

Sobriety Checkpoints Save Lives

The Benefits of Increasing Widely Publicized Sobriety Checkpoints

An estimated 4 million US adult respondents reported at least one episode of alcohol-impaired driving, which is an estimated total of 112 million alcohol-impaired driving episodes or 479 episodes per 1,000 population in 2010, according to the Centers for Disease Control and Prevention.¹ The implementation of sobriety checkpoints could reduce alcohol-related crashes by 20%² and have benefit-cost ratios of up to 57:1.³

Excessive alcohol consumption is a serious and ever-growing problem across the country, but particularly in Nebraska. Excessive consumption encompasses four types of risky drinking behaviors:

- Binge drinking – 4+ drinks within one occasion for females, 5+ for males
- Heavy drinking – 8+ drinks per week on average for females, 15+ for males
- Underage drinking – Any drinking by those under the legal drinking age of 21
- Drinking by pregnant women – Consuming any alcohol while pregnant.⁴

Excessive consumption is associated with numerous health and social consequences, including but not limited to alcohol-impaired driving, violence, reproductive risks, chronic diseases, and at least seven types of cancer.⁵

The Facts About Sobriety Checkpoints

A Sobriety Checkpoint is an enforcement operation in which officers stop vehicles at predetermined, regular intervals (every third, fifth, etc.) at a selected location to check whether drivers have been drinking.⁶ There are two types of breath testing approaches when implementing checkpoints:

- Selective Breath Testing – law enforcement must have suspicion of impairment based on their observations of the driver to request a breath test (utilized in the United States)
- Random Breath Testing – law enforcement gives a breath test for blood alcohol concentration levels to all stopped drivers (utilized in Australia and several European countries)⁷

Sobriety checkpoints were first implemented in the United States in the early 1980s.⁸ After the use of checkpoints was challenged in *Michigan Department of State Police v. Sitz, 1990*, the Supreme Court ruled that checkpoints are minimally intrusive to the individual driver given the benefit of preventing impaired driving.⁹ These enforcement operations provide both a general and specific deterrent to prevent alcohol-impaired driving and its harms. The general deterrent that sobriety checkpoints provide is to communicate the perceived risk of getting caught by using mass media to widely publicize these operations in advance to discourage excessive alcohol consumption and result in people making alternative transportation plans¹⁰.

The specific deterrent occurs when impaired drivers are removed from our roadways during these operations. Stops usually last the duration of a cycle at a traffic light for those not impaired.¹¹ These

