

OFFENDER EDUCATION RESEARCH SUMMARIES
Vol. 3 No. 4 September 2010 One Out of Five Are Drinker-Drivers

Survey Reveals 17 Million Americans Drive Drunk

Available at

<http://www.nhtsa.gov/Driving%20Safety/Impaired%20Driving/National%20Survey%20of%20Drinking%20and%20Driving%20Attitudes%20and%20Behaviors:%202008>

Twenty percent of the public age 16 and older had in the past year driven a motor vehicle within 2 hours of drinking alcohol, a number largely unchanged from previous survey years. About two-thirds of these drinking-drivers did so in the past 30 days. Computed national estimates showed the public making 85.5 million drinking-driving trips in the past 30 days. Eight percent of the population had ridden in the past year with a driver they thought had consumed too much alcohol to drive safely, with males 21 to 24 (24%) most likely to report this. Thirty percent of drinking-drivers had driven in the past year when they thought they were over the legal limit for alcohol and driving. More than four-fifths (81%) of the public age 16 and older viewed drinking and driving by others as a major safety threat to themselves and their families. One-third (33%) had ridden with a designated driver in the past year. Forty-four percent of drivers had been a designated driver in the past year. About 1% of the population 16 and older had been arrested for a drinking and driving violation in the past 2 years; the percentage was 5% for males 21 to 24. Four in 10 persons (40%) believed the penalties for violating drinking and driving laws should be much more severe, while an additional 26% believed they should be somewhat more severe. Thirty percent had seen a sobriety checkpoint in the past year. There was a preference that sobriety checkpoints be conducted weekly (40%) or monthly (35%). When asked if there was a national minimum drinking age in the United States, 71% said "yes." Of those who said there was a minimum legal drinking age, 86% correctly identified it as 21. Of eight intervention strategies read to respondents, alcohol interlocks ranked first in the percentage that believed them very effective in reducing or preventing drunk driving (63%), followed by providing alternate ways for people who have had too much to drink to get home, suspending the license of drunk drivers, and impounding or seizing the vehicle of drunk drivers (all at 54%).

This report presents results from the eighth in a series of national telephone surveys conducted for the National Highway Traffic Safety Administration (NHTSA) to assess current status and trends regarding the public's attitudes, knowledge, and self-reported behavior related to drinking and driving. This Volume I: *Summary Report*, presents key results from the survey,

including the reported frequency of drinking and driving, perceptions of drinking and driving as a problem, actions taken to prevent drinking and driving, attitudes and experience with enforcement of the drinking and driving laws, and the perceived effectiveness of different intervention strategies. *Volume II: Findings Report* provides an in-depth analysis of the topics presented in Volume I, in addition to other topics of interest. *Volume III: Methodology Report* describes the methods used to conduct the interviews and analyze the data, and includes copies of the questionnaires.

Montana's MOST of Us Don't Drink and Drive Campaign A Social Norms Strategy to Reduce Impaired Driving Among 21-34-Year-Olds

http://www.nhtsa.gov/people/injury/alcohol/SocialNorms_Strategy/images/SocialNorms.pdf

This report presents the results of a demonstration project to test the efficacy of a high-intensity social norms media intervention to reduce the prevalence of driving after drinking among 21 to 34-year-olds living in western Montana. A baseline survey was conducted to collect self-reported data on the target population's behavior with respect to impaired driving, as well as on their perceptions of the behavior of their peers. Normative messages and media were developed from these data. Each survey gathered information on respondents' exposure to the campaign message, and on their perceptions and reported behaviors regarding driving after drinking. The campaign successfully reduced the target population's misperceptions of the frequency of impaired driving among their peers. The change in perceptions was associated with a change in reported behavior. In the target area there was a 13.7-percent relative decrease in the percentage that reported driving after drinking and a 15-percent relative increase in the percentage that reported always using non-drinking designated drivers. A high-intensity paid media social norms intervention can be successful on a statewide scale, across a wide variety of measures including perceptions, reported behaviors, attitudes, and support for policy. However, additional research is warranted to corroborate the self-reported behaviors with changes in the blood alcohol concentration (BAC) of arrested drivers or numbers of alcohol-related fatalities.

New Dietary Guidelines on Alcohol:

Jul 09, 2010 10:37 AM EDT by [Rachel Hassinger](#)

The USDA has proposed new [Dietary Guidelines for Americans](#) that include significant changes on alcohol that concern many public health experts. The deadline for public comments on the proposal is Thursday, July 15. Every five years, the Departments of Agriculture (USDA) and Health and Human Services (HHS) revisit the dietary guidelines "to promote health and reduce risk for major chronic diseases." The dietary guidelines include a [chapter on alcohol](#) (PDF). (A summary is on page D7-15.)

