Sobering Facts: Alcohol-Impaired Driving

VIRGINIA

2,278 people were killed in crashes involving an alcohol-impaired driver in Virginia from 2009-2018.

KEEP VIRGINIA 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

Per 100,000 Population

<table>
<thead>
<tr>
<th>Age</th>
<th>NATIONAL</th>
<th>VIRGINIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>1.1</td>
<td>1.3</td>
</tr>
<tr>
<td>21-34</td>
<td>6.2</td>
<td>5.6</td>
</tr>
<tr>
<td>35+</td>
<td>3.1</td>
<td>2.5</td>
</tr>
<tr>
<td>All Ages</td>
<td>3.2</td>
<td>2.8</td>
</tr>
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</table>

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

ALCOHOL-IMPAIRED DRIVING DEATH RATES BY SEX

Per 100,000 Population

<table>
<thead>
<tr>
<th>Sex</th>
<th>NATIONAL</th>
<th>VIRGINIA</th>
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</thead>
<tbody>
<tr>
<td>MALE</td>
<td>4.9</td>
<td>4.2</td>
</tr>
<tr>
<td>FEMALE</td>
<td>1.6</td>
<td>1.4</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

In the Past 30 Days

<table>
<thead>
<tr>
<th></th>
<th>NATIONAL</th>
<th>VIRGINIA</th>
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<tbody>
<tr>
<td>NATIONAL</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>1.6%</td>
<td></td>
</tr>
</tbody>
</table>

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

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

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.

IN VIRGINIA:

- It is illegal to drive with a BAC at or above 0.08%.
- Publicized sobriety checkpoints are allowed.
- Ignition interlocks are required for all (including first-time) convicted offenders.

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.