Priority Level One: Impaired Driving

In Washington, a driver is considered to be Driving Under the Influence (DUI) if the driver’s blood alcohol concentration is .08 or higher, or if the driver is impaired by other drugs, or both. This applies to both legal and illegal drugs, including prescription medication and over-the-counter drugs. Drivers under age 21 can be arrested for DUI with a blood alcohol concentration of .02 or higher.

Alcohol and drug impairment was the most commonly cited factor in fatal collisions in Washington, contributing to approximately 48% percent (828 of 1725) of all traffic deaths occurring between 2006 and 2008.

Washington has been combating impaired driving for decades and has made impressive progress. Since 1980, the number of traffic fatalities involving an alcohol impaired driver has decreased by 57%, from 390 to 166. In addition, even though there has been an increase in vehicle travel during this time, the fatality rate per vehicle miles traveled has decreased by 78%, from 1.35 in 1980 to 0.3 in 2008.

Much of this progress can be attributed to aggressive campaigns to change the public perception of the acceptability and consequences of drinking and driving. The Legislature has enacted tougher laws, from the voter-passed 1968 implied consent law1 to the law lowering the blood alcohol concentration (BAC) threshold to .08 for impaired drivers in 1999. The state also imposed ignition interlock requirements on all DUI offenders and applied tougher sanctions for repeat and high-BAC offenders, including the 2007 felony DUI law that applies to those offenders with four prior DUI convictions within ten years. Strict penalties are imposed for drivers under age 21 who drink and drive as part of the “Zero Tolerance” statute.

Despite these intensive efforts, impaired driving remains a challenging issue, both for Washington State and for the nation. If Washington is going to reach our goal of zero impaired driving fatalities, we must continue with the successful endeavors of the past while also pursuing new initiatives, instituting additional proven strategies, and employing other best practices to continue to drive down the number of impaired drivers.

Integrated Systems Approach. Impaired driving is a

Alcohol- or drug-impaired drivers were a factor in approximately 48% percent (828 of 1725) of all traffic deaths between 2006 and 2008.
societal issue that pushes us beyond traditional traffic safety partnerships. To that end, the Washington Traffic Safety Commission hosts the Washington Impaired Driving Advisory Council, which consists of representatives from law enforcement, health, injury prevention, treatment, prosecution, judiciary, toxicology, training, private business, advocacy, community task forces, probation, corrections, tribal nations, and liquor control. The Council seeks to reduce impaired driving statewide through coordinated planning, training, programs and evaluation.

**DUI Arrests.** Washington Court data shows 40,205 DUI charges were filed in 2008. There were also 17,804 DUI guilty convictions, 19,562 charges reduced, and 9,512 deferred prosecutions granted. Only 185 cases resulted in acquittals.

**High Visibility DUI Enforcement Programs.** Washington Traffic Safety Commission funds quarterly “X52” DUI Patrols and the annual “Drive Hammered Get Nailed DUI Crackdown” as part of the NHTSA August/Labor Day national campaign. One hundred and sixty law enforcement agencies will be participating in these campaigns during 2010-2011, which represents a 60% increase in the number of participating agencies over 2008-2009. Each dollar of law enforcement overtime funding was matched with paid media messages to inform the public of the increased enforcement. A new program, Target Zero Teams, will place full-time Washington State Patrol DUI squads in King, Pierce and Snohomish Counties. The WSP teams will be joined by local law enforcement officers on the weekends or other high DUI times. These multi-jurisdictional squads will focus their efforts on those locations with the highest concentrations of DUI collisions.
Priority Level One: Impaired Driving

Law Enforcement Training in Alcohol and Drug Detection. The Drug Evaluation and Classification Program (DEC), established in February 1996, trains law enforcement officers to become Drug Recognition Experts (DREs). Once the officer completes the rigorous training course and passes certification, he or she is able to recognize the symptoms of intoxication for seven different categories of drugs. A 12-step standardized process is used to identify drug impairment. The Washington State Patrol provides DRE training to both WSP troopers and officers from local law enforcement agencies. Since the program’s inception, the number of trained DREs has steadily grown from 16 DREs in 1996 to 238 to date, representing 73 law enforcement agencies. A 2010 statewide training program, the Statewide Standard Field Sobriety Test (SFST) Coordinator Program, provides comprehensive, consistent, timely, and training for all law enforcement agencies statewide.

Reducing Excessive Drinking. Research has shown that about 50% of people arrested for DUI were drinking at a licensed establishment, and further, that 70-89% of bars will serve alcohol to intoxicated persons in violation of the law. The Liquor Control Board’s Enforcement and Education Division identifies establishments with the greatest number of reported DUls and focuses resources on these establishments through a program called “Locations of Strategic Interest.”

