



## NEWS

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### **Ten States Make Deadly *Fatal Fifteen* List for Three Years Straight**

*Physician Groups Offer Suggestions to Decrease Impaired Driving Fatalities*

**For Immediate Release**

Chicago, IL (11/30/06) – The physician-led traffic safety advocacy group called End Needless Death on Our Roadways (END) announced its annual list of the fifteen deadliest states in the country for impaired driving and reported that ten states have made the deadly list for three years straight. The *Fatal Fifteen* are states in which 41 percent or more of all traffic fatalities are alcohol related.

The group announced the *Fatal Fifteen* and suggestions to decrease the incidence of impaired driving as motorists begin the busy and often-fatal winter holiday driving season. The suggestions have been endorsed by the Eastern Association for the Surgery of Trauma (EAST), a not-for-profit organization created to furnish leadership and foster advances in the care of injured patients.

“Motorists are facing an epidemic of death on our roadways, and tragically, many of these fatalities and serious injuries could have been prevented,” according to Dr. Andrea Barthwell, Co-Chairperson of END and former Deputy Director for Demand Reduction for the White House Office of National Drug Control Policy. “While the holiday season is a time for excitement, celebration and family, it is also a time of impaired driving and senseless death and injury,” continued Barthwell.

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“We are disappointed to report that ten states on the *Fatal Fifteen* list have had the deadly distinction of making the list for three years straight. We urge leaders in these states and around the country to dedicate themselves to exploring new and innovative strategies for addressing impaired and other dangerous driving behaviors,” she added. “The physicians and other healthcare provider members of END are committed to working with the states and other traffic safety advocates by providing our leadership, expertise and knowledge in addressing and preventing dangerous driving behaviors,” Barthwell continued.

The *Fatal Fifteen* states in rank order are Washington D.C., Hawaii, Rhode Island, Montana, Delaware, Alaska, North Dakota, Washington, Wisconsin, Texas, Connecticut, South Dakota, Illinois, South Carolina and Arizona.

States making the list for three years straight are Connecticut, Hawaii, Illinois, Montana, Rhode Island, South Carolina, South Dakota, Texas, Washington D.C. and Wisconsin. In addition, ten states that are near the *Fatal Fifteen* threshold were placed on a watch list. They are Florida, Louisiana, Missouri, Colorado, Mississippi, Vermont, California, Pennsylvania, New Mexico and Massachusetts.

Statistics show that last year, nearly 17,000 motorists were killed nationwide in alcohol-related traffic crashes. Over 4,300 of those fatalities occurred in the *Fatal Fifteen* states.

“Statistics, however, do not begin to tell the story of the real pain and destruction caused by impaired drivers,” according to Dr. Thomas Esposito, Co –Chairperson of END, Vice-Chairman of the American College of Surgeons’ Chicago Committee on Trauma and a member of the EAST Board of Directors. “Physicians and other health care workers treat both impaired drivers and their victims at roadside crash scenes and in hospital emergency departments. Let me tell you, nothing is as gut-wrenching as telling a parent that their young son or daughter is never coming home,” he added.

“While the effects of stricter impaired driving laws and a general change in public attitude has lowered the number of impaired driving deaths over the years, the reduction in the death rate has reached a plateau. Unfortunately, the levels are still unacceptably high,” Esposito continued.

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“That is why the physicians of END are offering suggested options and opportunities for traffic safety and public health advocates to consider when addressing impaired driving. There is much more to this than just fixing the broken bones and battered bodies, only to turn these people back on the streets to harm themselves or others again in a drinking related incident,” Esposito said.

The first recommendation to be considered is one that could be implemented directly by those in the medical profession. “Physicians and other healthcare workers can potentially have a large role in decreasing incidents of impaired driving simply because of their contact with patients who have alcohol and drug use problems,” Esposito stated.

“Patients with alcohol use problems are more likely to drive impaired and have higher rates of illness and motor vehicle crash injury than the general population. In fact, nearly 50 percent of severely injured patients are injured while under the influence of alcohol,” he said.

“Treating the alcohol use problem by implementing a protocol of alcohol screening and brief intervention can lead to reductions in impaired driving episodes, which in turn leads to fewer alcohol-related crashes,” Esposito added.

