

ALTERNATIVES TO ALCOHOL-IMPAIRED DRIVING Results from the 2017 TIRF USA Road Safety Monitor

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This fact sheet is based on data gathered as part of an annual public opinion survey, the 2017 USA Road Safety Monitor (RSM), conducted by the Traffic Injury Research Foundation USA, Inc. (TIRF USA) with funding from Anheuser-Busch.

Two previous fact sheets about alternatives to alcohol-impaired driving from the 2015 and 2016 TIRF USA RSMs have been published (Meister et al. 2016, Vanlaar et al. 2017). This third fact sheet compares results from the past three years. A special emphasis is placed on attitudes and behaviors regarding three alternatives to alcohol-impaired driving: safe rides, public transportation, and designated drivers.



The survey takes the pulse of the nation on the alcohol-impaired driving issue by means of an online survey of a random, representative sample of American drivers aged 21 years or older. A total of 5,027 participants completed the poll in September/October 2017; 5,050 in October 2016; and, 5,009 in October/November 2015.

Background

This fact sheet describes and compares with previous years the level of familiarity among U.S. drivers regarding alternative solutions to alcohol-impaired driving and how often they use them. The profile of users versus non-users of alternatives is also compared. This information is presented in relation to the level of familiarity people have with alcohol-impaired driving campaigns, as it can be postulated that higher levels of familiarity with these

campaigns may help foster increased awareness of the need to use alternatives to alcohol-impaired driving, or greater receptivity to the use of alternatives.

Figure 1 shows levels of familiarity among U.S. drivers³ regarding five such campaigns. Note that the “Make a Plan to Make it Home” campaign in 2015 was changed

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³ The survey sample is representative of U.S. drivers and the data is stratified and weighted by age, sex and region.

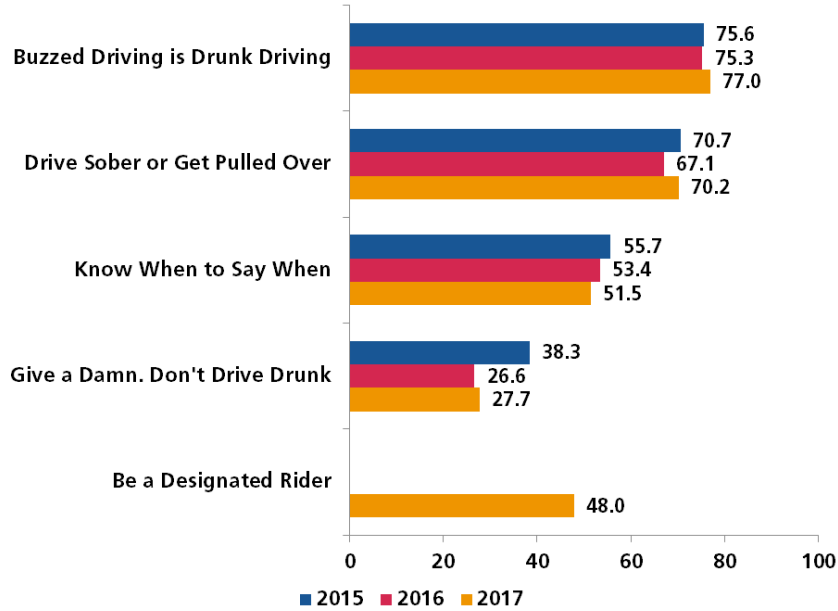
THE TRAFFIC INJURY RESEARCH FOUNDATION USA, Inc.

The mission of the Traffic Injury Research Foundation USA, Inc. (TIRF USA) is to develop and share the knowledge that saves – preventing injuries and loss of life on American roads, reducing related social, health and insurance costs, and safeguarding productivity. TIRF USA is an independent road safety research institute that obtained 501(c)3 non-profit status in the US in 2014.