The Advisory Committee is recommending an average (weekly) rather than daily consumption guideline. [Tim Naimi's accompanying commentary](#) and [Marin Institute's talking points](#) (PDF) outline the issues. "The proposed change amounts to an endorsement for most men to

consume up to 4 drinks and for most women to consume up to 3 drinks on days they actually consume alcohol," said Dr. Tim Naimi.

The real-world effect of the proposed new alcohol guidelines would likely be to encourage greater daily consumption of alcohol, discourage appropriate caution about using alcohol for health benefits, and open the door for the alcohol industry to misrepresent federal alcohol consumption guidelines to consumers, according to the Marin Institute.

Price Controls Cut Binge Drinking, Canadian Province Reports

July 7, 2010

News Summary

The Canadian province of Saskatchewan's minimum-pricing policy on high-alcohol beverages has resulted in a decline in public intoxication as well as lower sales of potent products, the [Saskatoon Star-Phoenix](#) reported July 6. The province is among a handful of governments worldwide to set minimum prices based on alcohol content. The policy has caused the prices of 36 targeted products to rise by up to 40 percent. [Saskatchewan Liquor and Gaming Authority](#) officials said that public drunkenness and calls to police have declined in the areas where high-alcohol products are consumed most.

Underage Drinkers Can Lose Driving Privileges, Illinois Court Rules

July 1, 2010

News Summary

Illinois residents under age 21 who are caught drinking alcohol can lose their driver's licenses even if they weren't drinking and driving, the Illinois Supreme Court ruled. The [Belleville News-Democrat](#) reported June 25 that the high court dismissed the arguments of a pair of 20-year-olds, who contended that the law allowing the courts to suspend or revoke their driver's licenses because of an underage-drinking offense violated their right to due process and equal protection under the law.

The Supreme Court overturned a lower court's ruling that the law was unconstitutional, ruling in essence that the law was not fundamentally a punishment but rather intended to "provide for safe highways."

"Here, the General Assembly may have believed that a young person who has a driver's license and consumes alcohol illegally may take the additional step of driving after consuming alcohol," according to the court. "It is reasonable to believe a young person disobeying the law against underage consumption of alcohol may also lack the judgment to decline to drive after drinking. Preventing young people from driving after consuming alcohol unquestionably furthers the public interest in the safe and legal operation of motor vehicles."

The 2008 law calls for a six-month license suspension for minors convicted of unlawful possession or consumption of alcohol. Longer suspensions or even revocation can be ordered

for repeat offenders. Since the law took effect, more than 12,000 minors have had their driving privileges suspended or revoked.

Feds Set to Spend \$12 Million Annually on Ignition-Interlock Devices

June 29, 2010

News Summary

The [Motor Vehicle Safety Act of 2010](#) includes \$12 million in funding for development of alcohol-detection devices that could be installed in all cars, the [New York Times](#) reported June 25.

The government and the U.S. auto industry have been working on an improved version of the ignition-interlock device, which prevents the vehicle from starting if the driver has more than the legal limit of alcohol in his or her system. The bill would increase program funding from the current \$2 million annually, calling for \$60 million over five years -- an increase backed by Mothers Against Drunk Driving, among others.

"We want a device that has to be invisible to the sober driver, the person under the legal limit. It has to be very fast, very accurate, highly reliable and precise," said Susan Ferguson, director of the Driver Alcohol Detection System for Safety program. "All those things will take a significant amount of money." Other ignition-interlock systems are already in use in states that mandate their use by convicted drunk drivers.

Use of fake identification to purchase alcohol amongst 15-16 year olds: a cross-sectional survey examining alcohol access, consumption and harm

Substance Abuse Treatment, Prevention, and Policy 2010, 5:12doi:10.1186/1747-597X-5-12

The electronic version of this article is the complete one and can be found online at:

<http://www.substanceabusepolicy.com/content/5/1/12>

Background

Despite legislation and enforcement activities to prevent underage access to alcohol, underage individuals continue to be able to access alcohol and to do so at levels which put them at significant risk of alcohol-related harm.

Methods

An opportunistic survey of 15-16 year olds (n = 9,833) across North West England was used to examine alcohol consumption, methods of access and related harms experienced (such as regretted sex). Associations between these were analysed using chi square and logistic regression techniques.

