

**AUDIT OF THE NATIONAL HIGHWAY TRAFFIC  
SAFETY ADMINISTRATION'S ALCOHOL-  
IMPAIRED DRIVING TRAFFIC SAFETY  
PROGRAM**

*National Highway Traffic Safety Administration*

*Report Number: MH-2007-036*

*March 5, 2007*



# Memorandum

**U.S. Department of  
Transportation**

Office of the Secretary  
of Transportation  
Office of Inspector General

Subject: **ACTION:** Report on the Audit of the  
National Highway Traffic Safety Administration's  
Alcohol-Impaired Driving Traffic Safety Program  
Report Number: MH-2007-036

Date: March 5, 2007

From: Kurt Hyde   
Assistant Inspector General  
for Surface and Maritime Programs

Reply to  
Attn. of: JA-40

To: National Highway Traffic Safety Administrator

This report presents the results of our audit of the National Highway Traffic Safety Administration's (NHTSA) Alcohol-Impaired Driving Traffic Safety Program. NHTSA generally agreed with our report and has identified actions responsive to our recommendations. NHTSA stated that reducing alcohol-related fatalities has been and remains a top priority of the agency and its work related to the audit has already yielded program improvements.

NHTSA is the lead Federal agency responsible for reducing alcohol-impaired driving. We performed this audit at the request of the House and Senate Committees on Appropriations. The Committees expressed concern that despite the combined efforts of Federal and state safety officials, no discernible progress has been made in reducing alcohol-related traffic crashes and fatalities.

According to NHTSA statistics, alcohol-related traffic fatalities accounted for 39 percent (or 16,885) of the 43,443 traffic deaths reported in 2005 in the United States. NHTSA's data indicate that the rate of alcohol-related driving fatalities per 100 million vehicle miles traveled (VMT) decreased from 0.63 in 1998 to 0.56 in 2005.<sup>1</sup> The 2005 alcohol-related fatalities were the lowest since the 16,572 fatalities reported in 1999—the year with the lowest number of fatalities ever reported. Exhibit A lists state reported alcohol impaired driving fatality rates and number of fatalities from 1998 to 2005.

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<sup>1</sup> Data based on NHTSA's "Alcohol-Related Fatalities and Fatality Rates by States, 2004-2005," DOT HS 810 686, released December 2006.

Reducing alcohol-related fatalities is an important aspect in reducing the overall number and the rate of highway fatalities.<sup>2</sup> In addition to reducing the number of overall highway fatalities, a reduction in alcohol-related crashes would yield significant monetary savings, as NHTSA estimates that these crashes cost the nation over \$100 billion annually<sup>3</sup> in medical, property, and related costs.

Our audit objectives were to:

- compare the scope, direction, resources, and expenditures of programs and activities of selected states with the highest and lowest alcohol-related fatalities, and identify best practices and challenges;
- determine the Federal resources dedicated to reducing alcohol-related traffic fatalities; and
- explore what actions NHTSA could take, particularly regarding improved performance measures, to better ensure that funds are targeted towards strategies that will have the most impact on reducing alcohol-impaired driving.

Our audit compared alcohol-impaired driving programs in 10 states—California, Texas, New York, Ohio, Illinois, New Jersey, Missouri, Connecticut, South Carolina, and New Mexico. We selected these states by dividing all states into groups with comparable VMT, then choosing states with high and low alcohol-impaired driving fatality rates within certain groups. For example, from the states with the highest VMT, we selected one state with a relatively high alcohol-impaired driving fatality rate—Texas—and one state with a relatively low rate—California. (Exhibit B provides details on our sample.)

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards prescribed by the Comptroller General of the United States and we performed such tests as we considered necessary to detect fraud, waste, and abuse.

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<sup>2</sup> The Department of Transportation's overall goal is to reduce the rate of highway fatalities to 1.0 per 100 million vehicle miles traveled by 2008. According to NHTSA's "Traffic Safety Fact Sheet 2005, A Compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and General Estimates System," DOT HS 810 631, released January 2007, the nation's highway fatality rate in 2005 was 1.45 per 100 million vehicle miles traveled.

<sup>3</sup> In 2002, NHTSA published a study that determined that alcohol-related crashes in the United States cost the public more than \$114.3 billion in 2000. This included \$51.1 billion in medical, work loss, and related costs and \$63.2 billion in quality of life losses.

## RESULTS IN BRIEF

Officials in NHTSA and the 10 states we reviewed attributed success in combating alcohol-impaired driving to many factors. They agreed that, while other strategies may be important, a successful traffic safety program should include strategies focusing on two key elements: (1) sustained enforcement of laws (to include highly visible police presence and media efforts) and (2) effective prosecution and full application of available sanctions. State officials reported on best practices and challenges associated with carrying out these key strategies, and we concluded that NHTSA should do more to measure state implementation of these strategies so that additional funding for countering alcohol-impaired driving is effectively used.

State officials identified a number of best practices used to implement these program strategies. For example, in two states, officials used fines collected from alcohol-impaired drivers to provide critical additional funding for local alcohol-impaired driving programs. Also, some states had put into effect Internet-based initiatives to help local communities apply for grants to strengthen enforcement efforts.

In addition to the best practices reported, states noted significant challenges that needed to be overcome so that the full benefit of the key program strategies could be achieved. These challenges included an inability to fund all police patrols requested and problems created due to lengthy arrest procedures. Our detailed findings provide specifics on state actions employed to counter these challenges.

Both past and current surface transportation legislation dedicated Federal resources to reducing alcohol-related fatalities. Specifically:

- We estimate that all states will expend about \$1.1 billion in Federal resources by the end of fiscal year (FY) 2009 for alcohol-impaired driving safety programs funded through the 1998 Transportation Equity Act for the 21st Century (TEA-21). This includes \$260 million in expenditures from a grant dedicated solely to reducing alcohol-impaired driving, expenditures from grants not dedicated solely to reducing alcohol-impaired driving but available for these efforts, the expenditures of funds obtained from the transfer of Highway Trust funds for alcohol-related programs, and an estimate of resources provided but not yet expended.
- The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), which reauthorized surface transportation programs in August 2005, significantly increased funding for the grant program dedicated solely to reducing alcohol-impaired driving. It also

increased funding for grants that are not dedicated solely to reducing alcohol-impaired driving but which can be used, in part, for these efforts.

Ensuring the wise use of future funding requires a way of measuring which programs have been most effective. Currently, state annual plans and reports generally contain performance measures focusing on activities accomplished, such as the number of sobriety checkpoints conducted, or on the overall performance goal of reducing the alcohol-impaired fatality rate. However, the plans and reports do not usually address the overall performance of key strategies such as sustained enforcement, in which sobriety checkpoints may be an element supporting this strategy. Consequently, we concluded that NHTSA's ability to fully gauge the impact of Federal resources and the effectiveness of state strategies could improve if it required the states to include in their annual plans and reports more meaningful performance measures linked to the key program strategies.

The treatment of sustained enforcement in the 10 states we reviewed provides an illustration of this situation. Those 10 states recognized the importance of sustained enforcement and NHTSA had communicated a quantitative definition for sustained enforcement to the states. According to NHTSA, sustained enforcement was defined as "at least one enforcement event conducted weekly in areas of a state where 60 percent or more of the alcohol-related fatalities occurred." Yet, none of the states included this measure in their annual plans or reports provided to NHTSA. The accumulation of data on this measure for all states would provide NHTSA and other decision makers with useful information on the degree to which Federal resources had led to sustained enforcement, and where additional resources would be needed. Regarding effective prosecution, NHTSA had not yet established a specific measure, although one state did report to a limited extent on improvements in conviction rates for alcohol-impaired driving offenses.

We recognize that the development of such intermediate performance measures, which address the degree to which key strategies are being implemented, and the accumulation of supporting data, will present significant challenges to NHTSA and the states. However, effective performance reporting will help program managers target Federal resources to the areas most likely to lead to future reductions in alcohol-related traffic fatalities. Our three recommendations to NHTSA provide for a phased approach to develop, implement, and assess these measures in coordination with the states. See page 15 for a complete list of our recommendations.

## **SUMMARY OF AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE**

We provided NHTSA a draft of this report on December 15, 2006. On February 7, 2007, NHTSA provided us with its formal comments (see page 34). NHTSA concurred with two of our three recommendations and proposed an alternative to the third recommendation, which we have accepted. Specifically, NHTSA concurred with our recommendation that it work in coordination with the states to develop intermediate performance measures of key strategies being implemented. It noted that this action will allow the states and NHTSA to better determine the effectiveness of key strategies and adjust the states' Highway Safety Plan as necessary. NHTSA is planning a project scheduled to begin in 2007, with a completion date of no later than 2009, to develop voluntary guidance on a set of intermediate performance indicators that could be used by state and local governments to measure success in priority program areas, which include impaired driving.