The knowledge source for safe driving

Figure 1: Percent of U.S. drivers who have seen or heard four anti-impaired driving campaigns⁴



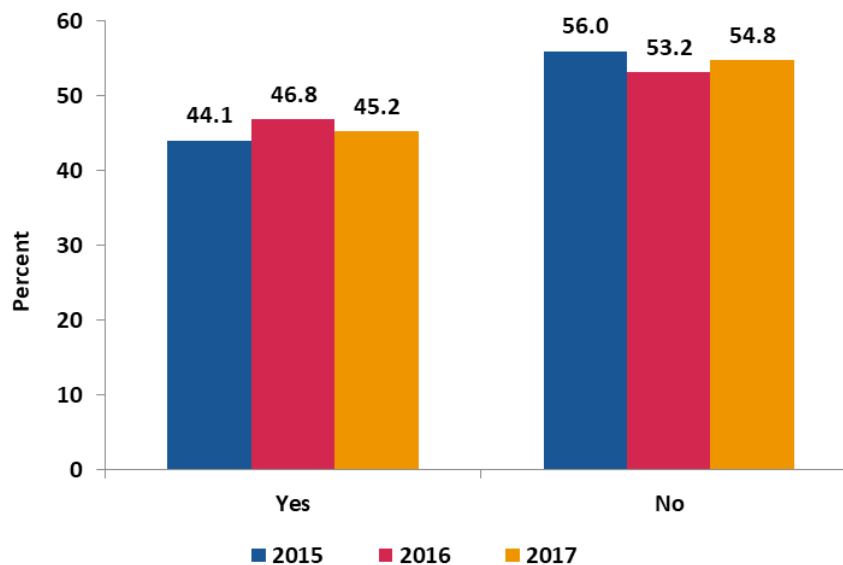
to “Give a Damn. Don’t Drive Drunk.” in 2016. “Be a Designated Rider,” a new campaign started in 2017, is also included to ascertain its familiarity among drivers.

As can be seen, a significant majority of U.S. drivers have been exposed to at least one campaign. The 2016 survey indicated that there was a slight decrease in awareness about any of the campaigns compared to the 2015 results and there were notable decreases in 2017 compared to 2015 for all campaigns except for “Buzzed Driving is Drunk Driving.”

Safe rides

Respondents to the TIRF USA RSM were informed that safe ride home programs were defined as “offering to drive impaired drivers home or drive both the impaired driver and the driver’s vehicle home, such as businesses, bus or taxi agencies, or volunteer groups.” They were asked if they are familiar with such programs. Figure 2 shows levels of familiarity among U.S. drivers for the three years of data. As can be seen, the number of U.S.

Figure 2: Percent familiar with safe ride home programs



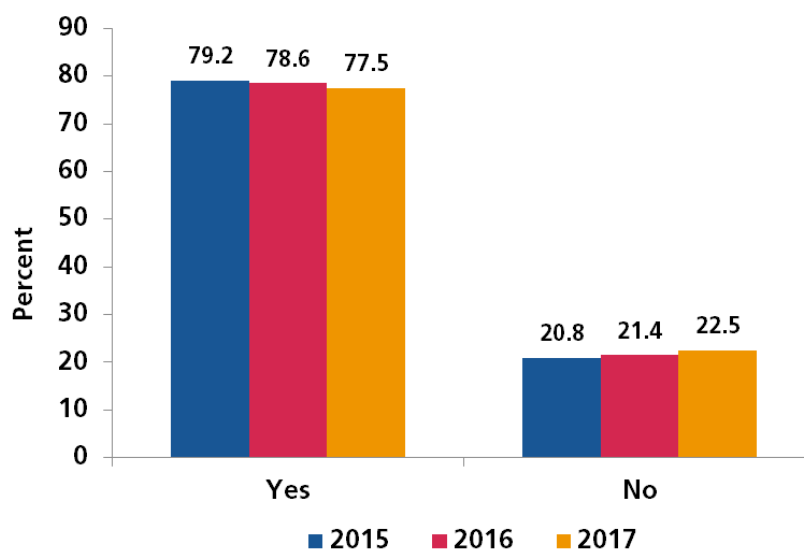
⁴ The percentage shown is for those respondents who answered 3, 4, 5 or 6 on a scale from 1 to 6, where 1 means “never” and 6 means “very often.”

drivers who said they are familiar with these programs slightly increased from 44% in 2015 to 47% in 2016 and decreased to 45% in 2017. These changes were not statistically significant.

