Helmet Safety Institute. www.helmets.org/mandator.htm
- Britt, J., Silver, I., & Rivara, F. P. (1998). Bicycle helmet promotion among low income preschool children. *Injury Prevention, 4*, 280-283.
- Chaplin, L. (2005). *An Organizer's Guide to Bicycle Rodeos*. Ithaca, NY: Cornell University Cooperative Extension.
- CPSC. (1998). *Bicycle Reflector Project*. Bethesda, MD: U.S. Consumer Product Safety Commission. www.cpsc.gov/volstd/bike/BikeReport.pdf
- Dumbaugh, E., & Frank, L. D. (2007). *Traffic Safety and Safe Routes to Schools: Synthesizing the Empirical Evidence*. Transportation Research Board 86th Annual Meeting, Washington, DC: Transportation Research Board, 23p.
- FHWA. (2005). Good Practices Guide for Bicycle Safety Education. Publication No. FHWA-SA-02-001, HAS-4/30-02 (5M)QE. Washington, DC: Federal Highway Administration. www.bicyclinginfo.org/education/resource/bestguidedoc.pdf
- Gilchrist, J., Schieber, R. A., Leadbetter, S., & Davidson, S. C. (2000). Police enforcement as part of a comprehensive bicycle helmet program. *Pediatrics, 106*, 6-9.
- Ginsberg, G. M., & Silverberg, D. S. (1994). A cost-benefit analysis of legislation for bicycle safety helmets in Israel. *American Journal of Public Health, 84*, 653-656.
- Grant, D., & Rutner, S. M. (2004). The effect of bicycle helmet legislation on bicycling fatalities. *Journal of Policy Analysis and Management, 23*, 595-611.
- Hu, P. F., & Young, J. (1990). *Nationwide Personal Transportation Survey: Summary of Travel Trends*. Report No. FHWA-PL-92-027. Washington, DC: Federal Highway Administration. nhts.ornl.gov/
- Kanny, D., Schieber, R. A., Pryor, V., & Kresnow, M. J. (2001). Effectiveness of a state law mandating use of bicycle helmets among children: an observational evaluation. *American Journal of Epidemiology, 154*, 1072-1076.
- Minnesota Safety Council. (undated). *Bike Rodeo Planning Guide*. St. Paul, MN: Minnesota Safety Council. www.minnesotasafetycouncil.org/bicycle/programs/rodeo/intro.cfm

NCHRP, Vol. 10. (2004). *A Guide for Reducing Collisions Involving Pedestrians*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/Onlinepubs/nchrp/nchrp_rpt_500v10.pdf

NCHRP, Vol. 18. (2008). *A Guide for Reducing Collisions Involving Bicycles*. Washington, DC: Transportation Research Board. onlinepubs.trb.org/onlinepubs/nchrp/nchrp_rpt_500v18.pdf

NHTSA. (2001). *National Strategies for Advancing Bicycle Safety*. Publication No. DOT HS 809 347. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/bike/bicycle_safety/

NHTSA. (2004). *Safe Routes to School: Practice and Promise*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/people/injury/pedbimot/bike/Safe-Routes-2004/

NHTSA. (2006). *Traffic Safety Facts 2005*. Publication No. DOT HS 810 631. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/TSF2005.PDF

NHTSA. (2007a). *Traffic Safety Facts: Bicyclists and Other Cyclists*. Publication No. DOT HS 810 986. Washington, DC: National Highway Traffic Safety Administration. www-nrd.nhtsa.dot.gov/Pubs/810986.PDF

NHTSA. (2007b). *Bicycle Safety Tips for Adults*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.gov/portal/site/nhtsa/template.MAXIMIZE/menuitem.810acaee50c651189ca8e410dba046a0/?javax.portlet.tpst=4670b93a0b088a006bc1d6b760008a0c_ws_MX&javax.portlet.prp_4670b93a0b088a006bc1d6b760008a0c_viewID=detail_view&itemID=c46ca62c65b61110VgnVCM1000002c567798RCRD&overrideViewName=Article