NHTSA also concurred with our recommendation that it periodically assess the degree to which states have adopted the recommended performance measures, the results from the measures, and the actions needed to assist states in fully implementing the use of performance measures. Finally, as an alternative to our recommendation that it require states to report on the use of intermediate performance measures in state Highway Safety Plans and Annual Evaluation reports, NHTSA agreed to recommend and encourage states to use the intermediate performance measures after their development. We accept the alternative action and consider NHTSA's comments on our recommendations to be responsive. However, we request that NHTSA provide specific milestones for completing its planned actions for two of the three recommendations within 30 calendar days of this final report. Our complete analyses of NHTSA's comments are on pages 16-17 of this report.

## **FINDINGS**

### **Officials Linked Program Success to Sustained Enforcement and Effective Prosecution with Sanctions**

State officials reported that a great part of past success in countering alcohol-impaired driving depended on two key program elements: (1) sustained enforcement of laws (a strategy that includes highly visible police presence and media efforts to raise public awareness) and (2) effective prosecution and the full

application of available sanctions.<sup>4</sup> We found that all 10 states we reviewed applied these key strategies in varying degrees. State officials reported best practices that worked in carrying out these strategies and the challenges to be overcome so that the full benefit of the program could be achieved. Although they employed other strategies, such as medical and educational strategies, state officials used these strategies less frequently. All of these strategies were consistent with those advocated by NHTSA. (For a full description of NHTSA-advocated strategies for combating alcohol-impaired driving, see Exhibit C.)

**Sustained Enforcement.** All the states we reviewed employed a sustained enforcement strategy, which included high visibility enforcement by police through sobriety checkpoints or saturation patrols<sup>5</sup> and media efforts to raise public awareness. States with low alcohol-related fatality rates reported using an array of best practices for achieving a sustained enforcement strategy, such as ensuring that enforcement programs were provided steady funding, addressing local community needs, or streamlining arrest procedures. Specifically:

- New York directed over \$20 million that was collected annually in impaired driving fines and penalties into community alcohol-impaired driving enforcement efforts.
- California, New Jersey, New York, and Ohio posted Federal grant information on-line to assist local communities in applying for alcohol-impaired driving enforcement grants. Also, California offered local communities a streamlined grant template—making grant applications easier, which encouraged local use of high visibility enforcement grants.
- New Jersey and New York reported that their state police ensured statewide enforcement by routinely performing traffic enforcement in communities where local police lacked resources.
- California, New York, and Ohio reported using task forces to target areas with a higher rate of alcohol-impaired driving or underage drinking incidents. Connecticut used “flexible” enforcement, which combines state police enforcement efforts with local efforts to target areas experiencing a higher rate of alcohol-impaired driving.

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<sup>4</sup> We did not review the effectiveness of the specific media being employed nor determine whether the absence or presence of certain laws, such as alcohol beverage control and point of sale laws, affected a state’s alcohol-impaired driving program. See Exhibit B for more details on scope and methodology.

<sup>5</sup> Saturation patrols are coordinated law enforcement efforts in locations known to have high concentrations of alcohol-related arrests, crashes, injuries, or fatalities.

- New York reported on actions taken to avoid excessive arrest times, which may discourage police from enforcing alcohol-impaired driving offenses and take time away from other enforcement efforts. These actions included assigning two officers to a patrol car during anticipated high-risk alcohol-impaired driving times and providing the officers with evidentiary equipment (such as breathalyzers) necessary to arrest offenders quickly.
- Connecticut reported employing an alcohol testing and processing vehicle at enforcement events, such as sobriety checkpoints, which reduced the time that officers spent on each arrest. These vehicles provided breathalyzers, video equipment, computers, and other equipment on-site to increase the number of arrests.

Table 1, below, provides examples of best practices reported in states with low fatality rates.

<b>Table 1. Best Practices Reported in Low Fatality Rate States for Generating Sustained Enforcement</b>	
✓	NY* encouraged participation by directing \$20 million yearly in alcohol-impaired driving fines and penalties back to local communities for use on impaired driving enforcement and related equipment. NJ* also directed a portion of fines and penalties to local communities.
✓	NY and OH* established traffic-safety organizations to support local efforts throughout the state and improve communication: <ul style="list-style-type: none"> <li>- NY's STOP DWI program.</li> <li>- OH's "Safe Communities" program.</li> </ul>
✓	NY and NJ state police performed numerous alcohol-impaired driving enforcement activities in areas lacking local police resources.
✓	CT* state police used "flexible" enforcement to target risk areas in conjunction with local enforcement or on their own.
✓	CA,* CT, NJ, NY, and OH used various data other than fatalities to target enforcement, such as increased impaired driving citations or traffic crashes, blood alcohol content (BAC) levels, or citizen complaints.
✓	CA, NJ, NY, and OH provided grant information and guidance on-line to assist local communities in applying for grants.
✓	CA developed streamlined grant applications for routine high visibility enforcement grants.
✓	CA and NY required reports on county performance establishing greater accountability.
✓	CA used task forces to pool resources for impaired-driving issues.
✓	NY, CT, and CA directed the largest portion of their TEA-21 grant funding toward impaired driving.
✓	CT and NY used standing statewide committees to address traffic safety issues.
✓	NY and OH used traffic safety-related committees or boards at local levels.
✓	NY, CA, and NJ used a regional approach or regional safety zones to monitor local activities.
✓	CT deployed a mobile BAC and impaired driving processing vehicle.
*NY=New York, OH=Ohio, NJ=New Jersey, CT=Connecticut, CA=California.	
Source: OIG analysis of information from the states reviewed.	

While those states in our review with the higher alcohol-impaired driving fatality rates exhibited some of the practices listed above, they generally reported using these practices less frequently. For example, although four of the five low fatality rate states reported having grant information available on-line, none of the high fatality rate states reported having grant information on-line. However, high fatality rate states also provided notable practices that benefited their sustained enforcement efforts. For example, some used injury severity data and other non-fatality data to identify high risk impaired driving areas, set goals for each locality, provided blood alcohol testing equipment throughout the state, and conducted independent assessments of highway safety programs to identify weaknesses.

Although each of the 10 states we reviewed reported some best practices, they also reported challenges in carrying out sustained enforcement. For example, some states reported:

- an inability to fund all police patrols requested, which produced gaps in enforcement or decreased the states' ability to target areas with a higher incidence of alcohol-impaired driving.
- legal restrictions on the use of the NHTSA-advocated sobriety checkpoints. The restrictions limited the use of this enforcement tool, which, according to NHTSA, when combined with news coverage can increase public awareness of the consequences of driving while alcohol impaired.
- constraints on state police authority within certain jurisdictions in a state. The constraints limited the ability of certain state police departments to provide supplemental manpower to local law enforcements.
- lengthy arrest procedures that increased the cost of making arrests, decreased the number of offenders arrested during peak alcohol-impaired driving periods, and acted as a disincentive for police to make arrests.

Further details on reported challenges from all 10 states in carrying out sustained enforcement are provided in Table 2 on the following page.

**Table 2. Challenges Reported in Generating Sustained Enforcement**

- ✓ Evidentiary requirements of alcohol-impaired driving arrests tied up police officers during high-risk impaired driving periods.
- ✓ State budget cuts or resource availability limited traffic safety funding choices.
- ✓ Eligible local communities did not apply for grants.
- ✓ State police were not available to support alcohol-impaired driving programs due to competing priorities. A high concentration of rural roads or out-of-state drivers made it harder to enforce impaired driving laws.
- ✓ State highway safety programs were able to fund only a limited number of grant requests.
- ✓ It was difficult to fund high-visibility enforcement when needed to coincide with high-risk driving periods.
- ✓ Police were unable to perform sobriety checkpoints due to legal restrictions.
- ✓ State police had jurisdiction limitations, such as the inability to operate within local communities.
- ✓ State and local police forces were understaffed.
- ✓ Organizational conflicts or the political climate limited program implementation.
- ✓ Insufficient resources were available to routinely use task forces.
- ✓ Safety officials were prohibited by state law from lobbying for legislative changes.
- ✓ Officials had difficulties getting the type of data needed to better plan and run programs.
- ✓ There were too many or unclear national priorities or recommended approaches to choose from.

Source: OIG analysis of information from the states reviewed.

