



## Trends in alcohol-impaired driving in Canada

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### ARTICLE INFO

#### Article history:

Received 29 July 2011

Received in revised form

22 December 2011

Accepted 28 January 2012

#### Keywords:

Drinking and driving

Alcohol-impaired driving

Alcohol

Trends

### ABSTRACT

While a general decreasing trend in the number of persons killed in a traffic crash involving a drinking driver has occurred in Canada since the 1980s, it is evident that much of this decrease occurred in the 1990s. Since 2002, less progress has been made as the number of persons killed in crashes involving drinking drivers remains high. To better understand the current situation, this paper describes trends in drinking and driving in Canada from 1998 to 2011 using multiple indicators based on data collected for the Traffic Injury Research Foundation's (TIRF) Road Safety Monitor (RSM), the National Opinion Poll on Drinking and Driving, and trends in alcohol-related crashes based on data collected for TIRF's national Fatality Database in Canada. There has been a continued and consistent decrease in the number of fatalities involving a drinking driver in Canada. This remains true when looking at the number of fatalities involving a drinking driver per 100,000 population and per 100,000 licensed drivers. This decreasing trend is also still apparent when considering the percentage of persons killed in a traffic crash in Canada involving a drinking driver although less pronounced. Data from the RSM further show that the percentage of those who reported driving after they thought they were over the legal limit has also declined. However, regardless of the apparent decreasing trend in drinking driving fatalities and behaviour, reductions have been relatively modest, and fatalities in crashes involving drivers who have consumed alcohol remain high at unacceptable levels.

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## 1. Introduction

### 1.1. Background

During the 1980s, public concern about drinking and driving was on the rise in Canada (Simpson and Mayhew, 1991). In response to this high level of concern, action was taken in many different areas. Education and awareness programs expanded, criminal and administrative laws were enhanced and strengthened, and enforcement efforts became prominent and commonplace. This heightened attention along with increased efforts to combat drinking and driving was followed by a significant decrease in the magnitude of the problem. For example, in Canada between 1981 and 1988, the percentage of drivers on the road at night with blood alcohol concentrations (BACs) over the legal limit (i.e., 80 mg alcohol/100 ml blood or 0.08%) dropped by 33% (Mayhew et al., 1996a). Further, between 1981 and 1988, the percent of fatally injured drivers with BACs in excess of the legal limit dropped by 27% (Mayhew et al., 1996b).

In the 1990s, progress continued, but the decrease in the magnitude of the drinking and driving problem was less pronounced. To illustrate, between 1990 and 1998 the proportion of fatally injured drivers with BACs in excess of the legal limit dropped by only 10% compared to the above-mentioned 27% between 1981 and 1988 (Simpson and Mayhew, 1991).

A similar pattern is noted in the U.S. with larger decreases in the number of alcohol impaired driving fatalities occurring in the 1980s from 21,113 in 1982 to 14,049 in 1992 – a 33% decline. The number of alcohol-impaired driving fatalities then remained fairly stable with a slight decline from 13,739 in 1993 to 12,555 in 1999 and it then rose to 13,324 in 2000. The number again remained fairly stable, slightly increasing to 13,582 in 2005 and declined to 10,839 in 2009 (The Century Council, 2009). Overall, the decrease from 21,113 in 1982 to 10,839 in 2009 represents a 49% decline. In addition, the trend for alcohol-impaired driving fatalities per 100,000 population shows a decrease of 62% over this time period (see The Century Council, 2009).

A major reason given as to why the substantial declines of the 1980s did not continue into the 1990s is that the characteristics of the problem had changed (Simpson and Mayhew, 1991). More specifically, it appeared that countermeasures implemented during the 1980s were more effective in changing the drinking and driving behaviour of responsible, social drinkers. However, it seemed that

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