¹ CDC, 2011

² CDC, 2015

³ Bergen et al., 2014

⁴ CDC, 2022

⁵ CDC, 2022

⁶ CDC, 2015

⁷ Bergen et al., 2014

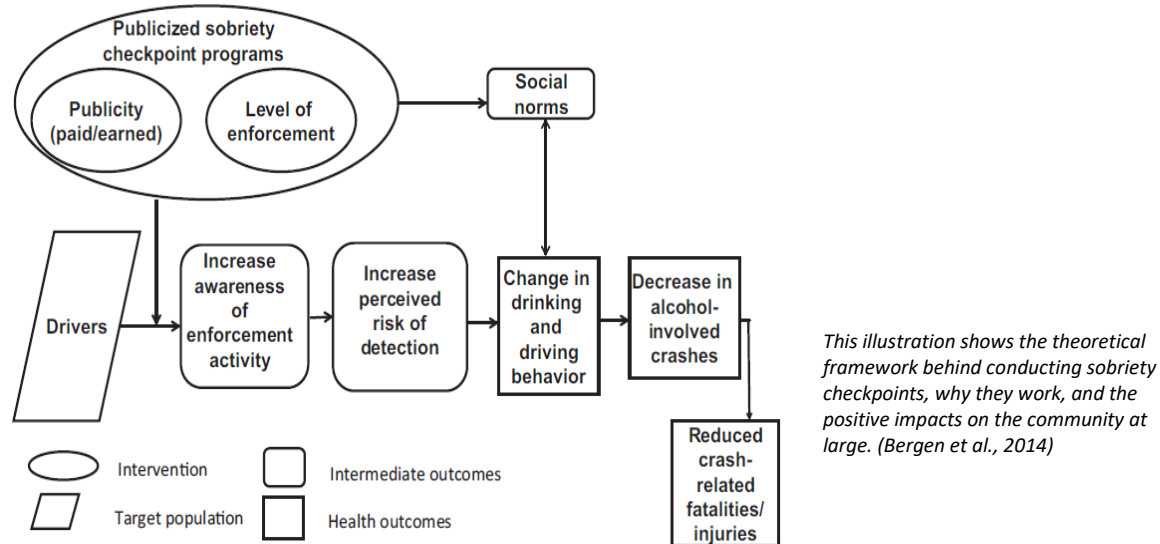
⁸ CDC, 2015

⁹ Bergen et al., 2014

¹⁰ NHTSA, 2008

¹¹ MADD, 2012

operations frequently result in citations for other violations like not using a seatbelt, driving without a license, driving while on a suspended license, and other major crimes.¹²



Studies have shown that someone can drive impaired between 200-2,000 times before being arrested and between 40-70% of first-time DUI offenders have a prior alcohol or other drug-related criminal offense.¹³ Individuals who binge drink are 14 times more likely to report alcohol-impaired driving.¹⁴ Impairment begins much earlier than the legal limit of .08 BAC, making it imperative to get those that are legally intoxicated off our roads. Driving while impaired affects not only the impaired driver’s safety, but also that of innocent motorists and pedestrians. Indeed, nearly 40% of alcohol-impaired driving fatalities are victims other than the drinking driver.¹⁵

.02 BAC*	About 2 alcoholic drinks**	<ul style="list-style-type: none"> • Decline in visual functions • Decline in ability to perform two tasks at same time
.05 BAC*	About 3 alcoholic drinks**	<ul style="list-style-type: none"> • Reduced coordination • Reduced ability to track moving objects • Difficulty steering • Reduced response to emergency driving situations
.08 BAC*	About 4 alcoholic drinks**	<ul style="list-style-type: none"> • Reduced ability to concentrate • Short-term memory loss • Difficulty controlling speed • Reduced information processing capability • Impaired perception

*Blood Alcohol Concentration measurement. **The number of drinks represents the approximate amount of alcohol that a 160-pound man would need to drink in one hour to reach the listed BAC in each category.

16

Currently, 37 States, the District of Columbia, Northern Mariana Islands, and the Virgin Islands conduct some form of sobriety checkpoints to enforce alcohol-impaired driving laws.¹⁷ The utilization of sobriety checkpoints is a recommended strategy based on strong evidence that these checkpoints prevent motor vehicle injuries by the Centers for Disease Control and Prevention,¹⁸ the Community Preventive Services Task Force,¹⁹ National Academies of Sciences, Engineering, and Medicine,²⁰ and the National Highway Traffic Safety Administration²¹ among other national and international public health and safety organizations.

¹² Bergen et al., 2014

¹³ White & Gasperin, 2007

¹⁴ Naimi et al., 2003

¹⁵ NASEM, 2018

¹⁶ NTSB, 2019

¹⁷ GHSA, n.d.

¹⁸ CDC, 2015

¹⁹ CPSTF, 2014

²⁰ NASEM, 2018

²¹ NHTSA, 2008

Impact of Sobriety Checkpoints

A review of existing literature concluded that sobriety checkpoints resulted in a median reduction of 20% in fatal and injury crashes associated with the operations,²² while a meta-analysis of checkpoints found a 17% reduction in alcohol-involved crashes. A study focused on sobriety checkpoints around college campuses found a 28% reduction in individuals who reported drinking and driving under the influence.²³

Alcohol-impaired crashes come with a costly price, estimated to be \$123 billion in the US in 2012.²⁴ Although alcohol-involved crashes are approximately 12% of all crashes, they account for 24% of total societal costs.²⁵ These costs include quality of life losses, medical bills, loss of earnings, property damage, and others, and each fatality from an alcohol-impaired crash costs approximately \$5.6 million. An approximate 20% reduction in crashes could result in \$24.6 billion in cost savings. Studies have estimated the benefit-cost ratio to be between 2:1 and 57:1 for sobriety checkpoints.²⁶ These checkpoints not only save lives but also have significant economic benefits.