**Effective Prosecution and Sanctions.** All 10 states we reviewed reported challenges in ensuring offenders were convicted and sanctions were applied. According to NHTSA, one aspect of effective prosecution depends on the involvement of well-trained police officers and effective prosecutors. Another aspect is the application of sanctions as determined by an adjudicating official. Ineffective prosecution and the failure to apply sanctions against those convicted of alcohol-impaired driving were perceived by officials as weakening the success of enforcement efforts. For example,

- in one state, a safety official expressed concern that judges imposed court supervision against guilty parties instead of fines or penalties, which lessened the effect enforcement could have as a deterrent. The lack of strict enforcement sent a message to drivers that an arrest would have limited consequences.
- officials in three states reported having difficulty preventing individuals from driving with a revoked or suspended license and identifying repeat offenders.

To address these challenges, states took actions aimed at improving prosecutions and the application of sanctions. Specifically, they:

- provided prosecutors training or guidance material to reduce the likelihood of plea-bargaining to lesser offenses and to decrease the number of cases dismissed based on technicalities.
- educated judges on alcohol-impaired driving laws to ensure sanction-related laws are correctly applied.
- tried cases in courts specializing in alcohol-impaired driving cases to ensure that repeat offenders were provided more intensive attention to correct their identified behavior. For example, Orange County, California, obtained Federal funding from TEA-21 to establish a Driving Under the Influence (DUI) court that includes the monitoring of treatment being given to DUI court participants and other initiatives aimed at reducing repeat offenders.
- established a prosecutor liaison, who was responsible for addressing questions from local prosecutors throughout the state with regard to alcohol-impaired driving laws and case adjudication.

**Other Strategies.** We found that under TEA-21 the 10 states also applied medical and educational strategies. However, in contrast to the key strategies of sustained enforcement and effective prosecutions with full application of sanctions, the states reported on these strategies less frequently.

According to NHTSA, medical strategies include medical screening, which consists of a primary or emergency room physician conducting short interviews with patients to screen for alcohol problems and to discuss the adverse effects of alcohol abuse and possible treatments. One state reported that it was actively exploring the implementation of medical screening in emergency rooms. Additional medical strategies advocated by NHTSA included offender treatment and rehabilitation.

In the area of educational initiatives, each of the 10 states reported providing some form of educational program on alcohol abuse at elementary schools, secondary schools, or colleges. The schools, however, used various types of programs and methods. Examples provided by state highway safety officials included:

- eliciting state police officers to make presentations to elementary and secondary school students with the aid of videos and educational materials, to illustrate the effects of alcohol-impaired driving;
- holding mock alcohol-impaired driving trials at schools or having students witness actual court proceedings;

- having convicted offenders, victims of alcohol crashes, or surviving family members of crash victims address students;
- disseminating educational materials at public forums, such as shopping malls, or events such as fairs or sporting events, where youth gather;
- conducting information sessions on college campuses to promote social events that do not involve alcohol; and
- providing educational material to organizations at elementary schools, secondary schools, and colleges that request assistance.

### **State Officials Reported Benefits From TEA-21 Funding**

We estimated that during the initial authorization of TEA-21, from FY 1998 through FY 2003, and subsequent TEA-21 reauthorizations for FYs 2004 and 2005, states expended approximately \$753 million in TEA-21 resources on alcohol-impaired driving programs. On a per state basis, the amount of cumulative TEA-21 expenditures in this 8-year period ranged from \$850,000 to \$86 million. Further, based on past expenditure data, we estimated that states will spend an additional \$349 million of TEA-21 resources on alcohol-impaired driving programs by 2009. These resources were previously allocated but remain available to states under Federal appropriation law. Exhibit D provides further details on Federal funding for alcohol-impaired programs, including information on specific state expenditures.

The full impact that TEA-21 has had on alcohol-impaired driving programs is difficult to measure because of the range of factors contributing to alcohol-impaired driving and the number of government programs involved. Specifically, alcohol-impaired driving is a multifaceted problem influenced by demographic, cultural, and attitudinal differences. Another factor making it difficult to measure the effectiveness of TEA-21 resources is the variation in state funds directed at the problem. Additionally, other traffic safety initiatives, such as increasing seat-belt use, affect survivability in alcohol-related traffic crashes, reducing the number of alcohol-related fatalities.

In discussing the impact TEA-21 resources had on their states, officials at three states cited their programs' heavy reliance on TEA-21 resources to conduct alcohol-impaired driving programs, and two states reported having significant additional resources available for this effort generated from fines and penalties. Officials in all states we reviewed reported that the resources provided under TEA-21 have benefited their efforts to some extent. Specifically, states reported using the funds for (1) overtime pay for police carrying out enforcement efforts, (2) media spots to coincide with sustained enforcement campaigns conducted by

the states, and (3) training for judges and prosecutors to ensure that sanctions were appropriately applied to first-time and repeat offenders.

In their comments on the benefits derived from TEA-21 funding, state officials also reported that the traffic safety programs they proposed to NHTSA at the beginning of certain fiscal years were curtailed or deferred to subsequent years because Federal resources were not available as planned. As a result, anticipated benefits from the funding were delayed. A reason cited for non-availability of funds was delays in the Federal and state appropriation processes, which sometimes prevented funds from being available until late in a fiscal year. NHTSA and state officials cited this timing problem as part of the reason some states carried forward substantial amounts of unexpended Federal funds from year to year. For example in our \$349 million estimate of future TEA-21 expenditures by states, approximately \$61 million resulted from Section 410 Alcohol-Impaired Driving Countermeasures grants being carried forward from previous years. This amount equated to about 23 percent of the total resources provided to the states under Section 410 during TEA-21.

### **Better Performance Measures are Needed to Fully Gauge the Impact That Future Federal Resources Will Have on State Programs**

NHTSA's ability to fully gauge the impact of Federal resources and the effectiveness of state strategies to counter alcohol-impaired driving could improve if states included in their annual plans and reports more meaningful performance measures linked to key program strategies, such as sustained enforcement. Under the requirements in place under TEA-21 and extended under SAFETEA-LU, all states must submit to NHTSA their annual Highway Safety Plans. Each plan must identify the proposed alcohol-impaired driving initiatives and other safety initiatives funded through Federal resources. SAFETEA-LU also requires that each state submit to NHTSA at the end of each fiscal year an Annual Evaluation Report to show a state's progress in meeting safety goals.

Our review of state plans and reports found that the states generally included overall performance goal measures and activity measures, but the plans and reports did not include measures showing the degree to which the states were carrying out key strategies. Specifically, the Highway Safety Plans and Annual Evaluation Reports for the 10 states we reviewed included overall performance goal measures such as reducing the number of impaired drivers under the age of 21 involved in injury crashes and reducing the alcohol-impaired fatality rate in the state. The plans also included activity measures such as the number of saturation patrols and/or sobriety checkpoints conducted by the state. However, the Highway Safety Plans or Annual Evaluation Reports generally did not include performance measures for assessing a state's implementation of key strategies.

For example, no state plans or reports included a measure addressing the degree to which the state had carried out a sustained enforcement strategy.

The state plans and reports did not include a performance measure for sustained enforcement even though NHTSA provided the states in 2003 with a definition for sustained enforcement that could be used as a performance measure. NHTSA defined sustained enforcement as at least one enforcement event, such as a sobriety checkpoint or a saturation patrol, conducted weekly in areas of the state where 60 percent or more of fatalities occur.

Such intermediate performance measures, which address the degree to which key strategies are being implemented, have been recognized by NHTSA as a useful and distinct measure in addition to overall performance goal measures and activity measures. NHTSA has established these intermediate performance measures in other areas such as seat belt use and acknowledged the need for better intermediate performance measures related to the key strategies we identified in our report.

It will be particularly important under SAFETEA-LU for NHTSA to be able to gauge states' performance regarding sustained enforcement because, as a condition for certain highway safety grants, the reauthorization act requires new assurances that states will support sustained enforcement of impaired driving laws. The development and implementation of more meaningful intermediate performance measures would provide NHTSA the data it needs to determine the degree to which states are adopting the sustained enforcement measure supported in SAFETEA-LU as well as other strategies, including effective prosecution and sanctions, which are recognized by the states and NHTSA.<sup>6</sup>

Regarding effective prosecution, NHTSA had not established a specific gauge to measure the states' success and neither had 9 of the 10 states we reviewed. However, 1 of the 10 states we reviewed did include limited data on conviction rates under grants designed to increase the number of successful convictions. South Carolina's 2004 Annual Evaluation Report contained detailed information about grants awarded to state police, counties, and cities, including prosecution data. For example, the report showed that a grant awarded with a goal of increasing alcohol-impaired driving conviction rates by 5 percent led to a 30-percent increase in the conviction rate for that area. While other performance measures addressing this area, such as the percentage of judges and prosecutors exposed to educational programs, might also be meaningful, South Carolina's limited efforts indicate the feasibility of using intermediate performance measures related to effective prosecution.