Prosecute, Sanction, and Treat DUI Offenders. Washington implemented the Traffic Safety Resource Prosecutor Program in August 2009 to deliver training, technical and courtroom assistance, and reference materials to prosecutors and law enforcement officers in an effort to increase the vigorous and consistent prosecution of impaired drivers. The Administrative...
Priority Level One: Impaired Driving

Impaired Driving Facts for 2004-2008

Age and Gender
- Nearly half (49%) of persons killed in impairment-related crashes were between the ages of 16 and 30.
- Of impaired drivers involved in fatal crashes, 84% were male.

Location
- Almost two-thirds (63%) of impairment-related deaths occurred in rural areas.
- Five counties in Washington account for almost half of impairment-related deaths – King (18%), Pierce (11%), Snohomish (7%), Yakima (6%), and Clark (5%).

Time
- Two out of three impairment-related deaths (66%) occurred at night between 6 pm and 5:59 am.
- More than half (52%) of impairment-related deaths occurred during the weekend, between 6 pm Friday and 5:59 am Monday.
- Impairment-related deaths spiked during June to September with 42% occurring during these months. The fewest deaths occurred in February.

More Impaired Driving Facts for 2004-2008

Single vehicle crashes and sole occupants
- Two-thirds (67%) of impaired drivers were the sole vehicle occupant or rider.
- Three out of five impairment-related deaths (58%) involved a single vehicle.

Other Factors
- Fifty percent of impaired drivers involved in fatal crashes were also speeding.
- Over half of passenger vehicle occupants involved in impaired driving fatal crashes were not wearing seat belts at the time of the crash.

Drugged Driving
Over the last ten years, known drug-involved traffic deaths have increased by 104% (from 75 deaths involving drug-impaired drivers in 1999 to 153 deaths in 2008). However, during this time, the proportion of deceased drivers tested for drugs increased by 54% (from 59% in 1999 to 91% in 2008). Consequently, much of the increase in drug-involved deaths is likely due to an increase in drug testing.

Office of the Courts conducts annual DUI judicial educational trainings to keep judges apprised of new legal and technical issues surrounding DUI cases. A new initiative to monitor ignition interlock providers, installers, and offenders required to have these devices was initiated in 2008 as part of the new Ignition Interlock Driver’s License legislation. The Ignition Interlock Program Coordinator serves as the statewide expert on ignition interlock devices, conducting manufacturer and installation site audits, addressing offender compliance checks, and providing educational training to law enforcement and the ignition interlock community to ensure the continued effectiveness of ignition interlocks.

There are currently four DUI Courts in Washington supported by the WTSC. Each court has its own characteristics, but all share the common goal of implanting the ten DUI Court principles promulgated in the training sessions developed by the National Center for DWI Courts. More information on those principles can be found at dwicourts.org/learn/about-dwi-courts/-guiding-principles.
Priority Level One: Impaired Driving

Alcohol Impaired (BAC ≥.08) Driver Involved Fatalities: Trends, Forecasts, and Goals

[Graph showing trends from 1999 to 2014 for alcohol-impaired fatalities.]


2009 preliminary fatalities = 188

Recommended Goals

2009 preliminary fatalities = 188

Drug Impaired Driver Involved Fatalities: Trends, Forecasts, and Goals

[Graph showing trends from 1999 to 2014 for drug-impaired fatalities.]


2009 preliminary fatalities = 150

Recommended Goals

Note: Over the last ten years, known drug-involved traffic deaths have increased by 104% (from 75 deaths involving drug-impaired drivers in 1999 to 153 deaths in 2008). However, during this time, the proportion of deceased drivers tested for drugs increased by 54% (from 59% in 1999 to 91% in 2008). Consequently, much of the increase in drug-involved deaths is likely due to an increase in drug testing.
Priority Level One: Impaired Driving

Definitions for Impaired Driving

Washington State has focused on impaired driving for many years and as a result, there is a great deal of data on impairment. This gives us many ways of looking at the problem. Here is a short list of impairment terms and their definitions as used in this document:

**Impairment-related collision.** Any driver, motorcycle rider, pedestrian, cyclist, etc with a BAC of .08 or greater and/or a positive result on a drug test. On average for 2006 to 2008, impairment-related collisions accounted for 55% of all traffic fatalities.

**Impaired driver.** Any driver with a BAC of .08 or greater and/or any driver with a positive result on a drug test. From 2006 to 2008, impaired drivers were involved in 48% of all traffic fatalities.

**Alcohol-impaired driver.** Any driver with a BAC of .08 or greater. From 2006 to 2008, alcohol impaired drivers were involved in 32% of all traffic fatalities.

**Drinking driver.** Any driver with a positive BAC or a police report of “had been drinking - impaired,” “had been drinking - not impaired” or “had been drinking - impairment unknown.” From 2006 through 2008, alcohol impaired drivers were involved in 41% of all traffic fatalities.

