NCADD POLICY STATEMENT
Drinking and Driving

Preamble

A significant percentage of drinking drivers are suffering from the disease of alcoholism. Identification and treatment of persons with alcoholism are critically important for the individual, his or her family and society. According to "A Progress Report on the Implementation of Recommendations by the Presidential Commission on Drunk Driving," published by the National Commission on Drunk Driving in 1985, alcohol-impaired drivers who are problem drinkers or alcoholics are responsible for nearly one-third of all alcohol-related fatalities. These drinkers are more likely to have blood alcohol content (BAC) levels substantially above 0.10.

The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) also recognizes the severe consequences to the health and safety of the American public as a result of persons driving under the influence of alcohol.

Therefore, NCADD endorses the following initiatives and policies as necessary components of a comprehensive strategy to reduce the incidence of drinking and driving and its tragic consequences for individuals, families and the society at large.

Policy Recommendations

Alcoholism Treatment

NCADD encourages alcoholism treatment as an integral component of all policies, strategies and laws which address drinking and driving. Without treatment of the underlying disease there is no feasible means of reducing the number of repeat offenders.

- Any legislation which imposes penalties for drinking and driving should also include provisions for alcoholism treatment.

- Local jurisdictions should develop procedures for pre-sentence investigations, in conjunction with alcoholism treatment professionals and volunteers. The pre-sentence investigation process should include screening for identification of alcoholism and other problem drinking, and referral to treatment.

- When possible, city/county law enforcement agencies should transfer BAC testing to the local detoxification facility. This will enable alcohol/drug professionals to interact with the driver and begin a process of education or intervention, if required. In addition, detoxication services may be provided at the point of BAC testing.

- There should be a provision for monitoring compliance with the law and ensuring the availability of high quality treatment and rehabilitation programs, in accordance with state-established standards.
• State insurance commissioners should require and/or state legislators should enact legislation requiring health insurance providers to include coverage for treatment and rehabilitation of alcohol and other drug dependent persons in all health insurance policies.

• Workshops/seminars for local employers to educate them on the cost benefits of a comprehensive alcohol/drug insurance program should be offered by NCADD Affiliates and other alcohol/drug constituency organizations.

Law Enforcement

• All states should adopt a law making .05 BAC as per se illegal for driving, as recommended by the American Medical Association.

• Each state should establish an "implied consent" statute which provides that all licensed drivers have consented to tests of blood, breath or urine to determine alcohol concentration.

• Prosecutors should not plea-bargain DUI/DWI charges to non-alcohol related offenses, because this practice tends to inhibit the detection and treatment of the alcoholic driver.

• States should require mandatory alcohol testing of drivers fatally injured, and where there is probable cause to suspect alcohol involvement, all drivers involved in a fatal or serious personal injury crash.

Prevention

The strategic framework for NCADD's prevention efforts emphasizes the need for environmental, cultural and social changes regarding the use of alcohol. Key educational initiatives coupled with public policy measures which affect the perceptions of appropriate alcohol use as well as the availability of alcohol are critical components of an effective prevention strategy. NCADD views public policies which control the availability of alcohol to high-risk populations or to individuals in high-risk situations as necessary ingredients in a comprehensive effort to reduce drinking and driving-related accidents and to ultimately make drinking and driving socially unacceptable. These policy measures include:

• State and local governments should prohibit consumption of alcoholic beverages in motor vehicles and prohibit possession of open alcoholic beverage containers in passenger compartments of motor vehicles.

• Each state should enact "dram shop" laws that establish liability against any person or establishment which sells or serves alcoholic beverages to an individual who is visibly intoxicated or who is under the legal drinking age.

• Consideration of access to transportation other than private automobiles should be part of any decision to award licenses to serve alcoholic beverages.

• Taxes on alcoholic beverages should be increased, and should be equalized by percentage of alcohol content across the beverage classes to reduce consumption, especially by young people.

• States should enact laws prohibiting the sale of alcoholic beverages at gasoline stations.
Education

General

- Public information campaigns should continue to be developed on the state and national levels, in cooperation with the private sector, to focus on alcoholism, alcohol use and misuse, and their correlation with highway safety and other alcohol-related problems.

- State and federal efforts should include information on alcoholism treatment and rehabilitation in their public education campaigns related to enforcement of drinking and driving legislation.