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<sup>6</sup> For a discussion of NHTSA-advocated strategies, see Exhibit C.

Table 3, below, illustrates the benefits of reporting on intermediate performance goals and measures for the key strategies identified in our report and the resulting benefits obtained from having such data available across the states. The table includes elements of the sustained enforcement definition that NHTSA has set forth. However, we recognize that NHTSA might develop alternative measures in this area and others after consultation with the states.

<b>Table 3. Examples of Potential Intermediate Performance Goals and Measures</b>		
<b>Strategy</b>	<b>Potential Intermediate Performance Goals and Measures</b>	<b>Potential Benefits for NHTSA if States Used Such Measures</b>
Sustained Enforcement	Accomplish sustained enforcement at a set percentage* of at-risk areas in the state.	NHTSA could better determine the degree to which states were carrying out SAFETEA-LU required assurances to pursue this strategy.  NHTSA could better determine whether emphasis on sustained enforcement had an impact on alcohol-related fatalities and injuries in at-risk areas.
Prosecution and Sanctions	Achieve a set percentage* of successful convictions for alcohol-impaired driving offenses.	NHTSA could better determine whether specialized training programs for prosecutors had an impact on conviction rates.  NHTSA could better determine the impact of structural changes, such as the establishment of courts specializing in alcohol-impaired driving cases.
Source: OIG *Percentage to be determined by NHTSA and the states.		

The Federal regulations, issued by NHTSA, place the responsibility on each state to develop performance measures, and NHTSA stated that under the regulations it could not compel states to use specific measures. Further, NHTSA officials were concerned that changing these rules and requiring specific intermediate performance measures could result in the withholding of state funding if a state failed to comply with the rules. Withholding funds could thereby reduce the level of state safety activities. NHTSA was also concerned that states would have difficulty consistently collecting the needed data for performance measures related to alcohol-impaired programs.

We are not proposing the establishment of mandatory performance measures and goals for the states that are tied to financial penalties. This would constitute a significant change to the current rules that neither NHTSA nor the states are likely to support. Additionally, we are not suggesting that states be compelled to adopt potentially costly data reporting systems that may be counterproductive to the progress states are achieving designing their own safety plans.

However, in our view, NHTSA could take a number of feasible steps to lead states to provide better information on the degree to which the key strategies NHTSA and the states have identified are being carried out.

- First, instead of compelling states to adopt any specific performance measure, NHTSA could, over time, work with the states to develop intermediate performance measures that are feasible and meaningful.
- Second, NHTSA could require states to report on the use of the measures developed within the now publicly available Highway Safety Plans and Annual Evaluation Reports. Such reporting requirements would be similar to the requirement that states report to NHTSA on the problem identification process they follow in their traffic safety efforts.
- Finally, once measures are developed, NHTSA could assist states in overcoming difficulties in using the measures and in obtaining the data needed to report on measures, by periodically reviewing state progress in this area and identifying impediments to state implementation.

These actions, over time, would provide states with better tools to judge their performance and provide for an easier comparison of practices across states. Taking these actions would also enhance public accountability for programs to counter alcohol-impaired driving by providing information on the degree to which key strategies are being carried out by the states as they expend the resources provided in SAFETEA-LU.

## **RECOMMENDATIONS**

We recommend that the NHTSA Administrator:

1. In coordination with the states, develop intermediate performance measures to use in carrying out the key strategies identified by NHTSA and the states for countering alcohol-impaired driving.
2. Require that each state report in its Highway Safety Plan and Annual Evaluation Report the degree to which the intermediate performance measures developed for key strategies to counter alcohol-impaired driving are being implemented and the state's results for each measure.
3. Periodically assess the degree to which states have adopted the recommended intermediate performance measures, the results from the measures, and actions needed to assist states in fully implementing the use of the performance measures.

## **AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE**

We provided NHTSA a draft of this report on December 15, 2006. On February 7, 2007, NHTSA provided us with formal comments on our draft report. A complete copy of the comments is in the Appendix. In its comments, NHTSA reported working closely with states to implement proven evidence-based impaired driving strategies that will decrease fatalities and injuries. NHTSA noted that performance measures evaluating the progress of these strategies have focused on activities accomplished and outcome measures. NHTSA also observed that while these measures evaluate overall success, they do not indicate the degree to which key strategies are being implemented. NHTSA further stated its work related to this audit has already yielded improvements in the Alcohol-Impaired Driving Traffic Safety Programs.

NHTSA identified planned actions that were responsive to our three recommendations. NHTSA concurred with recommendations 1 and 3 and put forth an alternative action for recommendation 2, which we have accepted. Although NHTSA provided its written perspective on these recommendations, it did not provide specific milestones for completing planned actions for two of the three recommendations, and thus we are requesting that it do so.

NHTSA's specific comments on the recommendations and OIG response to the comments are summarized below.

**NHTSA Comments.** For recommendation 1, NHTSA concurred and stated that a project scheduled to begin in 2007, with a completion date of no later than 2009, will develop voluntary guidance on a set of intermediate performance indicators that could be used by state and local governments to measure success in priority program areas, which include impaired driving. NHTSA commented that evaluations using intermediate performance measures will allow the states and NHTSA to better determine the effectiveness of key strategies and adjust states' Highway Safety Plans.

**OIG Response.** We consider NHTSA's comments on recommendation 1 to be responsive.

**NHTSA Comments.** For recommendation 2, which recommended that NHTSA require each state to report in its Highway Safety Plan and Annual Evaluation Report the degree to which the intermediate performance measures are being used, NHTSA put forth an alternative action. NHTSA stated that after intermediate performance measures are developed, it will recommend and encourage each state

to use the intermediate performance measures in their respective Highway Safety Plans. If the states use the Plan, they will report on their use in the Annual Report.

**OIG Response.** We accept NHTSA's alternative action. The actions proposed in response to this recommendation in combination with the actions planned in response to recommendation 3 will provide for NHTSA's review and oversight of each state's efforts to develop intermediate performance measures. Moreover, the availability of each state's Highway Safety Plan and Annual Report on the NHTSA website will meet the intent of the recommendation by providing information on which performance measures a state is using. However, we request that NHTSA provide a specific milestone date for providing a recommendation to the states on the use of intermediate performance measures.

**NHTSA Comments.** For recommendation 3, which recommended that NHTSA periodically assess the degree to which the states have adopted the recommended measures, NHTSA concurred and agreed to incorporate into the regional staff reviews of state Highway Safety Plans and Annual Reports an assessment of progress on adoption, use, and results of intermediate impaired driving performance measures. Once a state has fully adopted the use of intermediate impaired driving performance measures, a formal assessment of the state's system for establishing measures and evaluating progress will be conducted every 3 years.

**OIG Response.** We consider NHTSA's comments on recommendation 3 to be responsive. However, we request that NHTSA provide specific milestone dates on when it will modify the guidance for regional staff reviews on each state's Highway Safety Plan and Annual Report and the guidance for the triennial management reviews and special reviews. The modifications will incorporate the agreed-to assessments related to intermediate performance measures.

## **ACTIONS REQUIRED**

NHTSA's planned actions to address the three recommendations are considered responsive, but we request that NHTSA provide specific milestone dates for planned actions on two of the recommendations. We request that NHTSA provide this information in a written response within 30 calendar days of this final report. In accordance with Department of Transportation Order 8000.1C, the OIG will track each recommendation until final action is completed.

We appreciate the courtesies and cooperation of representatives from NHTSA, the states, and the organizations visited and contacted during this audit. If you have any questions concerning this report, please call me at (202) 366-5630 or Joe Comé, the Program Director, at (202) 366-0377.

