Public Policy Statement on Highway Safety in Relation To
Alcohol and Other Drug Use and Addiction

In view of the appalling toll of death, injury and damage caused by alcohol and other drug-related
highway crashes, the American Society of Addiction Medicine makes the following recommendations:

I. Identification and Treatment of Alcoholism and Other Drug Dependencies
• Even though crashes due to alcohol/other drug-impaired driving occur in both alcoholic and other
drug-addicted drivers, and in drivers not diagnosable with an addictive disease, the identification
and treatment of alcoholism and other drug dependencies should be an integral component of all
policies, strategies and laws which address driving impaired by alcohol or other drugs. Without
treatment of these diseases, there is no feasible means of reducing the number of repeat
offenders.

• Any legislation which imposes penalties for alcohol and/or other drug impaired driving should also
include provisions for convicted drivers to undergo clinical assessment by a trained chemical
dependency professional, and for convicted drivers diagnosed via assessment to have a
substance use disorder to be required to complete appropriate treatment as a condition of a re-
instatement of driving privileges. There should be evidence of successful rehabilitation, not
merely attending sessions, before a suspended or revoked driver’s license is reinstated.

• Local jurisdictions should develop procedures for pre-sentence investigations, in conjunction with
qualified professionals. The pre-sentence investigation process should include screening for
identification of alcoholism and other drug dependencies, with referral to treatment as indicated.

• The presence of alcohol, nicotine, other drugs, or their metabolites in an individual’s breath or
body fluids can provide evidence of substance use; but it must be emphasized that evidence of
substance use by itself is insufficient to substantiate that any functional impairment related to
substance use is present, or that a case of addiction is present. Nonetheless, when immediate
post-crash toxicological testing identifies the presence of alcohol or other intoxicants, the crash
victim should be referred to appropriate emergency medical services. Hospital emergency
departments and trauma centers which receive intoxicated vehicular crash victims should
provide evaluation and brief intervention to motivate the individual to accept referral to indicated
chemical dependency services, consistent with the American College of Surgeons’ guidelines
for certified trauma centers.

• ASAM recommends that state and specialty medical societies and public health associations
initiate or increase their efforts to secure repeal of UPPL-related insurance codes at the state
level. These alcohol exclusion laws allow for the denial of insurance payments for the
treatment of injuries sustained as a consequence of the insured person having been an
intoxicated driver. Laws deriving from such codes inadvertently compound problems with highway safety by discouraging emergency room staff from conducting blood or serum tests for alcohol concentration and by impeding screening for alcohol use among the population of vehicle crash victims -- screening which would otherwise have the promise of identifying drivers with alcohol use disorders and reducing repeat offenses of driving while intoxicated (see ASAM Public Policy Statement on Repeal of the Uniform Accident and Sickness Policy Provision Law [UPPL]).

- Governments should monitor compliance with the law and ensure the availability of high quality treatment and rehabilitation programs, in accordance with state-established standards, for intoxicated drivers referred by law to treatment.

- State legislation or regulation should require health insurance providers to include coverage for comprehensive treatment of alcoholism and other drug dependencies in all health insurance policies, whenever such treatment is medically necessary, regardless of whether the referral to treatment was based on processes in place in the judicial system to identify and refer to addiction treatment intoxicated drivers identified as needing treatment.

II. Prevention

The American Society of Addiction Medicine has already adopted wide-ranging prevention policy recommendations. Their acceptance will reduce alcohol and other drug related highway deaths and injuries. Of special relevance to highway safety are the following:

- States should cooperate in the retention of the national legal age of 21 for the purchase and public possession of all alcoholic beverages. The 21 year old minimum drinking age should apply in all US districts, territories and commonwealths as well as in the fifty states. Exceptions should not be made for military personnel under the age of 21 or any other groups.

- State and local governments should prohibit consumption of alcoholic beverages in motorized vehicles and prohibit possession of open alcoholic beverage containers in passenger compartments of motor vehicles.

- Each state should enact "Dram Shop" laws that establish liability against any person or establishment which sells or serves alcoholic beverages to an individual who appears to be intoxicated or who is under the legal purchase age. States should encourage such establishments to have devices for testing breath content of alcohol, and should set limits on levels at which sales of further alcohol to individuals is protected from prosecution under the "Dram Shop" laws.

- Taxes on alcoholic beverages should be equalized across all types of alcoholic beverage and based on the percentage of alcohol content of the beverage. All tax revenues on alcoholic beverages should be dedicated to health-related treatment, research, education and prevention programs.

- States should enact laws prohibiting the sale of alcoholic beverages at retail outlets where motor fuel is sold.