Persons who reported familiarity with safe ride home programs were also asked whether these programs were available in their area. Results from this question are presented in Figure 3. Virtually no differences were observed between the years, indicating that programs were available to almost four out of five respondents who were familiar with these programs.



Figure 3: Percent who reported that programs were / were not available in their area among those familiar with safe ride home programs



After asking respondents whether they thought safe ride home programs were available in their area, they were asked if they used them when available. The proportion of respondents who answered they always or almost always used these programs when available increased from 5% in 2015 to 8% in 2016 but slightly decreased to 7.5% in 2017 (see Figure 4). An additional 4% of respondents in 2015 and 2016 indicated they sometimes used safe ride home programs; this percentage increased to 6.5% in 2017. On the other hand, a large majority of respondents indicated that they never or almost never used safe ride home

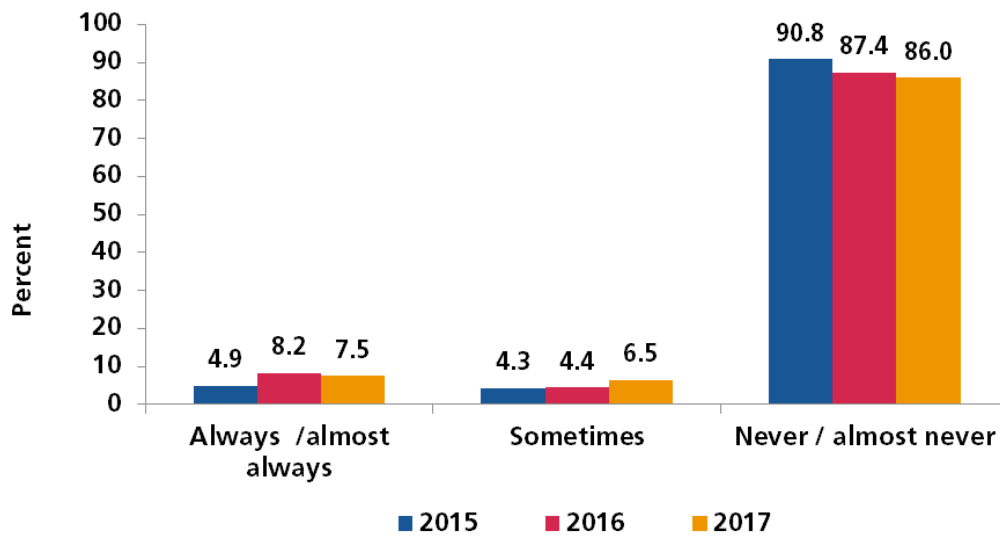
programs: 91% attested to this in 2015; 87% in 2016; and, 86% in 2017.

The profile of those respondents who indicated they used safe ride home programs in 2017 versus those who did not use these programs was further analyzed, and the results showed that the following characteristics were significant.

- > Older drivers were less likely to use safe ride home programs. To illustrate, among those aged 21 to 39, approximately 11% said they had used safe ride home programs whereas among those aged 40 to 59, usage dropped to approximately 2%, and below 1% for those 60 and older.
- > Females were less likely than males to report using safe ride home programs (among females 2% reported ever using safe ride home programs versus 7% among males).

In 2017, the proportion of respondents who answered they always or almost always used safe ride home programs when available slightly decreased.