**EXHIBIT A. STATE ALCOHOL-IMPAIRED DRIVING FATALITY RATES AND NUMBER OF FATALITIES DURING TEA-21**

<p><b>Table 4. State Alcohol Impaired Driving Fatality Rates* (Fatalities per 100 Million Vehicle Miles Traveled) During TEA-21 (Calendar Years 1998 – 2005)</b></p>								
State	1998	1999	2000	2001	2002	2003	2004	2005
Alabama	0.80	0.83	0.75	0.66	0.71	0.71	0.73	0.71
Alaska	0.69	0.88	1.21	1.00	0.76	0.75	0.62	0.70
Arizona	0.98	0.90	0.95	0.98	0.94	0.87	0.78	0.82
Arkansas	0.76	0.72	0.76	0.66	0.80	0.82	0.83	0.73
California	0.47	0.47	0.47	0.50	0.51	0.50	0.51	0.52
Colorado	0.62	0.56	0.64	0.76	0.72	0.58	0.58	0.51
Connecticut	0.49	0.45	0.52	0.52	0.46	0.44	0.41	0.38
Delaware	0.57	0.50	0.74	0.77	0.56	0.67	0.55	0.69
D.C.	0.94	0.66	0.57	0.91	0.68	0.98	0.51	0.70
Florida	0.76	0.80	0.85	0.75	0.72	0.69	0.63	0.73
Georgia	0.55	0.53	0.56	0.52	0.49	0.44	0.47	0.48
Hawaii	0.74	0.54	0.64	0.68	0.53	0.76	0.66	0.70
Idaho	0.74	0.74	0.88	0.65	0.64	0.74	0.63	0.60
Illinois	0.61	0.63	0.61	0.60	0.62	0.60	0.56	0.54
Indiana	0.59	0.55	0.43	0.45	0.36	0.36	0.42	0.45
Iowa	0.56	0.58	0.47	0.51	0.44	0.47	0.35	0.38
Kansas	0.61	0.70	0.57	0.69	0.80	0.69	0.48	0.51
Kentucky	0.68	0.65	0.60	0.54	0.64	0.59	0.65	0.66
Louisiana	1.10	1.08	1.11	1.03	0.99	0.93	0.95	0.88
Maine	0.41	0.42	0.36	0.45	0.34	0.50	0.47	0.40
Maryland	0.46	0.44	0.48	0.54	0.51	0.52	0.52	0.42
Massachusetts	0.36	0.38	0.41	0.43	0.42	0.40	0.38	0.31
Michigan	0.59	0.59	0.54	0.53	0.49	0.48	0.42	0.40
Minnesota	0.57	0.40	0.49	0.42	0.47	0.48	0.34	0.35
Mississippi	1.04	1.05	1.08	0.77	0.92	0.86	0.89	0.88
Missouri	0.79	0.66	0.77	0.77	0.76	0.72	0.67	0.75
Montana	1.10	1.11	1.18	1.04	1.21	1.17	0.94	1.11
Nebraska	0.68	0.70	0.58	0.52	0.63	0.64	0.48	0.47
Nevada	1.07	0.88	0.79	0.73	0.92	0.93	0.76	0.77
New Hampshire	0.54	0.55	0.41	0.54	0.40	0.39	0.44	0.45
New Jersey	0.41	0.43	0.48	0.41	0.40	0.40	0.37	0.36
New Mexico	0.88	0.92	0.94	0.93	0.96	0.90	0.89	0.79
New York**	0.37	0.38	0.37	0.39	0.36	0.40	0.43	0.38
North Carolina	0.68	0.65	0.69	0.59	0.64	0.56	0.57	0.54
North Dakota	0.63	0.80	0.57	0.73	0.67	0.71	0.51	0.77
Ohio	0.51	0.51	0.53	0.57	0.52	0.43	0.44	0.46
Oklahoma	0.64	0.61	0.53	0.62	0.55	0.57	0.61	0.60

**Exhibit A. State Alcohol-Impaired Driving Fatality Rates and Number of Fatalities During TEA-21**

**Table 4 (Continued). State Alcohol-Impaired Driving Fatality Rates\*  
(Fatalities Per 100 Million Vehicle Miles Traveled)  
During TEA-21 (Calendar Years 1998 – 2005)**

State	1998	1999	2000	2001	2002	2003	2004	2005
Oregon	0.70	0.50	0.55	0.54	0.52	0.59	0.57	0.50
Pennsylvania	0.64	0.61	0.63	0.63	0.62	0.58	0.57	0.59
Rhode Island	0.45	0.43	0.49	0.60	0.56	0.71	0.51	0.52
South Carolina	0.87	0.89	1.05	1.25	1.16	1.02	0.93	0.94
South Dakota	0.84	0.80	0.98	1.00	1.08	1.14	0.94	0.95
Tennessee	0.82	0.80	0.82	0.79	0.71	0.64	0.76	0.66
Texas	0.85	0.81	0.84	0.84	0.82	0.79	0.74	0.67
Utah	0.31	0.41	0.47	0.30	0.29	0.20	0.30	0.15
Vermont	0.61	0.53	0.47	0.43	0.34	0.35	0.41	0.38
Virginia	0.49	0.46	0.48	0.46	0.49	0.48	0.46	0.43
Washington	0.60	0.52	0.54	0.52	0.55	0.47	0.44	0.53
West Virginia	0.80	0.78	0.94	0.69	0.89	0.74	0.70	0.61
Wisconsin	0.54	0.54	0.61	0.64	0.61	0.65	0.59	0.61
Wyoming	0.88	0.91	0.61	0.95	0.74	0.68	0.64	0.72

Source: NHTSA

\*Fatality rates presented are based on traffic crashes that resulted in fatalities where at least one driver, motorcycle operator, pedestrian, or pedalcyclist involved had a BAC of .01 grams per deciliter or above.

\*\*According to NHTSA, 2005 rates for New York are based on 2004 VMT and are subject to change.

**Table 5. State Alcohol-Impaired Driving Fatalities\*  
During TEA-21 (Calendar Years 1998 – 2005)**

State	1998	1999	2000	2001	2002	2003	2004	2005
Alabama	442	465	426	374	410	414	432	423
Alaska	31	40	56	47	37	37	31	35
Arizona	444	424	469	487	489	471	446	492
Arkansas	216	212	223	195	241	252	264	233
California	1,367	1,397	1,450	1,552	1,628	1,629	1,667	1,719
Colorado	244	229	268	328	314	252	265	244
Connecticut	144	136	161	161	144	137	131	120
Delaware	47	42	61	66	50	61	51	66
D.C.	31	23	20	34	24	35	19	26
Florida	1,039	1,139	1,277	1,281	1,279	1,287	1,224	1,471
Georgia	528	524	585	558	533	483	536	545
Hawaii	59	44	55	59	47	71	64	71

**Exhibit A. State Alcohol-Impaired Driving Fatality Rates and Number of Fatalities During TEA-21**

**Table 5 (Continued). State Alcohol-Impaired Driving Fatalities\*  
During TEA-21 (Calendar Years 1998 – 2005)**

State	1998	1999	2000	2001	2002	2003	2004	2005
Idaho	100	104	119	91	91	106	93	89
Illinois	619	646	628	623	653	637	613	580
Indiana	405	384	303	320	262	261	304	320
Iowa	163	169	139	152	137	145	111	118
Kansas	165	193	161	193	227	199	139	151
Kentucky	306	300	280	251	302	277	307	313
Louisiana	443	445	454	444	427	410	424	394
Maine	55	60	51	65	50	75	70	59
Maryland	223	215	240	282	276	287	286	235
Massachusetts	184	195	216	228	224	215	207	171
Michigan	552	565	528	520	494	485	431	421
Minnesota	285	206	258	225	256	266	191	201
Mississippi	356	367	385	277	335	321	352	371
Missouri	513	438	516	520	518	493	460	515
Montana	105	109	117	104	126	127	105	124
Nebraska	120	126	104	94	117	121	92	91
Nevada	176	153	140	133	165	180	154	159
New Hampshire	63	66	49	67	50	51	59	60
New Jersey	267	283	322	285	281	279	270	263
New Mexico	196	206	213	216	219	206	213	189
New York	451	483	476	505	482	540	594	524
North Carolina	581	573	614	536	592	528	549	549
North Dakota	46	58	41	53	49	53	39	58
Ohio	531	535	562	608	558	466	492	505
Oklahoma	268	258	229	270	251	260	282	283
Oregon	233	172	186	187	180	207	204	177
Pennsylvania	642	618	647	646	649	621	616	636
Rhode Island	36	36	41	48	46	59	43	43
South Carolina	372	391	480	582	549	490	463	464
South Dakota	68	66	83	85	92	97	83	80
Tennessee	513	515	542	533	485	443	542	464
Texas	1,745	1,700	1,841	1,807	1,810	1,771	1,704	1,569
Utah	65	90	107	70	71	47	75	37
Vermont	40	35	32	34	27	29	32	29
Virginia	359	337	360	339	379	367	363	347
Washington	313	274	286	281	299	261	247	294
West Virginia	150	149	181	136	179	148	142	126
Wisconsin	304	310	350	366	360	388	358	369
Wyoming	71	71	49	82	67	63	59	65

Source: NHTSA

\*Fatalities presented are based on crashes that resulted in fatalities where at least one driver, motorcycle operator, pedestrian, or pedalcyclist involved had a BAC of .01 grams per deciliter or above.