- Editorial boards and media trade associations should encourage their associates and members to communicate to the public regularly about alcohol use and its relationship to highway safety and other alcohol-related problems.

- Broadcast and print media should portray alcoholism, alcohol use and their relationship to highway safety and other alcohol-related problems in a responsible manner and, when appropriate, use program content to communicate with the public about alcohol-impaired driving and other alcohol-related social and health consequences.

- Education should be encouraged for bartenders and other servers of alcoholic beverages (including social hosts and hostesses) about safe serving practices, prevention of harm to a person who is alcohol-impaired and responsibilities under the law.

Professional

- Each state should have a program for training criminal justice personnel, including police officers, probation officers, judges and both prosecution and defense attorneys, concerning alcoholism and other alcohol-related problems.

- Medical schools and associations should give high priority to alcoholism and alcohol use and misuse in their curricula and organizational agendas. Physicians should be encouraged to educate their patients about alcohol, and the interactions between alcohol and other drugs, especially as they affect driving.

- Professional education for all health and human service workers should include appropriate information about alcoholism and other alcohol-related problems.

Private Sector Organizations, Including Corporations, Industry, Trade Associations, Labor Organizations and Civil, Fraternal and Social Organizations

- Implement employee assistance programs to deal with alcoholism problems.

- Develop and disseminate policy statements regarding the use and misuse of alcohol, and alcohol's relationship to highway-related deaths and injuries and other social and health problems, including the appropriate role of alcohol at company-sponsored functions.

- Become active advocates and participants in local, state and national endeavors to reduce driving under the influence, alcoholism and other alcohol-related problems.
Youth

- Development of school curricula concerning alcohol's effects on the body and its relationship to highway safety and other health and social problems. Curricula should employ a lifestyle/risk reduction approach to alcohol use aimed at changing youthful behavior relative to alcohol-impaired driving as well as other alcohol-related health and social problems.

- Athletic and other youth organizations should include information on the effects of alcohol and other drugs on the body and mind with the aim of reducing risks associated with youthful involvement in drinking and driving and other alcohol-related problems.

Drivers

- Driver education programs should include information on alcohol, its effects on the body and the impact of alcohol consumption upon driving abilities and effects of withdrawal syndrome on attitude, capabilities, coordination and judgment.

- Driver licensing manuals should stress the relationship of alcohol and other drugs to highway safety and include information on penalties for arrest and conviction of DUI/DWI offenses.

- Driver’s license examinations should include questions to determine applicants’ knowledge of the relationship of alcohol and other drugs to highway safety and their understanding of laws governing such conduct.

Research

- Support for research on the impact of alcoholism treatment on reducing the recidivism rate for DUI/DWI offenders.

- Support for research on female drinking and driving that compares the likelihood of arrest and conviction as well as the percentage of problem drinkers in this population with a male group.

- Support for research on the relative impacts of alcohol control measures, including open container laws and increases in alcohol taxes, on reducing drinking and driving.

- Support for continuing research on BAC levels and their relationship to impaired driving in a number of specific target groups including women, youth and alcoholics.

- Support for research on alcohol media messages including public service announcements, alcohol-related program content and alcohol advertising, and their impact on attitudes and behavior related to drinking and driving.

- Support for research on the efficacy of drinking and driving-related warning labels on alcoholic beverages as a way to educate and influence decision-making regarding drinking and driving.

- Support for continuing research on the interactive effects of alcohol and other drugs on driving.
• Support for research on the efficacy of a data system which tracks individuals between the criminal justice and alcohol/drug treatment systems to determine if individuals who received treatment are later cited for DUI/DWI and to identify individuals who have multiple alcohol-related arrests but have never received any form of treatment.

NCADD wishes to express its appreciation to the following organizations whose research and recommendations on this matter helped develop these policy recommendations: American College of Emergency Physicians; American Society of Addiction Medicine; Council on Scientific Affairs, Division of Personal and Public Health Policy, American Medical Association; National Commission Against Drunk Driving; National Institute on Alcohol Abuse and Alcoholism; Presidential Commission on Drunk Driving.

Approved by the Delegate Assembly and adopted by the Board of Directors of the National Council on Alcoholism and Drug Dependence, Inc., (April 20, 1986).

**REVIEW AND APPROVAL:**

Approved by the NCADD Delegate Assembly			April 20, 1986

Adopted by the Board of Directors of the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) 			April 20, 1986