Figure 4: Percent who were familiar with safe ride home programs and used them if one was available in their area



- > With respect to tickets received in the past 12 months, those who received two or more tickets were also more likely to report using safe ride home programs than those who received fewer than two tickets (59% versus 3%).
- > People living in rural and suburban areas were much less likely to rely on safe ride home programs than those in urban areas (among those in rural areas less than 2% reported usage, among those in suburban areas almost 3% and in urban areas 12%).
- > The consumption of beverages containing alcohol in the past 12 months was a factor in the usage of safe ride home programs. Among those who reported having had a drink, 6% stated they have used safe ride programs, while among those who have not had a drink, approximately 1% had ever used such programs.

This profile of users of safe ride home programs in 2017 is similar to the 2016 profile (Vanlaar et al. 2017), with the exception of sex and the consumption of beverages (these two variables were not significant in 2016).

In 2016, respondents were asked for the first time if they had ever used another alternative, namely a ride share service that you pay for, such as Uber or Lyft after drinking alcohol beverages. Approximately 19% answered yes in 2016 and 22% in 2017.

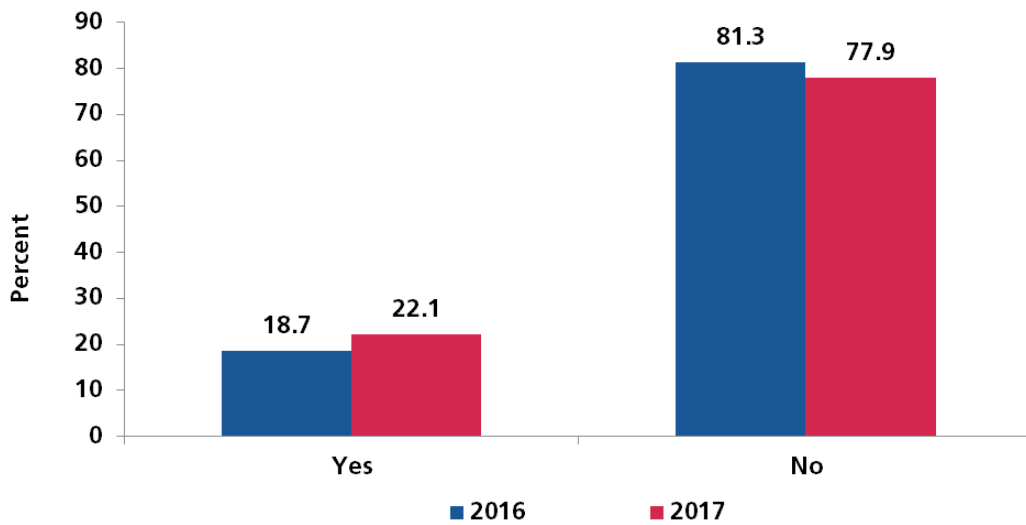
An analysis of the characteristics of users of ride share services such as Uber or Lyft versus non-users, revealed comparable results.

- > Older drivers were less likely to use ride share services. To illustrate, among those aged 21 to 39, approximately 43% said they had used ride share services, whereas among those aged 40 to 59, usage dropped to 15%, and approximately 5% for those 60 and older.



- > Females were less likely than males to report using ride share services (among females 18% reported ever using ride share services versus 26% among males).
- > With respect to tickets received in the past 12 months, those who received two or more tickets were also more likely to report using ride share services than those who received fewer than two tickets (85% versus 21%).
- > People living in rural and suburban areas were much less likely to rely on ride share services than those in urban areas (among those in rural areas 9% reported usage, among those in suburban areas 21% and in urban areas 37%).

Figure 5: Percent who have used a ride share service that you pay for (e.g., Uber, Lyft) after drinking alcohol beverages