The Nebraska Experience

Nebraska ranks as the sixth-worst binge drinking (19.5%) state in the United States.²⁷ Nebraska also ranks as the second-worst self-reported drinking and driving state with 955 episodes per 1,000 population. Nebraska and Hawaii were the only two states identified by the CDC as having significantly higher rates than the national average.²⁸

Between 2010 and 2020, the Nebraska Department of Transportation-Highway Safety Office (NDOT-HSO) reports that 704 people were killed in an alcohol-involved crash in Nebraska. Over the past five years, an annual average of 64 alcohol-related traffic fatalities occurred due to an alcohol-impaired driver.²⁹

The utilization of sobriety checkpoints in Nebraska has been upheld under state law. Checkpoint and saturation patrol operations are particularly prevalent during the *Click It or Ticket* and *Drive Sober or Get Pulled Over* campaigns which are implemented around holidays when excessive consumption can be more prevalent (Memorial Day, Labor Day, Thanksgiving, and Christmas). A saturation patrol is a concentrated enforcement effort targeting impaired driving and other moving violations over a generally larger geographic area.³⁰ Between 2018 and 2022, special enforcements resulted in 3,334 arrests for driving while under the influence of alcohol, an average of 667 per year. These operations also resulted in 933 minor in possession and 1,371 open container citations.³¹

Reducing Alcohol-related Crashes: What Else Works?

A 2018 National Academies of Sciences, Engineering, and Medicine report entitled *Getting to Zero Alcohol-Impaired Driving Fatalities* made additional recommendations for reducing alcohol-related crashes and fatalities:

- Significantly **increase alcohol taxes**;
- **Reduce alcohol availability**, including the number of on- and off-premises alcohol outlets and the days and hours of alcohol sales;
- Adopt and/or strengthen laws and dedicate enforcement resources to **stop illegal alcohol sales**, including sales to already-intoxicated adults and sales to those under 21;
- Enact per se laws for alcohol-impaired driving at **0.05% blood alcohol concentration (BAC)**;
- Ensure that health care systems and health insurers cover and facilitate effective evaluation, prevention, and treatment strategies for binge drinking and alcohol use disorders, including **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**.³²