**Exhibit A. State Alcohol-Impaired Driving Fatality Rates and Number of Fatalities During TEA-21**

## **EXHIBIT B. OBJECTIVES, SCOPE, AND METHODOLOGY**

### **Objectives and Scope**

The audit was conducted from January 2005 through August 2006 in response to a request from the Fiscal Year 2005 House and Senate Committees on Appropriations. Our audit objectives were to (1) compare the scope, direction, resources, and expenditures of programs and activities of selected states with the highest and lowest alcohol-related fatalities and identify best practices and challenges; (2) determine the Federal resources dedicated to reducing alcohol-related traffic fatalities; and (3) explore what actions NHTSA could take, particularly regarding improved performance measures, to better ensure that funds are targeted towards strategies that will have the most impact on reducing alcohol-impaired driving.

The audit covered the period of FY 1998 through FY 2005, the same period in which TEA-21 was applicable. We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards prescribed by the Comptroller General of the United States and we performed such tests as we considered necessary to detect fraud, waste, and abuse.

We did not undertake an announced audit objective to determine the defining characteristics that constitute alcohol-related crashes. In follow-up meetings with congressional staff, a joint decision was made not to pursue this objective because our preliminary audit results found that the states reviewed were reporting alcohol-related fatalities consistent with the definition of an impaired driving fatality set forth in NHTSA's Fatality Analysis Reporting System (FARS). FARS defines an alcohol-related driving fatality as an "active" participant—driver, pedestrian, or cyclist—with a BAC level of 0.01 or higher, who was involved in a traffic accident.

As a result of our follow-up meetings with congressional staff, we also added an objective to the audit to explore what actions NHTSA could take to better ensure funds are targeted towards strategies that would have the most impact on reducing alcohol-related driving fatalities. After our preliminary audit work was completed, this objective was narrowed to focus on improving the use of performance measures for key strategies reported by states because we found that the data NHTSA needed to gauge the effectiveness of these strategies was limited. Further, we agreed to limit the scope of the requested review only to those resources associated with TEA-21 programs. Data limitations prevented us from obtaining data needed to review state and other Federal agency resources.

We did not examine the quality of the FARS data, given other recent audit work done by the Government Accountability Office, as discussed in the November 2004 report, GAO-05-24, “*Highway Safety—Improved Monitoring and Oversight of Traffic Safety Data Program Are Needed.*” Further, we did not examine NHTSA’s practice of statistically imputing FARS alcohol-related fatality data in cases in which states did not provide sufficient data. In these instances, NHTSA used a statistical model based on other crash information that the states provided (for example, time of crash and police-reported alcohol involvement) to determine whether alcohol was involved. Although we did not assess the imputation of FARS alcohol-related fatality data, NHTSA has released detailed information on the effectiveness of the method and on the confidence interval and standard error associated with the estimate.

We did not review or comment on the effectiveness or adequacy of specific laws, methods, media employed, or program strategies advocated by states, NHTSA, other Federal agencies or professional, community, and industry organizations. Instead, we developed a pattern of state trends based on the states’ approaches on handling the problem of alcohol-impaired driving and how they enforced existing alcohol-impaired driving laws. Our audit did not specifically look at other state traffic safety programs that affect the success of the states’ alcohol-impaired driving program, such as efforts at controlling speeding, increasing seat-belt usage, and making roadways safer. These programs, according to NHTSA, affect the survivability of individuals involved in alcohol-related traffic crashes.

## **Methodology**

To compare the scope, direction, resources, and expenditures of programs and activities of states with high and low alcohol-related fatalities, we conducted audit work at 10 states: California, Connecticut, Ohio, Illinois, Missouri, New Jersey, New Mexico, New York, Texas, and South Carolina. We selected these states to obtain information from across a range of programs and to meet the congressional direction to review states with high and low fatality rates.

To determine the amount of TEA-21 resources the states expended on alcohol-impaired driving programs, we reviewed data from the NHTSA Grant Tracking System and the Federal Highway Administration’s (FHWA) Fiscal Management Information System. Additionally, we analyzed state Highway Safety Plans; Annual Evaluation Reports; grant data, when available; and NHTSA-published information on alcohol-impaired driving programs. We then compared the information we obtained among the 10 states to the alcohol-impaired driving strategies and countermeasures advocated by NHTSA and other Federal agencies, such as the Centers for Disease Control, National Transportation Safety Board, and the Department of Justice.

## **Exhibit B. Objectives, Scope, and Methodology**

Our estimate for the total Federal resources that all states will expend for alcohol-impaired driving safety programs funded through TEA-21 was derived by adding reported expenditures in NHTSA's Grants Tracking System through FY 2005 to our estimate of future expenditures for alcohol-impaired driving. To calculate the future estimate of expenditures, we assumed that for the Section 410 grant program, which by law must be expended on alcohol-impaired programs, 100 percent of any unexpended resources would be expended on alcohol-impaired programs by the end of FY 2009, when they would expire under Federal appropriations law. For other grant programs, which allow the state to spend all or a portion of the grant on non-alcohol-related programs, we applied the historical percentage of funds expended on alcohol-impaired driving programs for the respective grants to any unexpended amount remaining. For example, if alcohol-related expenditures were historically 60 percent of a specific grant, we applied 60 percent to any unexpended amounts.

We interviewed NHTSA and FHWA Headquarters staff members who were responsible for recording grants. We also interviewed NHTSA regional office personnel responsible for the state impaired driving programs in the states selected. Finally, we interviewed a cross-section of the various professional, community, and industry organizations with an interest in alcohol-impaired driving safety.

**State Selection.** Our specific methodology for selecting the 10 states reviewed involved dividing all 50 states and the District of Columbia into groups with comparable VMT and choosing states with high and low alcohol-impaired driving fatality rates within selected groups.<sup>7</sup> For example, from the states with the highest VMT, we selected one with a relatively high rate—Texas—and one with a relatively low rate—California. Our methodology provided eight states in our sample for review—four with relatively higher fatality rates and four with relatively lower fatality rates. We increased our sample to 10 states by judgmentally selecting New York because of its relatively low fatality rate for a large VMT state and New Mexico because of its relatively high alcohol-related fatalities among states with fewer than 25,000 million VMT. Table 6 on the following page shows the states selected and their alcohol-impaired driving fatality rates.

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<sup>7</sup> According to NHTSA, a direct comparison of states is difficult because of the many factors that can affect a state safety program, such as rural and urban differences, relevant state laws, traffic patterns, and use of public transportation. We used VMT as a basis of sample selection because it approximates states' road use and is the basis of the alcohol-fatality rate NHTSA uses to judge state traffic safety program success.

**Table 6. State Selected Based on National Alcohol-Impaired Driving Fatality Rates and VMT**

State Selected	2003 VMT (in millions)	2003 Alcohol Impaired Fatalities	Relative Alcohol Driving Fatality Rate	2003 Alcohol Fatality Rate (fatalities per 100 million VMT)
California	323,592	1,629	Lower*	0.50
Texas	223,418	1,771	Higher	0.79
New York	135,047	540	Lower	0.40
Ohio	108,938	466	Lower	0.43
Illinois	106,536	637	Higher	0.60
New Jersey	69,778	279	Lower	0.40
Missouri	68,163	493	Higher	0.72
Connecticut	31,432	137	Lower	0.44
South Carolina	48,120	490	Higher	1.02
New Mexico	22,844	206	Higher	0.90

Source: NHTSA and OIG  
 \*Lower means the state had a relatively low fatality rate in comparison with the other states with similar VMT.

When we selected our sample states, 2003 was the latest year in which alcohol-related fatality data were available. The number of state fatalities and the state fatality rate fluctuate yearly and thus the 2003 rate may not reflect how a state is now performing.

**Data and Limitations.** In many instances we relied on publicly reported data and information from NHTSA, such as the number of alcohol-related driving fatalities and fatality rates, and state reported data and information. We did not perform tests of the reliability or accuracy of the systems used to generate the data nor the specific statistical techniques used. We did verify that the 10 states we reviewed reported fatalities consistent with the criteria NHTSA established.

When identifying Federal resources expended on alcohol-impaired driving programs, we relied on NHTSA and FHWA's financial systems. The FHWA system could identify only the amount expended on impaired driving at a summary level. For example, for Section 163 grants, the systems showed only whether the expenditure was incurred for a behavioral traffic safety activity in general or a hazard elimination project. According to NHTSA and FHWA, more detailed expenditure data were not required for these financial systems because other internal controls are in place to ensure that funds are expended correctly. Specifically, state safety offices are required to have a grant review process in place to review and document all grants submitted by local communities and payments are subject to the review of regional offices. To obtain an exact figure

## **Exhibit B. Objectives, Scope, and Methodology**

of alcohol-impaired driving expenditures, an audit of the expenditures of all 50 states and the District of Columbia would have to be performed. Because NHTSA and FHWA do not require this level of detail for the FHWA system, and because gathering such information would be time-consuming for the states, we did not request this information from states.

