



Impaired-Driving Leadership Model – Findings Based on Three State Case Studies

Background

Following dramatic declines in impaired driving in the 1980s and early 1990s, further progress has been challenging to achieve. While there was a 26-percent decline in the number of alcohol-impaired-driving fatalities (deaths that occurred in motor vehicle crashes involving one or more drivers with a blood alcohol concentration [BAC] of .08 grams per deciliter [g/dL] or higher) from 13,290 (in 2001) to a low of 9,865 (in 2011), the number has crept up by 6.4 percent since then to 10,497 (in 2016). These 10,497 alcohol-impaired-driving fatalities represented 28 percent of the motor vehicle fatalities (37,461) in the United States in 2016. Since 2010, the fatality rate per 100 million vehicle miles traveled (VMT) for alcohol-impaired driving has remained between 0.33 and 0.35.

State and local governments engage in and support a variety of countermeasures and initiatives to combat alcohol-impaired driving; yet, alcohol-impaired driving remains a traffic safety concern on U.S. roadways. From 2014 to 2015, there were 18 States that experienced declines in the numbers of alcohol-impaired-driving fatalities, while 32 States experienced increases (NCSA, 2016a).

Highway Safety Uniform Guideline No. 8, Impaired Driving

Impaired driving is a complex and persistent traffic safety problem. It demands a comprehensive, multi-disciplinary, system-level approach, requiring coordination across many levels of State and local government, as well as collaboration with non-governmental organizations and other relevant stakeholders and non-traditional partners. Implementation of single countermeasures and “siloeed” approaches are not sufficient to reduce and prevent alcohol-impaired-driving fatalities and injuries in the long term (Shinar, 2007).

For this reason, the Highway Safety Act of 1966 (as amended) provided that the National Highway Traffic Safety Administration establish Uniform Guidelines for State Highway Safety Programs, regarding a number of highway safety topics, including impaired

driving. Highway Safety Program Guideline No. 8, Impaired Driving, and past research have identified strong leadership as a critical component of effective highway safety programs (Hedlund & McCartt, 2002; Jones, Lacey, & Wiliszowski, 1998; Hawkins, Scrimgeour, Krenek, & Dreyer, 1976), especially in the area of impaired driving, which requires a comprehensive programmatic approach and coordination.

Objectives and Methods

This report contains case studies of an Impaired Driving Leadership Model, as it was implemented in three States – New Mexico, Washington State, and Oklahoma. Each case study highlights steps in the process that led to the Leadership Model’s implementation, elements of the Leadership Model’s structure, key components of its operation, and impacts that were observed following the Leadership Model’s implementation.

This report also identifies common and distinguishing elements of the Leadership Model as it has been implemented in these three States, lessons learned and recommendations for other States that might consider implementing the Leadership Model in the future.

Results

New Mexico

New Mexico conducted an Impaired-Driving Assessment in 2002, completed a DWI Strategic Plan containing 22 initiatives (11 priority initiatives) in 2003, and formed an Impaired-Driving Leadership Team in 2005. New Mexico’s impaired-driving fatality rate per 100 million VMT has improved from 0.66 (6th highest in the Nation) in 2004, to 0.43 (18th highest) in 2009, and 0.36 (22nd highest in 2015).

Washington State

Washington State conducted an Impaired-Driving Assessment in 2004 and a re-assessment in 2010. It formed the Washington Impaired-Driving Advisory Council in

2009 and completed an Impaired Driving Strategic Plan in 2010 containing 15 objectives (48 countermeasures). Washington's impaired-driving fatality rate per 100 million VMT improved from 0.42 (the 33rd highest in the Nation) in 2000, to 0.37 (25th highest) in 2009, and 0.23 (41st highest) in 2014.

Oklahoma

Oklahoma conducted an Impaired-Driving Assessment in 2012, formed the Governor's Impaired-Driving Program Advisory Council in 2013, and completed an Impaired-driving Strategic Plan containing 37 recommendations in 2014. Oklahoma's impaired-driving fatality rate per 100 million VMT improved from 0.44 (the 11th highest in the Nation) in 2012 to 0.36 (21st highest) in 2015.

Conclusions and Recommendations

While this report cannot attribute any causal relationships between the Impaired-Driving Leadership Models adopted in the three States featured here, the report does indicate improvements (declines) in impaired-driving fatalities over time, following implementation of the Leadership Model in each of these three States.

This report examines, qualitatively, some of the similarities and differences among these three States in their implementation of a Leadership Model, including key elements of each State's Leadership Model structure and process. Key elements include: starting the process with an impaired-driving assessment; developing an impaired-driving strategic plan (which serves as a framework for statewide implementation of future actions); assembling a leadership team (which is tasked with both developing the strategic plan and overseeing and ensuring its imple-

mentation); ensuring that leadership team members have sufficient knowledge, authority and breadth to effectively oversee the plan's implementation; and receiving demonstrated support from the State Governor.

The report also identifies lessons learned and recommendations that may be of use to other States interested in undertaking a similar process. To conduct this examination, we reviewed documents and other information generated by the three States, material and information in the possession of NHTSA, and input provided by researchers who were commissioned by NHTSA to evaluate and observe these Leadership Model structures and processes at the time they were being undertaken.

Establishing a statewide Impaired-Driving Leadership Team can enhance and advance impaired-driving traffic safety efforts; improve inter- and intra-institutional coordination and communication; and help align priorities, build capacity, and generate resources to address impaired-driving issues.

Establishing a dedicated position to focus solely on the coordination, communication, and facilitation of the Impaired-Driving Leadership Model can help anchor the State's efforts toward action and facilitate enhanced coordination across all layers of the State and local system, and among relevant stakeholders.

When convening a Statewide Impaired-Driving Leadership Team, participants should represent multiple sectors, disciplines, and perspectives, to permit cross-collaboration among diverse stakeholders, which can affect comprehensive, large-scale, system-level, positive change.

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