²² Fell, Tippetts, & Levy, 2008

²³ Bergen et al., 2014

²⁴ Bergen et al., 2014

²⁵ Zaloshnja, Miller, & Blincone, 2013

²⁶ Bergen et al., 2014

²⁷ CDC, BRFSS, 2021

²⁸ Jewett et al, 2015

²⁹ NDOT-HSO, 2021

³⁰ MADD, 2012

³¹ NDOT, n.d

³² NASEM, 2018

References

- Bergen, G., Pitan, A., Qu, S., Shults, R. A., Chattopadhyay, S. K., Elder, R. W., ... & Community Preventive Services Task Force. (2014). Publicized sobriety checkpoint programs: a community guide systematic review. *American Journal of Preventive Medicine*, 46(5), 529-539.
- Centers for Disease Control and Prevention. (2011). Vital signs: alcohol-impaired driving among adults---United States, 2010. *MMWR: Morbidity and mortality weekly report*, 60(39), 1351-1356.
- Centers for Disease Control and Prevention (CDC). (2015). Sobriety Checkpoints. Retrieved March 16, 2020 from <https://www.cdc.gov/motorvehiclesafety/calculator/factsheet/checkpoints.html>
- Centers for Disease Control and Prevention (CDC). (2021). BRFSS Prevalence & Trends Data [online]. Retrieved October 20, 2022 from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- Centers for Disease Control and Prevention (CDC). (2019). Fact Sheets – Alcohol Use and Your Health. Retrieved January 30, 2020 from <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- Community Preventive Services Task Force (CPSTF). (2014). Reducing Alcohol-impaired Driving: Publicized Sobriety Checkpoint Programs. Retrieved March 16, 2020 from <https://www.thecommunityguide.org/sites/default/files/assets/MV-OI-AID-Sobriety-Checkpoints.pdf>
- Fell, J. C., Tippetts, A. S., & Levy, M. (2008). Evaluation of seven publicized enforcement demonstration programs to reduce impaired driving: Georgia, Louisiana, Pennsylvania, Tennessee, Texas, Indiana, and Michigan. In *Annals of Advances in Automotive Medicine/Annual Scientific Conference* (Vol. 52, p. 23). Association for the Advancement of Automotive Medicine.
- Governors Highway Safety Association (GHSA). (n.d.). Sobriety Checkpoints. Retrieved March 16, 2020 from <https://www.ghsa.org/state-laws/issues/sobriety%20checkpoints>
- Jewett, A., Shults, R. A., Banerjee, T., & Bergen, G. (2015). Alcohol-impaired driving among adults—United States, 2012. *Morbidity and mortality weekly report*, 64(30), 814.
- Mothers Against Drunk Driving (MADD). (2012). Sobriety Checkpoints. Retrieved March 16, 2020 from https://www.madd.org/wp-content/uploads/2017/08/Sobriety_Checkpoints_Overview.pdf
- Naimi, T. S., Brewer, R. D., Mokdad, A., Denny, C., Serdula, M. K., & Marks, J. S. (2003). Binge drinking among US adults. *Jama*, 289(1), 70-75.
- National Academies of Sciences, Engineering, and Medicine (NASEM). (2018). *Getting to zero alcohol-impaired driving fatalities: A comprehensive approach to a persistent problem*. National Academies Press.
- National Highway Traffic Safety Administration (NHTSA). (2008). Sobriety Checkpoints. Retrieved March 16, 2020 from <https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/810881.pdf>
- National Highway Traffic Safety Administration (NHTSA). (2016). Alcohol-Impaired Driving. Retrieved December 18, 2019 from <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>
- National Transportation Safety Board (NTSB). (2019). .05 BAC Safety Briefing Facts. Retrieved December 18, 2019 from <https://www.ntsb.gov/safety/Documents/SafetyBriefing-March2019.pdf>
- Nebraska Department of Transportation (NDOT). (2019). Standard Summary of Nebraska Motor Vehicle Traffic Accidents Statewide Traffic Accidents 2018. Lincoln, NE. Retrieved December 18, 2019 from <https://dot.nebraska.gov/media/13284/summary2018.pdf>
- Nebraska Department of Transportation Highway Safety Office (NDOT-HSO). (2021). Nebraska Alcohol-Related Crashes/Fatalities vs All Fatal Crashes/Fatalities. Lincoln, NE. Retrieved December 2, 2022, from <https://dot.nebraska.gov/media/6481/al2crafat.pdf>
- Nebraska Department of Transportation Highway Safety Office (NDOT-HSO). (2022). Nebraska History of Alcohol-Related Crashes. Lincoln, NE. Retrieved December 2, 2022 from <https://dot.nebraska.gov/media/6491/alchistory.pdf>
- Nebraska Department of Transportation (NDOT). (n.d.). Law Enforcement Mobilizations. Retrieved March 30, 2020 from <https://dot.nebraska.gov/safety/hso/law-enforcement-resources/mobilizations/>
- White, W. L., & Gasperin, D. L. (2007). The “hard core drinking driver” identification, treatment and community management. *Alcoholism Treatment Quarterly*, 25(3), 113-132.
- Zaloshnja, E., Miller, T. R., & Blincoe, L. J. (2013). Costs of alcohol-involved crashes, United States, 2010. *Annals of advances in automotive medicine*, 57, 3.

Contact Information

Project Extra Mile
6001 Dodge Street, CEC 228B
Omaha, NE 68182-0600
Ph: (402) 963-9047
Email: info@projectextramile.org