## EXHIBIT C. NHTSA-ADVOCATED STRATEGIES DURING TEA-21

During TEA-21, NHTSA-advocated alcohol-impaired driving strategies were outlined in several traffic safety bulletins, research and demonstrative project reports, congressional testimony, grant guidelines, and other reports. In addition, NHTSA advocated the need for a comprehensive approach to traffic safety, especially in the area of increasing seat-belt use, to increase the survivability of vehicle occupants in an alcohol-related traffic crash. Throughout TEA-21, NHTSA provided states with Section 402 Formula Grant “uniform grant guidelines” as a framework for state alcohol-impaired driving programs that centered on: program management, prevention, deterrence, drivers licensing, treatment, and rehabilitation. Within this framework, NHTSA recommended that states adopt a mix of laws, strategies, and practices (see Table 7).

<b>Table 7. NHTSA-Recommended Laws, Strategies, and Practices to Increase Traffic Safety</b>			
<b>Program Management</b>	<b>Deterrence</b>	<b>Prevention</b>	<b>Treatment and Rehabilitation</b>
<ul style="list-style-type: none"> <li>- Program planning</li> <li>- Program control</li> <li>- State and local task forces and safe community programs</li> <li>- Data and records</li> <li>- Evaluation</li> <li>- Funding</li> </ul>	<ul style="list-style-type: none"> <li>- Laws</li> <li>- Public information and education</li> <li>- Enforcement</li> <li>- Prosecution</li> <li>- Adjudication</li> </ul>	<ul style="list-style-type: none"> <li>- Public information and education for prevention</li> <li>- School programs</li> <li>- Employer programs</li> <li>- Responsible alcohol service</li> <li>- Transportation alternatives</li> </ul>	<ul style="list-style-type: none"> <li>- Diagnosis and screening</li> <li>- Treatment and rehabilitation</li> </ul>
Source: NHTSA			

In December 2003, NHTSA issued *Initiatives to Address Impaired Driving*, which provided initiatives for states to adopt in their alcohol-impaired driving programs. The initiatives were identified in two major categories, “Countermeasure Needs” and “Infrastructure Needs,” as listed in Table 8 on the following page.

<b>Table 8. NHTSA's Initiatives to Address Impaired Driving</b>	
<b>Countermeasure Needs</b>	<b>Infrastructure Needs</b>
<ul style="list-style-type: none"> <li>- High visibility law enforcement.</li> <li>- Specialized DWI courts.</li> <li>- DWI prosecutors.</li> <li>- Increased efficiency and offender processing.</li> <li>- Strong alcohol beverage control and enforcement.</li> <li>- Alternative sanctions/limitations on pre-conviction diversion program.</li> </ul>	<ul style="list-style-type: none"> <li>- Promote statewide self-sufficiency.</li> <li>- Increase post-crash BAC testing.</li> <li>- Implement NHTSA's model impaired driving records system.</li> <li>- Establish state DWI task forces or similar institutional bodies.</li> <li>- Enact comprehensive state legislation.</li> </ul>
Source: NHTSA	

NHTSA followed this initiative with another in July 2004, *The Nation's New Strategy to Stop Impaired Driving*, which identified three new priorities on which states should focus their impaired-driving programs: high visibility enforcement, support for prosecutors and DWI courts, and screening and brief intervention of patients with alcohol problems.

## EXHIBIT D. ADDITIONAL INFORMATION ON FEDERAL RESOURCES DEVOTED TO ALCOHOL-IMPAIRED PROGRAMS

In 1998, Congress passed TEA-21 to provide states with grants that support traffic behavioral safety programs, such as reducing speeding, increasing seat-belt usage, and reducing the number of alcohol-impaired driving related fatalities. Further, in 2000, two penalty transfer programs were created. They were created to “penalize” states for not having strict sanctions against repeat alcohol-impaired drivers and for failing to establish laws discouraging open alcohol containers in vehicles. Table 9 provides a list of the TEA-21 grants and penalty transfers that were available to the states. Except for Section 410 grants, all the

<b>Table 9. TEA-21 Alcohol Grants and Penalty Transfers Available to the States</b>	
<b>Section 402 - State and Community Highway Safety Formula</b>	Support state overall efforts to reduce traffic crashes, injuries, and deaths.
<b>Section 410 - Alcohol-Impaired Driving Countermeasures</b>	Encourage use of innovative alcohol-impaired driving countermeasures and related projects.
<b>Section 163.08 - BAC Incentives</b>	Encourage adoption of .08 BAC level as the impaired-driving legal threshold.
<b>Section 164 - Repeat Offender Law Penalty Transfer</b>	Encourage adoption of stricter penalties for impaired-driving repeat offenders.
<b>Section 154 - Open Container Law Penalty Transfer</b>	Encourage adoption of laws aimed at reducing driving with open alcohol containers.
Source: NHTSA	

grants and transfers could be used for any safety purpose in addition to alcohol-impaired driving. For example, a grant or transfer could be used in the elimination of highway hazards, such as widening lanes or adding rumble strips on highways

Under TEA-21, states that did not have specified sanctions against repeat alcohol-impaired drivers were required to transfer a percentage of their Federal-Aid Highway Program funds to either an alcohol-impaired driving program or a highway hazard elimination project, such as building road rumble strips.

Table 10 on the following page shows estimated expenditures for alcohol programs; other traffic safety initiatives, such as seat belt programs; and the highway hazard elimination programs. Further, from FY 1998 through FY 2005, states expended approximately \$753 million in TEA-21 resources on alcohol-impaired driving programs. Based on past expenditure data, we estimate that states will spend an additional \$349 million of TEA-21 resources on alcohol-impaired driving programs by 2009. These funds were allocated to the states throughout TEA-21, but at the time of our audit had not yet been expended.

<b>Table 10. TEA-21 Expenditures on Safety Programs (FY 1998—FY 2005) (\$ in millions)</b>			
<b>TEA-21 Grants and Penalty Transfers</b>	<b>Alcohol Programs</b>	<b>Other Traffic Safety</b>	<b>Highway Hazard Projects</b>
402 Formula Grants	\$167.3	\$936.0	N/A
163 .08 BAC Incentives*	145.4	N/A	\$219.9
163 SES Initiatives	3.0	N/A	N/A
410 Impaired Driving	199.0	N/A	N/A
154 Open Container Penalty Transfer	99.2	N/A	153.7
164 Repeat Offender Penalty Transfer	118.8	N/A	255.9
157 Seat Belt Incentive**	20.2	221.2	N/A
<b>Total***</b>	<b>\$752.9</b>	<b>\$1,157.2</b>	<b>\$629.4</b>
Source: NHTSA, FHWA, and OIG			
*As discussed in Exhibit B, we were unable to determine the precise amount states expended from Section 163 grants on alcohol-impaired driving because FHWA, the agency responsible for financial control of Section 163 grants, identified those grant expenditures as either behavioral safety or highway hazard elimination. To provide a conservative estimate, we included all behavioral safety related amounts in our alcohol programs expenditure estimate. Therefore, actual alcohol-impaired driving expenditures by states may be less.			
**Section 157 Seatbelt Incentive Grants were provided to states to increase seatbelt usage. Criteria for using the grants were the same as for Section 402 formula grants.			
***We rounded each category of grants and penalty transfers to the nearest tenth. As a result, rounding differences are present in the totals.			

Cumulative state TEA-21 alcohol-impaired driving expenditures from FY 1998 through FY 2005 ranged from \$850,000 to \$86 million per state. Table 11 on the following page provides a breakdown of state expenditures by alcohol programs, other traffic safety, and highway hazard elimination projects.