Results

Over a quarter (28.3%) of 15-16 year old participants who drank reported having bought their own alcohol. One seventh (14.9%) of these owned at least one form of fake identification for which by far the most common purchase method was online. Logistic regression analyses showed that those who owned fake identification were significantly more likely to be male (AOR = 2.0; 95% CI = 1.7-2.5; P < 0.001) and to receive a higher personal weekly income

(comparing those who received > £30 with those who received ≤ £10: AOR = 3.7; 95% CI = 2.9-4.9; P < 0.001). After taking into account differences in demographic characteristics and personal weekly income, ownership of fake identification was significantly associated with binge drinking (AOR = 3.5, 95% CI = 2.8-4.3; P < 0.001), frequent drinking (AOR = 3.0, 95% CI = 2.5-3.7; P < 0.001) and public drinking (AOR = 3.3, 95% CI = 2.5-4.1; P < 0.001) compared with those who did not own fake identification. Further, those who reported owning fake identification were significantly more likely to report experiencing a variety of alcohol-related harms such as regretted sex after drinking (chi square, all P < 0.001).

Conclusions

Young people (aged 15-16 years) who have access to fake identification are at a particularly high risk of reporting hazardous alcohol consumption patterns and related harm. Owning fake identification should be considered a risk factor for involvement in risky drinking behaviours. Information on these hazards should be made available to schools and professionals in health, social and judicial services, along with advice on how to best to work with those involved.

Drivers on Prescription Drugs Are Hard to Convict

Published: July 24, 2010

The accident that killed Kathryn Underdown had all the markings of a drunken-driving case. The car that hit her as she rode her bicycle one May evening in Miller Place, N.Y., did not stop, the police said, until it crashed into another vehicle farther down the road.

The driver could not keep her eyes open during an interview with investigators, according to the complaint against her, and her speech was slow and slurred. But the driver told the police that she had not been drinking; instead, the complaint said, she had taken several prescription medications, including a sedative and a muscle relaxant.

She was charged with vehicular manslaughter and driving under the influence of drugs — an increasingly common offense, law enforcement officials say, at a time when drunken-driving deaths are dropping and when prescriptions for narcotic painkillers, anti-anxiety medications, sleep aids and other powerful drugs are rampant.

The issue is vexing police officials because, unlike with alcohol, there is no agreement on what level of drugs in the blood impairs driving.

The behavioral effects of prescription medication vary widely, depending not just on the drug but on the person taking it. Some, like anti-anxiety drugs, can dull alertness and slow reaction time; others, like stimulants, can encourage risk-taking and hurt the ability to judge distances. Mixing prescriptions, or taking them with alcohol or illicit drugs, can exacerbate impairment and sharply increase the risk of crashing, researchers say. “In the past it was cocaine, it was PCP, it was [marijuana](#),” said Chuck Hayes of the International Association of Chiefs of Police. “Now we’re into this prescription drug era that is giving us a whole new challenge.” The police also struggle with the challenge of prosecuting someone who was taking valid prescriptions. “How do we balance between people who legitimately need their prescriptions and protecting

the public?” said Mark Neil, senior lawyer at the National Traffic Law Center, which works with prosecutors. “It becomes a very delicate balance.”

Some states have made it illegal to drive with any detectable level of prohibited drugs in the blood. But setting any kind of limit for prescription medications is far more complicated, partly because the complex chemistry of drugs makes their effects more difficult to predict than alcohol’s. And determining whether a driver took drugs soon before getting on the road can be tricky, since some linger in the body for days or weeks.

Many states are confronting the problem as part of a broader effort to keep so-called drugged drivers, including those under the influence of marijuana and other illegal drugs, off the road. “We have a pretty clear message in this country that you don’t drink and drive,” said [R. Gil Kerlikowske](#), [President Obama](#)’s top drug policy adviser, who wants to reduce drugged-driving accidents by 10 percent over the next five years. “We need very much to have a similar message when it comes to drugs.”

There is no reliable data on how many drivers are impaired by prescription drugs, but law enforcement officials say the problem is growing so quickly that states are putting hundreds of police officers through special training to spot signs of drug impairment and clamoring for better technology to detect it.

Even the prevalence of drug-impaired driving is unknown, since many states combine the arrest data with that for drunken driving. Mr. Kerlikowske points to [a 2007 survey](#) by the [National Highway Traffic Safety Administration](#), which screened 5,900 nighttime drivers around the country and found that 16.3 percent tested positive for legal or illegal drugs. The tests could not determine which drivers were impaired by drugs, but Mr. Kerlikowske said the results suggested a problem that had “flown below the radar” for too long. “You don’t want to scare people,” he said, “but you certainly want to make them aware of the dangerousness. You can be as deadly behind the wheel with prescription drugs as you can with over-the-limit alcohol, and you are responsible for your own actions.”