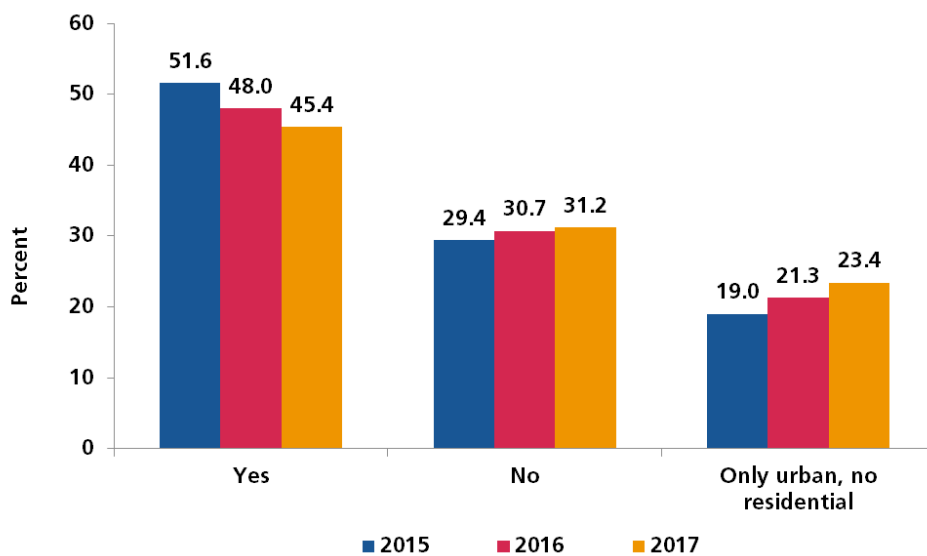
> The consumption of beverages containing alcohol in the past 12 months was a factor in the usage of ride share services. Among those who reported having had a drink, 29% stated they have used ride share services, while among those who have not had a drink, approximately 5% had ever used such services.

Older drivers, females, people living in rural areas and those who did not consume alcoholic beverages in the past 12 months were less likely to use ride share services.

Public transportation

Another alternative to alcohol-impaired driving is the use of public transportation. Similar to questions about safe ride home programs, we asked U.S. drivers about availability and usage of public transportation. Figure 6 shows the percent who reported whether public transportation was or was not available in their area. It shows a decrease in availability over the years: 52% reported public transportation was available in their area in 2015 and only 45% said this was the case in 2017. Another 19% indicated in 2015 that public transportation was available in their area but only in cities and urban areas and not in residential areas; in 2017 this increased to 23.4%.

Figure 6: Percent who reported public transportation was / was not available in their area



The majority of U.S. drivers reported not using public transportation when it is available as an alternative to alcohol-impaired driving. In this regard, Figure 7 reveals that in the three years a large majority stated that they never or almost never used it (between 82% and 78%) despite having access. It further shows small increases among persons who stated they sometimes used it (from 11% in 2015 to 14% in 2017).

Similar to safe ride home programs, the profile of users of public transportation, versus non-users (when going out and drinking occurs) was also explored in 2017, and the results were consistent.

- > Older drivers were less likely to report using public transportation (among those aged 21 to 39, approximately 24% reported using public transportation whereas this dropped to 10% for those aged 40 to 59 and, to 3% for those older than 59).
- > Similar to safe ride home and share services, females were also less likely to report using public transportation (among females 8% reported ever using public transportation versus 18% among males).
- > Persons who had received at least two tickets were more likely to use public transportation compared to those with fewer than two tickets (81% versus 11%).

- > Individuals living in rural or suburban areas were much less likely to use public transportation than those in urban areas (3% in rural areas, 8% in suburban areas and 32% in urban areas).
- > Those who reported having a drink containing alcohol in the past 12 months were more likely to use public transportation. Among those who reported having had a drink, 15% stated they have used public transportation, while among those who have not had a drink, approximately 7% had ever used it.



