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Road Safety Policies Should Include Efforts to Reduce Drunk Driving

In a Nutshell

- Despite years of crafting policies aimed at limiting drunk driving, alcohol-related crashes remain a significant share of fatal crashes and cost the state millions of dollars.
- Michigan’s approach to drunk driving prevention is largely consistent with many other states.
- Several evidence-based policy options could contribute to a decrease in alcohol consumption and alcohol-related crashes, including lowering the blood alcohol concentration limit, broader use of ignition interlock devices, higher alcohol taxes, alcohol availability limitations, and treatment support.

Introduction

Michigan recently expanded the restriction on cellphone use while driving by making it illegal to use or hold a phone or other device while driving. The Michigan Office of Highway Safety Planning released a factsheet outlining the law and penalties, which include fines and/or community service. This new hands-free law certainly has potential benefits for the state through a possible reduction in crashes and the associated human and economic consequences.

However, research on distracted driving does not consistently show that hands-free laws are particularly effective, with many studies showing that hands-free laws do little to actually reduce crashes caused by distracted driving. Further, distracted driving accounts for a small portion of motor-vehicle crashes. Other dangerous driving behaviors, including speeding and alcohol-impaired driving, cause much larger portions of crashes. Alcohol-impaired driving, in particular, continues to be a fatal and costly problem in Michigan despite existing laws aimed at addressing the issue. Serious legislative efforts to change driver behavior and improve road safety should extend beyond distracted driving to address and minimize drunk driving.

Drunk Driving is Extremely Costly

Alcohol-impaired driving continues to be a serious problem across the country and in Michigan. In 2022, fatal crashes involving alcohol or drugs accounted for almost 40 percent of total fatal crashes in Michigan, up from 36 percent in 2012. Michigan is slightly below the national average in terms of drunk driving fatalities per capita, but the state’s alcohol-impaired driving fatalities per 100,000 people increased by 9.4 percent from 2010 to 2019. The national average over this period decreased by 5.7 percent, demonstrating that Michigan is trending in the wrong direction. On average, there were 25 alcohol-related crashes per day in Michigan in 2022 – with about one of those crashes being fatal and 10 leading to injuries.

In addition to the loss of life, drunk driving creates substantial economic impact for the state via lost productivity, legal and court expenses, medical costs, and property damage. According to the National Highway Traffic Safety Administration (NHTSA), the estimated economic losses of all motor vehicle traffic crashes in the U.S. in

2010 (the most recent year for which this data is available) was \$242 billion, of which \$44 billion resulted from alcohol-impaired crashes. Further, when quality-of-life valuations are considered due to injury and death, the total value of societal harm from motor vehicle traffic crashes was an estimated \$836 billion, of which \$201.1 billion resulted from alcohol-impaired crashes.

Existing Drunk Driving Policy in Michigan

The substantial safety risks and economic costs of drunk driving have made it an issue that has received considerable attention from policy makers and the public. Michigan, like every state, has criminal and civil penalties associated with drunk driving that increase with repeat offenses and the magnitude of impairment.

Michigan also requires ignition interlock devices for individuals convicted of driving with a BAC above .17, and permits other individuals whose licenses were revoked to be ordered to utilize an interlock device. While Michigan is not alone in applying its interlock law to offenders who were especially impaired or committed repeat offenses, 30 states require everyone convicted of drunk driving to utilize an interlock device.

Drunk Driving Policy Options

Michigan generally finds itself in step with much of the country when it comes to drunk driving policies. However, considering the current attention on road safety and the large portion of fatal traffic crashes caused by drunk driving, Michigan could pursue several evidence-based policy options if it wanted to lead on the issue, including:

- **Lowering the Blood Alcohol Concentration (BAC) limit:** Laws that make it illegal to drive with a BAC at or above a certain level have been shown to reduce crashes and deaths involving alcohol-impaired drivers. Current Michigan law sets the legal BAC limit at .08 g/dL for those over 21 and .02 g/dL for those under 21, and applies harsher penalties for anyone driving with a BAC of .17 or higher (commonly referred to as “super drunk”). Some evidence supports the claim that lowering the BAC limit even further could reduce rates of drunk driving. One study found that the relative risk of death in a single-vehicle crash involving drivers with BACs between 0.05 and 0.079 was seven times higher than the risk for sober drivers, indicating the value of a lower limit. In 2018, Utah changed its BAC limit from .08 to .05 g/dL, which was associated with lower alcohol involvement in crashes and an 18 percent reduction in the crash death rate per mile driven in the first year after it went into effect. While Utah is the only U.S. state to lower the limit to .05, many countries around the world set their default BAC limit at .05 or lower, including Australia, Belgium, Denmark, France, Germany, Italy, Japan, the Netherlands, and New Zealand.
- **Expanding Michigan’s Ignition Interlock Device Law:** Research indicates that ignition interlock device laws that are more comprehensive than Michigan’s see an additional reduction in fatal crashes over other non-adopting states. While implementing and enforcing ignition interlock laws more broadly may come with additional costs, the avoided costs of repeat offenses is likely to balance out those investments.
- **Increasing the tax on alcohol:** A substantial body of research shows that increasing the price of alcohol through alcohol excise taxes is effective at reducing excessive drinking and associated harms. A Michigan Department of Health and Human Services (MDHHS) task force found that higher alcohol prices or taxes were consistently related to less impaired driving and leads to additional public health benefits beyond road safety. The task force estimated a 7.7 percent reduction in total alcohol consumption for every ten percent increase in price. Using data from the Johns Hopkins Research Collaborative, the task force also estimated that a five percent increase of alcohol taxes in Michigan would cost non-excessive drinkers an additional \$3.43 a year and would cost excessive drinkers an additional \$19.22 a year. While tax increases are often unpopular, legislators could offset alcohol tax increases (which have a demonstrable health and safety benefit) with a tax reduction elsewhere. Further, Michigan’s alcohol taxes are below the national average and could increase without Michigan becoming an outlier.
- **Regulating alcohol availability:** Evidence consistently shows that regulating the availability of alcohol is a cost-effective way to reduce overall alcohol consumption. In addition to increasing the cost of alcohol,

other evidence-based strategies include restrictions on the time and location in which alcohol can be sold. In Michigan, alcohol involved crashes are more likely between the hours of 9:00 PM and 3:00 AM. Michigan generally permits sales until 2AM, as do most states, but the evidence suggests modifying that availability could decrease consumption and crashes.

- **Expanding screening and treatment options for Alcohol Use Disorder:** There are a wide range of policy options available that utilize evidence-based methods that aim to reduce alcohol consumption overall. Establishing statewide health care guidelines for effective screening and brief interventions can be particularly helpful for providers who are not specialists in alcohol treatment – these tools can help providers identify harmful drinking in individuals who do not have alcohol use disorder (AUD), which can prevent escalation of harmful drinking. In addition, there is evidence that digital technology and telehealth options can be effective to prevent and treat heavy drinking, especially among those who struggle to access health care in their community.
- **Establishing and Expanding School-Based Interventions:** School-based interventions to reduce riding with alcohol-impaired drivers have been shown to be effective. Michigan requires teens to take driver's education courses with a certified instructor, and the Secretary of State curriculum guide includes a segment on drunk driving. In addition, programs such as the Strive for a Safer Drive program have shown promise. The state could do more to require or incentivize these types of programs in all Michigan public schools.

Conclusion

Despite significant attention to the issue during the 1980s, 1990s, and 2000s, drunk driving remains a significant problem in Michigan and around the country. Recent efforts to combat distracted driving, while commendable, should not force state policymakers to lose sight of the additional work that can be done to reduce alcohol-related crashes, which have a significant human and economic cost. In addition to the research that shows the direct impact of the proposed policy options on traffic safety, these policies are all also likely to come with positive externalities in other aspects of life given the significant social and economic costs of excessive drinking generally. While Michigan's current policy response to drunk driving is very much in-step with the rest of the country, the wide-ranging potential benefits of these policies should be seriously considered.

ABOUT THE AUTHOR

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Karley Abramson joined the Research Council in 2022 as a Research Associate focusing on health policy. Previously, Karley was a nonpartisan Research Analyst at the Michigan Legislative Service Bureau where she specialized in the policy areas of public health, human services, education, civil rights, and family law. Karley has worked as a research fellow for various state and national organizations, including the National Institutes of Health and the ACLU of Michigan. She is a three-time Wolverine with a bachelor's degree in sociology, a master's of public health, and a juris doctor from the University of Michigan.

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