In interviews, law enforcement officials around the country said anyone who drives while taking prescription drugs is at risk of arrest, not only those who drive recklessly. In one recent case near Bangor, Me., a pickup truck on a rural road was not swerving, speeding or otherwise hinting that its driver was impaired. A police officer stopped the truck because of its noisy muffler, then saw that the driver’s eyes were bloodshot and his speech slurred.

A Breathalyzer test found that the driver, Chester Annance, had not been drinking. Yet he was arrested based on the officer’s suspicion that he was on drugs, and a blood test later found opiate painkillers in his system. Mr. Annance was convicted this month of driving under the influence of drugs. He received seven days in jail, a three-year license suspension and a fine. He is appealing the conviction. “You don’t need to wait for a crash to happen before you charge someone,” said R. Christopher Almy, the district attorney in Bangor. Defense lawyers say that in their zeal to make a statement about drug-impaired driving, the police are casting too wide a

net and unfairly punishing people who are taking prescriptions as directed. Tara Jenswold-Schipper, an assistant attorney general in Wisconsin, said she usually stuck to cases where drivers had mixed drugs, exceeded the proper dose or taken controlled medications without a prescription.

In one such case in that state, a former physician slammed his S.U.V. into a Honda Accord in April 2008, killing the pregnant driver and her 10-year-old daughter. Prosecutors said the physician, Mark Benson, had high levels of the sleep aid Ambien in his system, as well as Xanax, an anti-anxiety drug, and oxycodone, an opiate painkiller. Mr. Benson was sentenced to 30 years in prison.

Defendants can try to prove that they did not realize their medication would affect their driving, prosecutors said, but that argument may not hold up if the bottle had a warning label. "Would you go home and start a chain saw and cut down a tree?" said Lt. Col. Thomas C. Hejl, the assistant sheriff in Calvert County, Md. "Why should you get behind the wheel of a vehicle when the same medication has the same side effects?" Unable to prove impairment with blood tests, prosecutors in drugged-driving cases rely heavily on the testimony of "drug recognition experts," law enforcement officers trained to spot signs of impairment in drivers. But there are only about 7,000 such officers nationwide, Mr. Hayes said, not nearly enough to respond to every traffic stop that may involve drugs. "When they are involved," he said of the experts, "our chances of convicting people are much higher." But persuading a jury to convict someone of impaired driving due to prescription drugs remains difficult except for the most egregious cases, said Douglas F. Gansler, the attorney general in Maryland.

"Because most people on the jury will also likely be taking prescription drugs for some ailment," Mr. Gansler said, "whether it's [Lipitor](#) or allergy pills or whatever it might be, they might think, 'I don't want that to become criminal.' "

Police Challenged by Crashes Involving Prescription Drugs

July 28, 2010

News Summary

Car crashes involving prescription drugs are often harder to detect and prosecute than those involving alcohol or illicit drugs, the [New York Times](#) reported July 25.

Drunk-driving crashes are declining, but law-enforcement officials say that more people are being charged with driving under the influence of prescription drugs. However, unlike with alcohol, there's no standard for intoxication for prescription painkillers, anti-anxiety medications, and other legal drugs. Also, taking such drugs (alone or in combination with other substances or alcohol) has widely different effects on different people -- all of which makes prosecuting such offenses harder.

"How do we balance between people who legitimately need their prescriptions and protecting the public?" said Mark Neil of the National Traffic Law Center. "It becomes a very delicate balance."

Blood-alcohol content is the standard to measure drunk driving, and some states have made any detectable level of illicit drugs the presumption for intoxication. But that won't work for prescription drugs, which are legal.

Police departments are training officers to detect impairment by prescription drugs, and experts said that prevention and education also must play a role. "We have a pretty clear message in this country that you don't drink and drive," said U.S. drug czar Gil Kerlikowske. "We need very much to have a similar message when it comes to drugs."

In court, people accused of driving under the influence of prescription drugs often claim they didn't realize they were impaired. Prosecutors counter that such drugs have warning labels that should be heeded, but juries often sympathize with the drivers.

"Because most people on the jury will also likely be taking prescription drugs for some ailment, whether it's Lipitor or allergy pills or whatever it might be, they might think, 'I don't want that to become criminal,'" said Maryland attorney general Douglas Gansler.

"Drinking and driving endangers the safety of not only the drinking driver and passengers, but also other individuals on the road," said Amelia M. Arria, director of the Center on Young Adult Health and Development at the University of Maryland School of Public Health and corresponding author for the study. "College students have limited driving experience, making drinking and driving possibly even more hazardous. [While] other studies have examined drinking and driving among college students, to our knowledge this is the first to have examined how the behavior changes over time in the same sample of students."