This profile of users of public transportation in 2017 is similar to the 2016 profile (Vanlaar et al. 2017), with the exception of the consumption of alcohol beverages, which was not significant in 2016. Furthermore, drivers

Figure 7: How often drivers who had access to public transportation used it when going out and drinking occurred

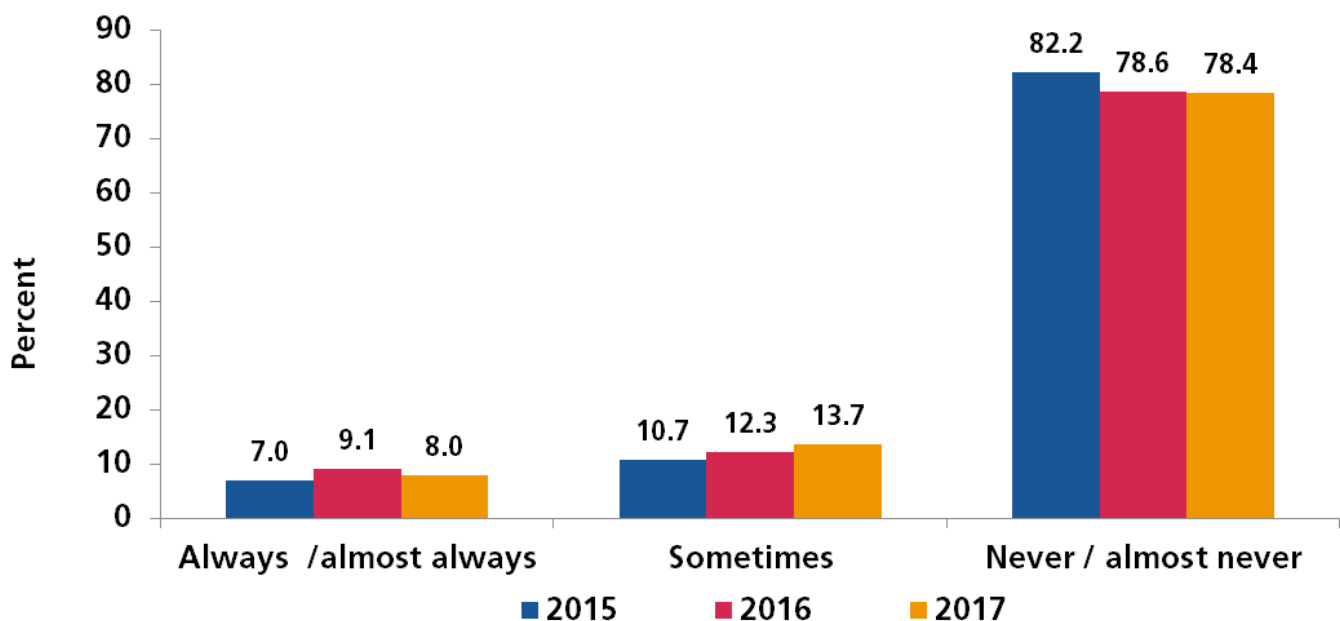
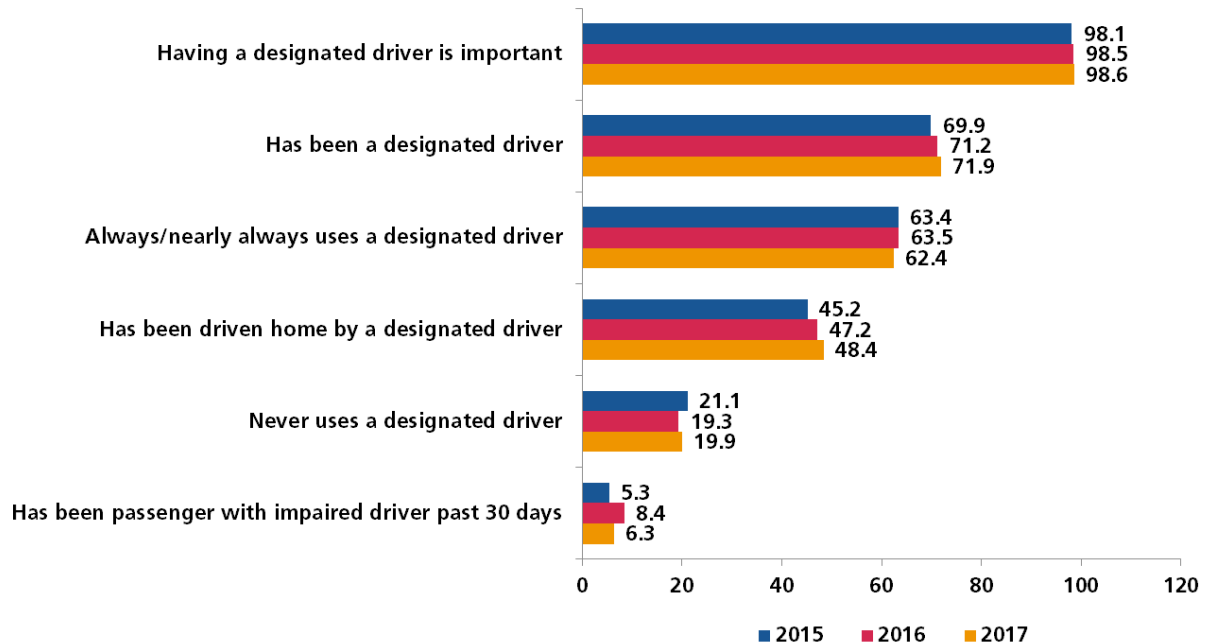