**Table 11. Total TEA-21 Alcohol-Impaired Driving Grants and Penalty Transfer Funds Expended by States (FY 1998—FY 2005) (\$ in millions)**

State	Alcohol Programs*	Other Traffic Safety	Highway Hazard Projects	State	Alcohol Programs*	Other Traffic Safety	Highway Hazard Projects
Alabama	\$12.1	\$18.2	\$5.0	Montana	13.3	5.2	10.8
Alaska	5.5	4.9	12.6	Nebraska	7.9	7.8	3.1
Arizona	13.9	13.0	0.1	Nevada	3.0	9.2	0
Arkansas	11.6	10.1	7.3	New Hampshire	1.9	4.9	2.2
California**	86.3	169.9	86.0	New Jersey**	5.9	30.8	0.2
Colorado	7.7	15.4	18.2	New Mexico**	7.1	14.1	11.7
Connecticut**	23.4	11.7	1.8	New York**	10.2	83.2	33.0
Delaware	5.0	4.5	5.3	North Carolina	27.2	37.2	6.3
D.C.	5.1	4.9	0.4	North Dakota	3.4	7.5	13.8
Florida	53.3	37.8	5.6	Ohio**	18.0	47.1	51.1
Georgia	21.3	34.2	10.5	Oklahoma	6.4	16.3	3.0
Hawaii	6.0	4.7	1.4	Oregon	17.6	19.6	10.2
Idaho	5.1	5.7	2.9	Pennsylvania	22.2	35.3	0
Illinois**	45.3	42.9	25.3	Rhode Island	2.7	3.8	4.1
Indiana	20.1	25.6	18.9	South Carolina**	10.9	13.9	10.8
Iowa	14.5	12.5	0	South Dakota	0.8	8.6	17.1
Kansas	6.9	11.9	7.0	Tennessee	31.5	22.3	10.0
Kentucky	7.1	14.2	6.9	Texas**	30.6	84.4	65.7
Louisiana	6.4	16.4	28.7	Utah	5.3	10.5	4.8
Maine	2.9	4.2	1.9	Vermont	6.1	5.2	4.3
Maryland	4.7	30.5	13.2	Virginia	32.8	26.1	11.9
Massachusetts	11.1	19.8	3.7	Washington	14.5	28.0	8.3
Michigan	15.5	34.6	2.3	West Virginia	2.8	7.3	5.6
Minnesota	27.4	21.8	4.6	Wisconsin	12.6	19.6	5.2
Mississippi	12.7	12.3	3.2	Wyoming	3.4	4.2	29.5
Missouri**	24.0	23.4	34.4	<b>Total***</b>	<b>\$752.9</b>	<b>\$1,157.2</b>	<b>\$629.4</b>

Source: NHTSA, FHWA and OIG

\*As discussed in Exhibit B, we were unable to determine the precise amount states expended from Section 163 grants on alcohol-impaired driving because FHWA, the agency responsible for financial control of Section 163 grants, identified only those grant expenditures as either behavioral safety or highway hazard elimination. To provide a conservative estimate, we included all behavioral safety related amounts in our alcohol programs expenditure estimate. Therefore, actual alcohol-impaired driving expenditures by states may be less.

\*\*State selected for our 10 state comparisons.

\*\*\*We rounded each state to the nearest tenth. As a result rounding differences are present if state totals are added together and compared with the totals presented in Table 10.

#### **Exhibit D. Additional Information on Federal Resources Devoted to Alcohol-impaired Programs**

## **EXHIBIT E. ACTIVITIES VISITED OR CONTACTED**

### **National Highway Traffic Safety Administration**

Traffic Injury Control  
Office of Impaired Driving Program  
Office of Strategic and Program Planning  
NHTSA Regional Offices:  
    Central  
    Eastern  
    Great Lakes  
    New England  
    South Central  
    Southeast  
    Western

### **Federal Highway Administration**

Office of Safety Programs  
Office of Highway Policy Information  
Travel Monitoring and Surveys Division

### **National Transportation Safety Board**

Safety Advocacy Division

### **State Highway Safety Office and State Police**

California Office of Traffic Safety  
California Highway Patrol  
Connecticut Highway Safety Office  
Connecticut Department of Public Safety  
New Jersey Division of Highway Safety  
New Jersey State Police  
New York Governor's Traffic Safety Committee  
New York State Police  
Ohio Governor's Highway Safety Office  
Ohio State Highway Patrol  
Illinois Division of Traffic Safety  
Illinois State Police

**State Highway Safety Office and State Police (cont.)**

Missouri Department of Transportation Division of Highway Safety  
Missouri State Highway Patrol  
New Mexico Traffic Safety Bureau  
New Mexico Department of Public Safety  
South Carolina Office of Highway Safety  
South Carolina Highway Patrol  
Texas Department of Transportation Traffic Safety Office  
Texas Department of Public Safety

**Other Organizations Contacted**

American Beverage Institute  
Governors Highway Safety Association  
Insurance Institute for Highway Safety  
International Association of Chiefs of Police  
Mothers Against Drunk Driving  
National Sheriffs' Association  
The Century Council

**EXHIBIT F. MAJOR CONTRIBUTORS TO THIS REPORT**

<b><u>Name</u></b>	<b><u>Title</u></b>
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Jovanny Roque	Analyst
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Amy Berks	Associate Counsel

## APPENDIX. AGENCY COMMENTS



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

# Memorandum

**Subject:** Response to Draft Report on Audit of the  
Alcohol-Impaired Driving Traffic Safety  
Programs (05M3002M000)

**Date:** FEB - 7 2007

**From:** Nicole R. Nason  
Administrator 

**Reply to:** Becky Batts  
OIG  
X3-0331

**To:** Kurt Hyde  
Assistant Inspector General  
for Surface and Maritime Programs

Thank you for the opportunity to comment on the draft report and for the effort expended by your staff in developing the findings and recommendations. We think that our work related to this audit has already yielded improvements in the Alcohol-Impaired Driving Traffic Safety Programs and we look forward to taking additional steps that you have identified.

We concur with the findings and recommendations of the report. Attached are our detailed responses to each recommendation and clarifying comments on the report itself.

Attachments



**NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
RESPONSE ON OIG REPORT**

**TITLE:** Audit of the National Highway Traffic Safety Administration's Alcohol Impaired Driving Traffic Safety Program. **PROJECT NUMBER:** 05M3002M000, December 2006.

**NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION POSITION**

Reducing alcohol related fatalities has been and remains a top priority for the National Highway Traffic Safety Administration (NHTSA). Alcohol-related traffic fatalities accounted for 39 percent (16,885) of reported traffic deaths in 2005, representing an average of one alcohol related fatality every 31 minutes. Although there has been a 0.2 percent reduction from 2004 and a five percent reduction from 1995, alcohol-related fatalities constitute almost 40% of traffic deaths.

NHTSA works closely with States to help them utilize highway safety funds to implement proven evidence-based impaired driving strategies that will decrease fatalities and injuries. Performance measures that evaluate progress of these strategies have focused on activities accomplished or outcome measures such as total fatalities and a ratio of fatalities to total number of miles driven. While these measures evaluate overall success, they do not indicate the degree to which key strategies are being implemented.

**Recommendation I:** In coordination with the States, develop intermediate performance measures to use in carrying out the key strategies identified by NHTSA and the States for countering alcohol-impaired driving.

**Response:** NHTSA concurs with this response. Intermediary evaluation will allow States and NHTSA to better determine effectiveness of key strategies and make adjustments to the Highway Safety Plan, if necessary.

NHTSA is planning a demonstration project to develop voluntary guidance on a set of intermediate performance indicators that could be used by State and local governments to measure success in priority program areas, which include impaired driving. The development of these measures will be accomplished through a cooperative process involving NHTSA and State highway safety offices. The demonstration project is scheduled to be awarded in 2007, with a completion date of no later than 2009.

NHTSA has used intermediate performance measures to assess impaired driving activities in specific grant programs and research and development activities. For example, NHTSA has already adopted several intermediate performance measures under the Alcohol Impaired Driving Prevention Program at 23 U.S.C. § 410- the result of statutory changes made by SAFETEA-LU.

**Recommendation II:** Require that each State report in its Highway Safety Plan and Annual Evaluation report the degree to which the intermediate performance measures developed for key

**Appendix. Agency Comments**

strategies to counter alcohol-impaired driving are being implemented and the State's results for each measure.

**Response:** After development of intermediate performance measures, NHTSA will recommend and encourage States to use these measures in their Highway Safety Plan and, if used, report on their use and results in the Annual Report.

The final rule for 23 CFR Part 1200.33, Uniform Procedures for State Highway Safety Programs, requires each State to submit an annual report that describes States progress in meeting its highway safety goals, using performance measures identified in the Performance Plan.

NHTSA staff will provide technical assistance and guidance to States as needed during Management and Special Management Reviews, during the highway safety planning process, and during review of completed Highway Safety Plans and Annual Reports. This will be included as a task in Regional Action Plans.

**Recommendation III:** Periodically assess the degree to which States have adopted the recommended performance measures, the results from the measures, and actions needed to assist states in fully implementing the use of performance measures.

**Response:** NHTSA concurs with this recommendation. Regional NHTSA staff review and provide written feedback to States on each Highway Safety Plan and Annual Report. Staff will incorporate into the reviews an assessment of progress on adoption, use, and results of intermediate impaired driving performance measures. Once a State has fully adopted use of intermediate impaired driving performance measures, a formal assessment of the States system for establishing measures and evaluating progress will be conducted once every three years during the management review and during any special management reviews or impaired driving technical program assessments.