"Other studies have demonstrated that freshmen tend to drink more than upperclassmen," added Robert B. Voas, senior scientist and director of the Impaired Driving Center at the Pacific Institute for Research and Evaluation. "This may have led some to the erroneous conclusion that existing college alcohol-safety programs are effective. This study tends to demonstrate that alcohol-related problem behaviors increase with age, perhaps due to greater opportunities for risk taking such as owning a car or the ability to patronize bars and purchase alcohol. If college programs were successful, we should be able to at least prevent an increase in risky drinking and driving during the period the students are at the university."

Arria and her colleagues recruited 1,253 first-time, first-year students (645 females, 608 males) attending a large, mid-Atlantic university. All were invited to be interviewed annually for four years regarding their alcohol-related traffic risk behaviors (with 88-91% follow-up rates); access to driving a car was also determined annually. Three alcohol-related traffic risk behaviors were examined: riding with a driver who was under the influence of alcohol (RWID), driving after

drinking any alcohol (DAD), and driving while intoxicated (DWI). (August 2010 issue of *Alcoholism: Clinical & Experimental Research*)

Results showed that risky alcohol-related traffic behaviors are quite common among college students. "In the preceding year, nearly half of underage students with access to a car drove after having anything to drink and one in five drove while intoxicated," said Arria. "For instance, at 20 years of age, eight percent drove after drinking any alcohol, and 20 percent drove while intoxicated. Moreover, among all 20-year-olds – regardless of car access – 43 percent rode with an intoxicated driver." Males were more likely to engage in these behaviors than females.

"There were noticeable increases in all three measures of alcohol-related traffic risk – RWID, DWI and DAD – when students reached the legal drinking age of 21," said Arria. "Our findings call into question the assertions of some advocates who claim that lowering the drinking age to 18 would be a useful strategy for reducing harm associated with alcohol consumption. The present findings are consistent with numerous prior studies showing that increased availability of alcohol is associated with a greater level of problems especially underage drinking-and-driving fatal crashes."

Both Voas and Arria said these findings support maintaining the minimum legal drinking age at 21. "In fact," said Arria, "lowering the drinking age to 18 would likely result in a surge of alcohol-related traffic problems given that younger students would have even less driving experience."

"The continued growth in the percentages of youths who are reporting dangerous drinking/driving behaviours over the time they are in the university suggests that existing university prevention programs are not very effective," added Voas. "The high percentage of first-year students who engage in risky drinking/driving behaviors parallels previous studies showing that a high proportion of high-school students engage in such risk behaviours. While this is not new, it serves to emphasize the continuity of the problem. University administrations should become well aware of this problem and ensure it receives special attention when students arrive on campus."

Arria agreed. "College administrators should be more proactive in their approach to reducing underage drinking through a multi-pronged approach that includes health professionals identifying and intervening with individuals who are at risk for alcohol-related problems, as well as parents expressing strong disapproval of underage drinking and accurately communicating the health and safety risks associated with underage alcohol use to their children. Law enforcement officials also have an important role, and perhaps it is time for increased levels of high-visibility enforcement of underage drinking laws to occur on or around college campuses."

Delaying License Reinstatement Equals High-Risk

July 2010 issue of *Alcoholism: Clinical & Experimental Research*

- Drivers license suspension is often used for individuals convicted of driving under the influence (DUI).

- A new study has found that many suspended drivers do not reinstate, continue to drive uninsured, and create danger on the roads for others.
- Results support license reinstatement with continued controls, such as interlocks as a condition of reinstatement.

Drivers license suspension has become the most widely used as well as effective method for incapacitating individuals who have been convicted of driving under the influence (DUI). A new study has found that encouraging license reinstatement with continued controls, such as interlocks as a condition of reinstatement, may be effective as long as they do not extend delays.

"Suspension of driving privileges is the major standard sanction for an impaired driving offense in the western world," explained Robert B. Voas, senior scientist and director of the Impaired Driving Center at the Pacific Institute for Research and Evaluation (PIRE). "Jail is used in most countries for multiple offenders and problem cases such as involvement in a crash causing injuries. But jail terms are generally too short to significantly reduce the risk the driver presents to the driving public. Research clearly shows that suspension reduces recidivism when compared to not suspending the offender, but it is far from a perfect system since studies show that up to 75 percent of offenders report illicit driving."

