1,061 people were killed in crashes involving an alcohol-impaired driver in Minnesota from 2009-2018.

Keep Minnesota Safe

Keep alcohol-impaired drivers off the road.

This fact sheet provides a snapshot of alcohol-impaired driving deaths and an overview of proven strategies to reduce or prevent alcohol-impaired driving. The information can help decision makers and community partners see gaps and identify relevant strategies to address the problem of alcohol-impaired driving.

Fast Facts

- Drivers with a blood alcohol concentration (BAC) above the state’s legal limit are considered alcohol-impaired by law.
- More than 10,000 people in the United States die each year in crashes that involve an alcohol-impaired driver.
- Because of dedicated efforts, rates of alcohol-impaired driving and alcohol-impaired fatal crashes in the United States have gone down since the 1980s.
- Still, alcohol-impaired drivers get behind the wheel millions of times each year.

Alcohol-impaired Driving Death Rates by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>National</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>1.1</td>
<td>1.1</td>
</tr>
<tr>
<td>21-34</td>
<td>3.3</td>
<td>2.0</td>
</tr>
<tr>
<td>35+</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>All Ages</td>
<td>1.9</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Deaths in crashes involving a driver with BAC ≥ 0.08%. Source: Fatality Analysis Reporting System (FARS), 2018. Fatality rates based on fewer than 20 deaths are suppressed.

Alcohol-impaired Driving Death Rates by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>National</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4.9</td>
<td>3.0</td>
</tr>
<tr>
<td>Female</td>
<td>1.6</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Deaths in crashes involving a driver with BAC ≥ 0.08%. Source: Fatality Analysis Reporting System (FARS), 2018.

Percentage of Adults Who Report Driving After Drinking Too Much

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the Past 30 Days</td>
<td>1.7%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Working together, we can help keep people safe on the road—every day.

www.cdc.gov/motorvehiclesafety/impaired_driving/states
WHAT WORKS

The strategies in this section are effective for reducing or preventing alcohol-impaired driving. They are recommended by The Guide to Community Preventive Services and/or have been demonstrated to be effective in reviews by the National Highway Traffic Safety Administration.* Different strategies might require different resources for implementation or have different levels of impact.

Find strategies that are right for your state.

Strategies to Reduce or Prevent Alcohol-Impaired Driving

- **Alcohol-impaired driving laws** make it illegal to drive with a BAC at or above a specified level (0.05% or 0.08%, depending on the state). For people under 21, **zero tolerance laws** make it illegal to drive with any measurable amount of alcohol in their systems. These laws, along with laws that maintain the **minimum legal drinking age** at 21, are in place in all 50 states and DC and have saved tens of thousands of lives.

- **Publicized sobriety checkpoints** allow police to briefly stop vehicles at specific, highly visible locations to check drivers for impairment. Police may stop all or a certain portion of drivers. Sobriety checkpoints should be well publicized (e.g., through mass media campaigns) and conducted regularly for greatest impact.

- **High-visibility saturation patrols** consist of a large number of police patrolling a specific area, usually at times and locations where alcohol-impaired driving crashes are more common. Like sobriety checkpoints, these patrols should be well publicized and conducted regularly.

- **Ignition interlocks for all, including first-time, convicted offenders** can be installed in vehicles to measure alcohol on drivers' breath. Interlocks keep vehicles from starting if drivers have a BAC above a certain level, usually 0.02%. Interlocks are highly effective at preventing repeat offenses while installed. Incorporating **alcohol problem assessment and treatment** into interlock programs shows promise in reducing repeat offenses once interlocks are removed.

- **Alcohol problem assessment and treatment programs** can be used for those arrested for alcohol-impaired driving. Treatment is most effective when combined with other sanctions and when offenders are closely monitored. Assessment and treatment are critical to the success of **DWI courts**, which are specialized courts focused on changing the behavior of alcohol-impaired driving offenders.

- **Alcohol screening and brief interventions** take advantage of “teachable moments” and can be delivered in health care, university, and other settings to identify people at risk for alcohol problems and get them treatment as needed.

- **Multi-component interventions** combine several programs or policies to prevent alcohol-impaired driving. The key to these comprehensive efforts is **community mobilization**, which involves coalitions or task forces in design and implementation.

- **School-based instructional programs** are effective at teaching teens **not to ride** with alcohol-impaired drivers.

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IN MINNESOTA:

- It is illegal to drive with a BAC at or above 0.08%.
- Publicized sobriety checkpoints are not allowed.
- Ignition interlocks are required for convicted repeat offenders and first-time convicted offenders with particularly high BACs.

For up-to-date information on laws in your state, check with the Insurance Institute for Highway Safety at [www.iihs.org](http://www.iihs.org).

Find more information at [www.cdc.gov/motorvehiclesafety](http://www.cdc.gov/motorvehiclesafety)

- Injuries, costs, and other data related to alcohol-impaired driving.
- Detailed information on effective strategies to reduce or prevent alcohol-impaired driving.
- An interactive calculator to estimate the expected number and monetized value of injuries prevented, lives saved, and costs of implementation for 14 effective interventions.