“The screening process involves asking patients a few simple questions concerning drinking habits and consumption. An assessment is completed for patients who respond positively to one or more of the questions. The patient then undergoes a brief intervention where he or she is counseled and referred to appropriate care,” said Dr. Michael Pasquale, President of the Eastern Association for the Surgery of Trauma.

“Studies have determined that brief interventions, which are short 5-15 minute counseling sessions designed to assist the patient confront the negative consequences of his or her alcohol consumption, have proven effective in decreasing consumption among at-risk drinkers,” Pasquale added.

Other recommendations that should be considered involve utilizing recent technological advances to address impaired driving. Ignition interlock systems that prevent an impaired driver from starting their vehicle are one tool that has been used successfully in many states to monitor repeat offenders. As the technology continues to improve and costs decrease, decision makers might consider expanding the use on interlock systems to address first-time offenders.

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Additionally, it is suggested that states review and consider implementing initiatives that have been successfully utilized elsewhere. These initiatives include increasing the penalty for motorists who refuse to submit to a sobriety test; an increase in fines for first-time and repeat offenders; longer prison and community service sentencing for those convicted of impaired driving; and vehicle forfeiture.

“Too many people still don’t understand that alcohol, drugs and driving don’t mix. Impaired driving is no accident – nor is it a victimless crime,” Barthwell said. “Driving impaired or riding with someone who is impaired is not worth the risk. The consequences are serious and real,” she concluded.

***The Fifty States Plus Washington D.C., Ranked By Percentage***

<i>Washington DC</i>	<i>54.17%</i>	<i>Maryland</i>	<i>38.27%</i>
<i>Hawaii</i>	<i>50.71%</i>	<i>Wyoming</i>	<i>38.24%</i>
<i>Rhode Island</i>	<i>49.43%</i>	<i>Ohio</i>	<i>38.17%</i>
<i>Montana</i>	<i>49.40%</i>	<i>Alabama</i>	<i>37.40%</i>
<i>Delaware</i>	<i>49.25%</i>	<i>Michigan</i>	<i>37.29%</i>
<i>Alaska</i>	<i>48.61%</i>	<i>Nevada</i>	<i>37.24%</i>
<i>North Dakota</i>	<i>47.15%</i>	<i>New York</i>	<i>36.67%</i>
<i>Washington</i>	<i>45.44%</i>	<i>Virginia</i>	<i>36.64%</i>
<i>Wisconsin</i>	<i>45.28%</i>	<i>Tennessee</i>	<i>36.54%</i>
<i>Texas</i>	<i>44.78%</i>	<i>Oregon</i>	<i>36.27%</i>
<i>Connecticut</i>	<i>43.80%</i>	<i>New Hampshire</i>	<i>36.14%</i>
<i>South Dakota</i>	<i>43.01%</i>	<i>Minnesota</i>	<i>35.96%</i>
<i>Illinois</i>	<i>42.62%</i>	<i>Arkansas</i>	<i>35.96%</i>
<i>South Carolina</i>	<i>42.45%</i>	<i>North Carolina</i>	<i>35.79%</i>
<i>Arizona</i>	<i>41.80%</i>	<i>Oklahoma</i>	<i>35.29%</i>
<i>Florida</i>	<i>41.52%</i>	<i>Kansas</i>	<i>35.28%</i>
<i>Louisiana</i>	<i>41.26%</i>	<i>New Jersey</i>	<i>35.16%</i>
<i>Missouri</i>	<i>40.97%</i>	<i>Maine</i>	<i>34.91%</i>
<i>Colorado</i>	<i>40.26%</i>	<i>Indiana</i>	<i>34.12%</i>
<i>Mississippi</i>	<i>39.85%</i>	<i>West Virginia</i>	<i>33.69%</i>
<i>Vermont</i>	<i>39.73%</i>	<i>Nebraska</i>	<i>32.97%</i>
<i>California</i>	<i>39.71%</i>	<i>Idaho</i>	<i>32.36%</i>
<i>Pennsylvania</i>	<i>39.36%</i>	<i>Kentucky</i>	<i>31.78%</i>
<i>New Mexico</i>	<i>38.73%</i>	<i>Georgia</i>	<i>31.52%</i>
<i>Massachusetts</i>	<i>38.69%</i>	<i>Iowa</i>	<i>26.22%</i>
<b><i>Nation</i></b>	<b><i>38.87%</i></b>	<i>Utah</i>	<i>13.12%</i>

***\*2005 Data from NHTSA’s Fatality Analysis Reporting System***