Figure 8: Views and use of designated drivers



injured in a collision in the past reported a greater likelihood of using public transportation in 2016, which was not the case in 2017.

Designated drivers

Drivers in the U.S. were polled about a third alternative solution involving the use of designated drivers. Figure 8 provides an overview of the different questions about designated drivers and responses for 2015, 2016 and 2017. Nearly all U.S. drivers agreed that having a designated driver was important: each year approximately 98% of U.S. drivers agreed this was somewhat or very important. However, while virtually the entire population of drivers agreed it was important to have a designated driver, a smaller proportion stated that they had served as one themselves (70% in 2015; 71% in 2016; and, 72% in 2017) or had always or nearly always used a designated driver (63% in 2015; 64% in 2016; and, 62% in 2017).

The percent of respondents who stated they never used a designated driver also remained nearly unchanged with 21% in 2015; 19% in 2016; and, 20% in 2017. A slight significant increase among those respondents who reported that they had been driven home by a designated driver was noted from 45% in 2015 to 48% in 2017. There was a concerning significant increase from 5% to 8% of respondents who admitted

that they had been a passenger of an alcohol-impaired driver in the past 30 days from 2015 to 2016. However, this percent significantly decreased in 2017 to 6%.

Regarding the profile of users of designated drivers in 2017, the most notable difference with the other alternatives was that females were more likely to report using a designated driver than males (among females 66% reported always or almost always using a designated driver versus 58% among males). This contrasted with the usage of previously described alternatives (among females, 18% reported ever using safe ride share services versus 26% among males; 8% of females reported using public transportation versus 18% of males).

Females were more likely to report using a designated driver than males. Males reported using safe ride share services and public transportation more than females.

Conclusions

The third TIRF USA RSM fact sheet on alternatives to alcohol-impaired driving reveals some interesting trends about levels of familiarity regarding each of these alternatives as well as the use of them. Will three years of survey data, some conclusions can be drawn from the results. Primarily, while the overall level of familiarity with, and access to, alternative options to alcohol-impaired driving remains high, actual use of the substitutes remains under-utilized. To illustrate, 45% of 2017 compared to 44% of 2015 respondents indicated they were familiar with safe ride home programs and for those that were familiar with the programs, the programs were available to four out five respondents. Nevertheless, the number of respondents that utilize this option often or very often remains low (5% in 2015; 8% in 2016; and, 7.5% in 2017) with a large majority saying they never use this option (86% in 2017). However, there has been a slight increase in those that use this alternative sometimes (4.2% in 2015; 4.4% in 2016; and, 6.5% in 2017). There was also an increase in the usage of ride share services like Uber and Lyft after drinking alcoholic beverages from nearly 19% in 2016 to 22% in 2017, but this indicates that only one in five of respondents used this option. It is important to note that whether someone did or did not use a safe ride alternative that was part of an established program is less of a concern than if a safe ride option of any kind was utilized.