"The value of the sanction partly depends on drivers regarding a proper driving license as having great value," observed Paul R. Marques, senior research scientist with the Impaired Driving Center at PIRE. "Unfortunately it seems in recent years there are many more drivers who find the benefit of driving unlicensed to be an acceptable low-risk thing to do, probably because the perceived risk of consequences is small. This becomes a public danger for several reasons, not least of which is that an unlicensed driver is usually an uninsured driver. If we cannot adequately enforce license suspension, and if drivers do not feel threatened by loss of their licenses, then suspension cannot serve its intended purpose of restricting road use to those who abide by the laws."

Researchers analyzed the driving records of 40 million drivers – three million of whom were convicted of DUI – from seven of the largest U.S. states during a seven-to-14-year period of time.

"We found that 50 percent of second offenders delay reinstating for more than a year," said Voas. "Those that delay have higher recidivism rates after they are reinstated, suggesting – but not demonstrated in this study – that they will have higher crash rates. Additionally, one third of second offenders will never reinstate."

"Maybe the single most interesting finding from this study is the relationship between risk indicators of impaired driving and the longer time delay in reinstatement after becoming eligible to reinstate," said Marques. "Drivers with more alcohol citations are less likely to reinstate promptly when eligible. What can we do to reduce the risk these drivers pose to the

average road user? We need to either substantially increase monitoring and enforcement, and/or use other ways to control alcohol-involved driving."

Who are the DUI offenders who delay reinstatement after they become eligible? "It is probable that those who delay may do so because they have not satisfied other requirements such as attending and completing treatment, paying their fine, or meeting with their probation officer," said Voas. "Research suggests that failure to meet these responsibilities is an indication that they are more likely to resist conforming to rules and regulations generally, including traffic laws. They may also have more serious drinking problems which make it less likely that they can separate their drinking from their driving."

"The delay in reinstatement is also correlated with having had more prior DUI convictions – multiple offenders are more likely to delay than first-time offenders – and those with more prior convictions generally have more future convictions," added Marques. "But also, there are usually more conditions placed on reinstatement for those perceived as having higher risk. There may be a break point where some offenders just do not want to bother with the burden of proper relicensing. We should not be making the relicensing process so onerous that we force people out of compliance with the laws."

Conversely, who are the DUI offenders who do reinstate? "Conforming to the requirements imposed by the courts and motor vehicle departments in a timely manner suggest that these individuals have taken advantage of treatment and other intervention programs provided by the state and have better control over their own behavior," said Voas. "The fact that first offenders, who have fewer drinking problems, are less likely than multiple offenders to delay suggests that the level of the offenders drinking problem plays a role."

People have different reasons to conform, observed Marques. "If you have a certain satisfaction with your life and want to retain privileges, conveniences, and fulfill responsibilities, then meeting the administrative and legal expectations around reinstatement is a no-brainer," he said. "Simply enough, those more invested in social norms are more apt to do things that are normative. For those who are more marginalized, whether through choice, income or opportunity, the risk-benefit ratio of either not relicensing, or choosing to drive while suspended, will be different."

"Our findings suggest that more attention should be given to DUI sanctions that maintain contact with the offender following reinstatement such as vehicle alcohol interlocks," said Voas. "The results also suggest that offenders who have delayed several months beyond their nominal reinstatement date might be reminded of the importance of reinstating, and of the sanctions for illicit driving."

"Our roadways are the national commons," added Marques. "It is silly to imagine that we can bring DUI behavior under control just by making laws that are more punitive or restrictive. The evidence developed by Voas and colleagues provides an estimate of problem magnitude and should ideally form the basis for policy innovations."

Binge Drinkers More Prone to Poor Health

August 2010 issue of *Alcoholism: Clinical & Experimental Research*

Binge drinking accounts for more than half of 79,000 excessive-drinking deaths annually in the United States.

- A new study has looked at heavy and binge drinking in relation to drinkers own perceptions of their overall health status.
- Results show binge drinkers have a 13 to 23 percent greater likelihood of self-reporting fair to poor health status.

Recent data from the Centers for Disease Control and Prevention (CDC) show that excessive drinking is responsible for approximately 79,000 deaths annually in the United States. Binge drinking accounts for more than half of those deaths. A new study has looked at the frequency of binge drinking in relation to drinkers own perceptions of their overall health status. Findings indicate that binge drinkers have a 13 to 23 percent greater likelihood of self-reporting suboptimal health status.

"Self-rated health (SRH) is a single question that has been used by many national and international health surveys to measure participants perception of their overall health status," explained James Tsai, an epidemiologist at the CDC and corresponding author for the study. "Several decades of research has accumulated substantial and consistent evidence that SRH is strong predictor of future morbidity and mortality, as well as functional decline and health care utilization."