Definition source: Washington Traffic Safety Commission; Data source: FARS

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**Drinking Driver\(^1\) Involved Fatalities: Trends, Forecasts, and Goals**


\(^1\) A drinking driver is one identified on the collision report as "had been drinking", and would include all BAC levels above zero.
## 1.1 Objectives and Strategies to Reduce Impaired Driving

### 1.1.A Reduce excessive drinking and underage drinking

1.1.A1 Explore an increase on the state excise tax on beer. (P)

1.1.A2 Continue mandatory alcohol server training and explore expanding responsible beverage service policies for alcohol retailers. (P)

1.1.A3 Enforce underage drinking laws.
- Conduct well publicized compliance checks of alcohol retailers to reduce sales to underage persons. (T)
- Conduct well publicized enforcement aimed at underage drinking parties. (E)
- Target middle schools and high schools with education programs related to impaired driving.

1.1.A.4 Continue and expand the use of brief intervention and screening in medical settings. (P)

1.1.A.5 Explore alternative ride and designated driver programs. (E)

1.1.A.6 Identify and utilize cross-cultural training opportunities for law enforcement. (P)

### 1.1.B Enforce DUI laws

1.1.B1 Continue statewide, high-visibility enforcement and media campaigns to reduce the incidence of impaired driving. (P)

- Enhance law enforcement training in alcohol and drug detection.
- Expand the Drug Recognition and Classification Program. (P)
- Include tribal police in Drug Recognition Expert training.
- Develop appropriate messages and methods to reach segments of the population with a high incidence of impaired driving arrests.
- Develop education messages in multiple languages.
- Support efforts to simplify and streamline the DUI arrest process, such as using the mobile impaired driving unit and BAC processors in conjunction with high visibility enforcement campaigns.

1.1.B2 Enhance DUI detection through special DUI Patrols; target areas with high numbers of DUI-related crashes.

1.1.B3 Publicize and enforce zero tolerance laws for drivers under age 21. (P)

1.1.B4 Encourage tribes to enact and enforce .08 BAC laws.

1.1.B5 Eliminate need for impaired individuals to drive by supporting alternative transportation services such as transit, designated drivers programs, and taxi rides. (T)

### 1.1.C Prosecute, sanction, and treat DUI offenders

1.1.C1 Establish and support a Traffic Safety Resource Prosecutor Program. (T)

1.1.C2 Develop a system of centralized screening, assessment, referral and monitoring of DUI offenders. (P)

- Improve record keeping in order to ensure that prior DUI arrests are counted.
- Explore options to enhance treatment and probation.

1.1.C3 Continue to require stronger penalties for BAC test refusal than test failure. (T)

1.1.C4 Continue to suspend driver’s license administratively upon arrest. (T)

1.1.C5 Support requirements for ignition interlock driver’s license. (E)

1.1.C6 Encourage mandatory attendance at DUI Victims Panels for all DUI offenders. (P)

P=Proven, T=Tried, E=Experimental

continued on next page
## 1.1 Objectives and Strategies to Reduce Impaired Driving (continued)

### 1.1.D Control high-BAC and repeat DUI offenders

1.1.D1 Continue to require ignition interlocks as a condition for license reinstatement. (P)

1.1.D2 Monitor all convicted DUI offenders closely. (P)

1.1.D3 Support the establishment and expansion of DUI Courts. (T)

1.1.D4 Incarcerate offenders. (P)

### 1.1.E Foster leadership to facilitate impaired driving system improvements

1.1.E1 Continue to build partnerships designed to reduce the incidence of impaired driving. (P)

- Establish and support the Washington Impaired Driving Advisory Council.
- Conduct an NHTSA Administered Impaired Driving Assessment.
- Use Assessment to guide Impaired Driving System Strategic Plan to address system deficiencies.
- Facilitate recommending, prioritizing and overseeing the implementation of the strategic plan to improve the system on an on-going basis.

- Continue and expand judicial and prosecutorial education addressing DUI issues. (P)
- Continue efforts such as the Annual Impaired Driver Traffic Safety Conference.
- Utilize community traffic safety task forces to address impaired driving issues.
- Collaborate with BIA, Indian Health Services, and the Northwest Association of Tribal Enforcement Officers (NAETO) to support Tribal Nations who would like to reduce the incidence of impaired driving on tribal lands. (E)
- Expand outreach programs for ethnic populations, such as the El Protector Program.
- Include tribal resources such as brochures and flyers within the Department of Printing’s General Store website.

1.1.E2 Encourage the enactment of State laws that will enhance enforcement, prosecution, and adjudication of impaired driving laws. (P)

- Explore options that would allow sobriety checkpoints in Washington. (P)
- Support efforts to develop a DUI statutory scheme that provides laws that are sound, rigorous, and easy to enforce and administer.
- Support efforts to use any money collected from DUI fines in excess of $101 to support impaired driving programs.

1.1.E3 Implement corridor safety model to high-crash locations where data suggests a high rate of impaired driving. (P)

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P=Proven, T=Tried, E=Experimental