There was a 18% increase in the usage of ride share services like Uber and Lyft after consuming alcohol beverages in 2017.

The results related to the use of public transportation, which was available to nearly half of survey respondents revealed a slight, ongoing decrease in availability from 52% in 2015 to 48% in 2016 to 45% in 2017 as well as an ongoing increase in urban only, no residential service availability from 19% in 2015 to 21% in 2016 to 23% in 2017. Still, a significant majority of respondents indicated they do not use public transportation as an alternative to operation of a vehicle after consuming alcohol beverages. Finally, while virtually all respondents in all three survey years agreed that designated drivers are a good idea, the

number utilizing this alternative continues to be a much smaller proportion of respondents.

Each of the three survey years inquired about alternative transportation use when planning to go out when drinking would occur. Overall, when combining all alternatives, 80.1% of drivers reported using safe ride home programs or rideshare, using public transportation, or being/using a designated driver, on those occasions. This corresponds to approximately 177 million drivers aged 21 years or older (based on an estimated 222 million drivers holding a valid license in the U.S in 2016⁵) using alternatives to alcohol-impaired driving. This percentage was the same in 2016 (80.1%) and slightly but significantly higher than in 2015 (77.9%). Results demonstrate that there remains significant familiarity with alcohol-impaired driving alternatives, but that there have not been significant increases in the utilization of them. Thus, there is great potential to increase the reliance on, and the usage of, these alternative solutions, especially in terms of the frequency of usage.

Throughout the three survey years, the four educational campaigns included in all three surveys; have had varying levels of recognition. “Buzzed Driving is Drunk Driving” has been the most well-known (three of four respondents) whereas “Give a Damn. Don’t Drive Drunk” was recognizable in the 2017 survey to one-quarter of respondents. Nevertheless, four of the five current campaigns are recognizable to approximately half, or more, of the respondents. Given this general recognition of the educational campaigns and the limited use of alcohol-impaired driving alternatives, it appears that there needs to be a more targeted and/or surgical messaging approach for different demographic types (e.g., male and female; younger and older; rural, urban and suburban) that is informative about, and encourages the use of, alternative options to alcohol-impaired driving.

The survey also gleaned respondent profiles of those who used alternative solutions and compared them to those who did not use them. These profiles help provide insight into possible strategies to encourage increased utilization of alternatives. For example, younger (21 to 39 years-old) respondents were much more likely to utilize safe ride home programs and public transportation than older drivers (40 and older years-old). Additionally, males were more likely to use

⁵ U.S. Department of Transportation, Federal Highway Administration, Highway Statistics, available at <https://www.fhwa.dot.gov/policyinformation/statistics/2016/dv1c.cfm>, accessed August 2018.

these alternatives than females. Yet, females were more likely to use a designated driver than males. It could be postulated that this sex preference difference could be related to females not feeling safe relying on ride share or public transportation services compared to a reliance on a known designated driver. This hypothesis is supported by a Canadian study in which women cited personal safety concerns as being reluctant to use alternative transportation options (Robertson and Ireland 2017). Also, people in rural and suburban areas were much less likely to use safe ride home programs than those living in urban areas, which is likely related to some degree of accessibility of alternatives. Finally, there was an increase in the use of ride share services like Uber and Lyft from the last survey to the most recent survey. This may be attributed to the growth in this industry and a general growing comfort and ease in accessing these services.



In conclusion, the data from the last three years of surveys indicates that there is significant opportunity for growth in the utilization of alternatives to alcohol-impaired driving, particularly because many U.S. drivers are aware of alternatives, and have used them at least once in their life. Where most gains can be made is probably in terms of encouraging U.S. drivers to use these alternatives more often, in addition to also convincing non-users to rely on them. Such an effort certainly belongs in a comprehensive approach to preventing the problem of alcohol-related traffic crashes and fatalities. Evaluation of educational campaigns and continued monitoring of trends are necessary to help increase usage of these viable solutions.

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