"Binge drinking – defined as four or more drinks per occasion for a woman, and five or more drinks per occasion for a man – is a dangerous pattern of alcohol consumption that is associated with a wide range of health and social problems in the U.S., including car crashes, violence, STDs, and unintended pregnancies," added Robert D. Brewer, alcohol program leader at the CDC. "What's more, adult binge drinkers typically ... consume an average of about eight drinks per binge episode, well in excess of the cut-points used to define this behavior. Even so, most binge drinkers are not alcohol dependent."

Researchers examined a total of 200,587 adult, current drinkers (89,919 men, 110,668 women) who participated in the 2008 Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS asked participants to rate their health by answering the question: "Would you say that, in general, your health is excellent, very good, good, fair, or poor?" Study authors then estimated the prevalence of binge drinking and heavy drinking (defined as an average of 14 drinks per week for men, and seven or more drinks per week for women), as well as the frequency of binge drinking (defined as the number of binge episodes reported by drinkers during a 30-day period). SRH was then divided into the categories of optimal (excellent, very good, or good) and suboptimal (fair or poor).

"The results indicate that binge drinking continues to be a serious public health concern across the lifespan," said Tsai. "Almost 35 million adults reported binge drinking in 2008, and more than 40 percent of these binge drinkers reported four or more episodes of binge drinking during the previous 30 days. Furthermore, frequent binge drinkers and binge drinkers who report high average daily alcohol consumption heavy drinking, are significantly more likely to report suboptimal self-rated health. In addition, these levels of binge drinking were associated with a 13 to 23 percent increased likelihood of reporting suboptimal SRH, when compared to non-binge drinkers."

"These results are significant because persons who report lower self-rated health are at greater risk of hospitalization and death than persons who report higher self-reported health," said Brewer. "Consequently, this study adds to the growing body of scientific evidence showing that binge drinking is associated with a with many serious public health outcomes, including hospitalizations and deaths."

"These results support broad-based implementation of screening and brief interventions for excessive drinking in health-care settings," said Tsai. "The magnitude of the prevalence of binge drinking and the estimated population size also underscores the need to identify and implement effective population-based prevention and intervention strategies."

Brewer concurs. "Although not specifically discussed in this paper, most binge drinkers who report high average daily alcohol consumption tend to binge drink frequently, and may consume more drinks per binge drinking episode as well," he said. "This emphasizes the need to implement effective population-based strategies for preventing binge drinking, including increasing alcohol-excise taxes, limiting alcohol outlet density, and restricting the days and hours when alcohol is sold."

Compulsive Drinking Declines in Young People

August 2010 issue of *Alcoholism: Clinical & Experimental Research*.

- Impulsivity normally decreases during emerging and young adulthood and is associated with reduced substance abuse.
- Not all individuals, however, "mature out" of impulsive behavior.
- A new study has found that 18-to-25-year olds exhibited the largest declines in impulsivity as well as the sharpest decreases in alcohol consumption.

Personality traits associated with impulsivity normally decrease during emerging and young adulthood, and these decreases are associated with reduced substance use. A new study of "trajectories" of impulsivity and their association with problem alcohol use has found that the 18-to-25-years-of-age group exhibited the largest declines in impulsivity as well as the sharpest decreases in alcohol consumption.

"Traits related to impulsivity, such as undirectedness or reverse-scored conscientiousness, tend to normally decrease from late adolescence into early adulthood, approximately from ages 18

to 35," explained Andrew K. Littlefield, a doctoral student in clinical psychology at the University of Missouri and corresponding author for the study.

"This study is unique in examining patterns of impulsive traits across time," added Danielle Dick, assistant professor of psychiatry, psychology, and human and molecular genetics at Virginia Commonwealth University. "It is interesting that the trajectories of impulsivity identified here parallel previous work on trajectories of externalizing behavior – namely, that there is a class of individuals who appear to mature out of impulsive behavior with emerging adulthood, while others do not show this normative maturing out."

Littlefield and his colleagues used data drawn from a longitudinal study of individuals at risk for alcohol dependence (AD) because of a family history of alcoholism. Analyses were based on data collected from 489 college students (266 females, 223 males; 51% with a family history of AD) who were first assessed as freshmen at a large, public university and were then assessed six more times during the next 15 years. Initial analyses identified five trajectory groups that differed in baseline levels of impulsivity and developmental patterns of change.

"Our longitudinal trajectory analyses suggested key differences in both initial levels and change in impulsivity from ages 18 to 35," said Littlefield. "Of most importance, our findings suggest that individuals that made the steepest decreases in impulsivity also made the sharpest decreases in alcohol use and alcohol-related problems from ages 18 to 25." The major correlates were alcohol use – typically quantity frequency and a heavy drinking measures – and alcohol problems.