- Programs for the treatment of alcoholism and other drug dependencies should contain an educational component about alcohol, other drugs and highway safety.
III. Public Education

- Physicians, nurses, pharmacists and other health professionals should continue to take an active role in educating their patients and the public about the hazardous effects on highway safety of alcohol, other drugs—both legal (prescription and over-the-counter) and illicit—and various combinations of alcohol and other drugs.

- Public information campaigns should continue to be developed on the state and national levels, in cooperation with the private sector, to focus on alcohol and other drug use, and their correlation with highway safety and other problems.

- State and federal efforts should include information on alcoholism and other drug dependencies treatment in their public education campaigns related to enforcement of alcohol and other drug highway safety laws.

- Editorial boards and trade associations should encourage their associates and members to communicate to the public regularly about alcohol and other drug use and their relationship to highway safety and other problems.

- Broadcast and print media should portray alcohol and other drug use and their relationship to highway safety and other problems in a responsible manner and, when appropriate, use program content to communicate with the public about impaired driving and other social and health consequences of alcohol and other drug use.

- Education should be provided for bartenders and other servers of alcoholic beverages (including social hosts and hostesses) about safe serving practices, prevention of harm to a person who is alcohol-impaired, and responsibilities under the law.

IV. Professional Education

- Professional education for all health and human service workers should include appropriate information about the health and public safety aspects of alcohol and other drug use and dependence.

- Each state should have programs for training criminal justice personnel, including police officers, probation officers, judges, prosecutors, and defense attorneys, concerning the legal and public safety aspects of alcohol and other drug use and dependence.

- Athletic coaches, trainers and teachers should be educated about the effects of alcohol and other drugs on health and behavior, and about their responsibilities toward team members, trainees and students in preventing alcoholism and other drug dependency.

V. Private Sector Organizations, Including Corporations, Industry, Trade Associations, Labor Organizations and Civil, Fraternal and Social Organizations

- Organizations should develop and disseminate policy statements regarding the use and misuse of alcohol and other drugs, in relationship to highway-related deaths and injuries and other social and health problems, including guidelines for the use of alcohol at organization-sponsored functions.
• All employers should develop employee assistance programs, which serve family members as well as employees, to deal with alcoholism and other drug dependencies.

• Organizations should become active advocates and participants in local, state and national endeavors to reduce the incidence of driving under the influence of alcohol and other drugs.

VI. Youth Education

• Schools should develop and teach age-appropriate curricula concerning the effects of alcohol and other drugs (including tobacco) on the brain and the rest of the body and their relationship to highway safety and other health and social problems. Curricula should employ a lifestyle/risk reduction approach aimed at changing youthful behavior relative to impaired driving as well as other health and social problems related to alcohol and other drugs.

• Athletic and other youth organizations should include information on the effects of alcohol and other drugs on the brain and the rest of the body with the aim of reducing risks associated with youthful impaired driving and other related problems.

VII. Driver Education

• Driver education programs should include information on alcohol and other drugs, their effects on the brain and the rest of the body, impact upon driving abilities and effects on attitudes, capabilities, coordination and judgment.

• Driver licensing manuals should address the stress the relationship of alcohol and other drugs to highway safety and include information on penalties for arrest and conviction of alcohol and other drug driving offenses. These manuals should also include information on the nature of addictive disease, its manifestations and the availability of treatment for it, so that people may recognize and deal with these problems before they cause driving-related problems.

• Drivers’ license examinations should include questions to determine applicants’ knowledge of the relationship of alcohol and other drugs to highway safety, and their understanding of laws governing alcohol and other drug purchasing, possession, use, and driving privileges.

VIII. Research

A broad range of basic and applied research on alcohol and other drug effects and related problems is a vital part of any effort to reduce alcohol and other drug related death and injury on the highway. ASAM specifically recommends:

• Support for continuing research on the interactive effects of alcohol and other drugs on driving.

• Support for research on the impact of various methods of alcohol and other drug dependency treatment on reducing the recidivism rate for alcohol-and-other-drug-related highway crashes and other offenses.

• Support for research on the relative impacts of alcohol control measures on reducing alcohol-and-other-drug-impaired driving, including open container laws and increases in alcohol taxes.
• Support for research on alcohol and other drug testing of blood, breath, saliva or other body fluids or tissues and their relationship to impaired driving. Specific target groups, including women, youth, elderly drivers and others should be considered as well as specific drug concentration thresholds and their relationship to impairment of driving abilities.

• Support for research on alcohol media messages including public service announcements, alcohol and other drug-related program content and alcohol advertising, and their impact on attitudes and behavior related to impaired driving.

• Support for research on the efficacy of drinking and driving-related warning labels on alcoholic beverages as a way to educate and influence decision-making regarding drinking and driving.

• Support for development of improved methods for identifying impaired drivers, and for monitoring persons on probation because of an alcohol or other drug related driving offense.

• Support for research into predictive and preventive factors in potential driver impairment.

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