NHTSA. (2007c). *Seven Safe Routes to Bicycle Safety for Adults*. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.gov/portal/site/nhtsa/template.MAXIMIZE/menuitem.810acaee50c651189ca8e410dba046a0/?javax.portlet.tpst=4670b93a0b088a006bc1d6b760008a0c_ws_MX&javax.portlet.prp_4670b93a0b088a006bc1d6b760008a0c_viewID=detail_view&itemID=8df88314694c2110VgnVCM1000002c567798RCRD&overrideViewName=Article

NHTSA. (2008). *Bicycle Helmet Use Laws*. Publication No. DOT HS 810 886W. Washington, DC: National Highway Traffic Safety Administration. www.nhtsa.dot.gov/portal/nhtsa_static_file_downloader.jsp?file=/staticfiles/DOT/NHTSA/Communication%20&%20Consumer%20Information/Articles/Associated%20Files/810886.pdf

NHTSA & BTS. (2003). *National Survey of Pedestrian & Bicyclist Attitudes and Behaviors: Highlights Report*. Washington, DC: National Highway Traffic Safety Administration and Bureau of Transportation Statistics. www.walkinginfo.org/library/details.cfm?id=14

OECD. (2004). *Keeping Children Safe in Traffic*. Paris, France: Organization for Economic Co-operation and Development.
www.oecd.org/document/9/0,2340,en_2649_34351_31416393_1_1_1_1,00.html

Osberg, J. S., Stiles, S. C., & Asare, O. K. (1998). Bicycle safety behavior in Paris and Boston. *Accident Analysis and Prevention*, 30, 679-687.

Puder, D. R., Visintainer, P., Spitzer, D., & Casal, D. (1999). A comparison of the effect of different bicycle helmet laws in 3 New York City suburbs. *American Journal of Public Health*, 89, 1736-1738.

Rivara, F. P. & Metrik, J. (1998). *Training Programs for Bicycle Safety*. Olympia, WA: Washington Traffic Safety Commission.

Rivara, F. P., Thompson, D. C., Patterson, M. Q., & Thompson, R. S. (1998). Prevention of bicycle-related injuries: helmets, education, and legislation. *Annual Review of Public Health*, 19, 293-318.

Rodgers, G. B. (2002). Effects of state helmet laws on bicycle helmet use by children and adolescents. *Injury Prevention*, 8, 42-46.

Royal, S., Kendrick, D., & Coleman, T. (2007). Promoting Helmet Wearing by Children Using Non-Legislative Interventions: Systematic Review and Meta-Analysis. *Injury Prevention*, 13, 162-167.

Rouzier, P., & Alto, W. A. (1995). Evolution of a successful community bicycle helmet campaign. *Journal of the American Board of Family Practitioners*, 8, 283-287.

Thompson, D. C., Rivara, F. P., & Thompson R. (2006). Helmets for preventing head and facial injuries in bicyclists. *The Cochrane Database of Systematic Reviews* 2006, Issue 2.
www.cochrane.org/reviews/en/ab001855.html

U.S. DOT. (1990). *1990 Nationwide Personal Transportation Survey*. Washington, DC: Bureau of Transportation Statistics, U.S. Department of Transportation. nhts.ornl.gov/

U.S. DOT. (1995). *1995 Nationwide Personal Transportation Survey*. Washington, DC: Bureau of Transportation Statistics, U.S. Department of Transportation. nhts.ornl.gov/

U.S. DOT. (2001). *2001 National Household Travel Survey*. Washington, DC: U.S. Department of Transportation. nhts.ornl.gov/

Washington Area Bicyclist Association. (undated). Bike/Ped Safety Education Program.
www.waba.org/bikingforkids/leaders.php

Williams, J., & Burden, D. (1994). *The Guide to Bicycle Rodeos*. Woodinville, WA: Outdoor Empire Publishing.

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