Littlefield said that through identification of distinct trajectory groups, researchers can better understand how different changes in individuals impulsivity relate to alcohol use and related problems.

"Many researchers and clinicians think of personality as an incredibly stable construct that does not change across time, however, these findings provide clear evidence that at least some individuals undergo significant changes in impulsivity across time," he said. "Future studies could examine *why* some individuals make significant changes in impulsivity across time whereas other individuals level of impulsivity remains relatively stable. Identifying factors that enhance or inhibit seemingly beneficial changes in personality may inform treatment approaches that could facilitate decreased impulsivity."

Drug driving test equipment to be trialled

By Richard Scott Transport correspondent, BBC News

A recent advert warned young people their eyes can betray drug use The government is planning trials of equipment which would test drivers under the influence of drugs. The move could lead to a roll-out of the technology across police forces within two years. Manufacturers are to be given specifications for the devices by the end of September. It follows publication of a review into the problem of drug driving, which concluded that major changes were needed.

The review by Sir Peter North, which was published in June, concluded that the drug driving problem was "out of all proportion" to the official figures. That is partly because of the difficulty in testing for drugs, which means many cases go unrecorded. At the moment police first need a doctor to decide whether the suspect has a "condition which might be due to a drug," and then for a blood test to be carried out. Getting a doctor to the police station and the examination itself both take time - and could mean the drugs have left the suspect's system before the blood sample is taken. It is vital that the police have the tools they need to tackle those who drive while impaired by drugs"

There is another reason for thinking the current figures relating to drug driving - 56 fatal accidents and 207 serious injury accidents in 2008 - are too low. If a suspect has been breathalysed and found to be over the drink drive limit, police will rarely continue with further tests to decide if drugs are present too.

The government now says it will give manufacturers specifications for new testing equipment by the end of September. The resultant products are set to be trialled in police stations within a year and then rolled out to forces within two years. The specifications are still being decided, but it is understood the Home Office wants the equipment to be capable of testing for the most common drugs, such as cannabis and cocaine. It is not known yet if the test will use a sample of a suspect's saliva, as suggested by Sir Peter. What is also uncertain is whether there will be a drug-drive limit, similar to the drink-drive limit, based on the level of driving impairment. An alternative approach would be zero tolerance, where any amount of illegal drugs resulted in a prosecution regardless of whether driving was impaired.

The Home Office and Department for Transport are also to spend £300,000 on research into roadside testing equipment, with the eventual aim that all evidence for prosecutions could be gathered on site by traffic police. The money will also be used to develop technology that can test for a wider range of drugs than is currently possible.

Most Underage Drinkers Seen in ER Are Male

August 19, 2010

Research Summary

The majority of U.S. emergency-room (ER) visits for underage drinking involve males, according to a new report from the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#). One-third of drug-related ER visits among patients aged 12-20 involved alcohol. Of these, males accounted for 53 percent of patients aged 12-17 and 62 percent of patients aged 18-20. "Alcohol consumption, especially by young males, is often seen as an exciting rite of passage into adulthood," said SAMHSA Administrator Pamela S. Hyde. "This has led to a public health crisis with adolescents suffering serious injuries that oftentimes lead to tragic consequences."

Results also showed that 70 percent of ER visits for underage drinking involved alcohol alone, while 30 percent involved alcohol in combination with other drugs, such as marijuana, anti-anxiety drugs, narcotics, and cocaine.

Only 19 percent of patients presenting for alcohol alone received follow-up care compared with 36 percent of patients presenting for both alcohol and drugs. "Every such emergency department visit provides an opportunity to conduct brief interventions that can reduce future alcohol and drug abuse and save young men's lives," said Hyde.

The full report, [Emergency Department Visits Involving Underage Alcohol Use: 2008](#), is available on the SAMHSA Web site.

Obese Heavy Drinkers at Higher Risk for Alcohol-Related Brain Damage

September 22, 2010

Research Summary

Investigators conducted brains scans of 54 alcohol-dependent men participating in a treatment program and compared results with their body mass index (BMI). Even when taking into consideration age, smoking status, and other health problems, participants who were obese had higher rates of brain injury than those who were not.

"It is commonly believed that it is the large amount of consumed alcohol by itself that leads to brain injury in alcoholics," said Dieter J. Meyerhoff, professor of radiology at the University of California, San Francisco and coauthor of the study. "This is only partly correct. This new study suggests that a high BMI, independent of drinking and smoking, is also associated with brain injury." The study was published online in the journal [Alcoholism: Clinical and Experimental Research](#).