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EFFECTIVENESS OF ADMINISTRATIVE LICENSE REVOCATION (ALR) LAWS

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ALR is an acronym for administrative license revocation. This term is a bit misleading because the legal process to which ALR refers does not always revoke the license (in about half the states the license is suspended) and the process is not always carried out by an administrative department (in some cases, the judicial branch of government is responsible for removing the licensing privilege). However, the essential ingredient of the concept is that a person caught for alcohol-impaired driving and having a blood or breath alcohol concentration above a certain limit can lose his or her license to operate a motor vehicle *prior to conviction for the charge of alcohol-impaired driving*. Often, this procedure is referred to as *administrative per se*.

License suspension has been shown in many well-designed studies to produce specific deterrence,^{1,2} that is, it deters suspended drivers from subsequent crashes and recidivism. Although many suspended drivers continue to drive, they report driving less and/or more carefully,³ and the reductions in violations and crashes associated with license suspension continue well beyond the suspension period. Most studies of the effects of suspension on specific deterrence are based on judicial suspension, but there is no reason why administrative license suspension should not be as effective. In one study of the effects of administrative license suspension on specific deterrence, it was found that DWI recidivism was reduced in Louisiana and North Dakota and non-DWI recidivism was reduced in Mississippi.⁴ While specific deterrence is important, it is the general deterrent effect of a well-publicized and certain loss of license that is the heart of ALR. That is, the idea behind administrative license revocation or suspension is to increase the general public's perception that a significant punishment for alcohol-impaired driving is likely and thereby deter drinking and driving even among those not yet caught.

Minnesota is typically thought to have been the first U.S. jurisdiction to introduce ALR in the U.S., but in fact Washington, D.C. enacted such a statute in 1955. Minnesota's ALR law came two decades later, in 1978. By August 1991, 28 other states had joined Minnesota and the District of Columbia with ALR legislation.

Eight of these new laws have been enacted since April 1988, when Mothers Against Drunk Driving (MADD) and Senator Frank Lautenberg joined the Insurance Institute for Highway Safety in announcing the results of an Institute study assessing the effectiveness of ALR and two other laws passed in the late 1970s and early 1980s to curtail alcohol-impaired driving.⁵ That study showed that ALR had reduced the number of drivers involved in fatal crashes by about 9% during hours when alcohol is very likely to have been involved (these are essentially nighttime hours when 50% or more of fatally injured drivers have BACs of at least 0.10 g/dL). By comparison, mandatory jail or community service for first time offenders reduced fatal crash involvement during high alcohol involvement hours by 5% and per se laws reduced fatal crash involvement during other hours by 6%. Subsequently, MADD, the National Highway Traffic Safety Administration, the National Transportation Safety Board, insurance companies, and other organizations have encouraged the adoption of ALR in all states, and these laws as well as others currently being considered by state legislatures are in large measure a result of these efforts.

Other studies have reported similar evidence for the effects of ALR. Klein⁶ reported that, among 17 states implementing ALR laws, either alone or in combination with other laws, the median effect was a 6% decrease in the proportion of crashes that were likely to be alcohol involved. Ross⁷ found reductions of 5-9% associated with ALR in New Mexico, 4% in Minnesota, and 3-14% in Delaware.

In the only major contradictory study, Evans, Neville, and Graham⁸ reported that their examination of fatal crashes between 1975 and 1986 had revealed "no conclusive evidence that any specific form of punitive legislation is having a measurable effect on motor vehicle fatalities" (p 279). The laws Evans et al. had studied included ALR along with per se laws, mandatory belt use, and legislation allowing preliminary breath testing and sobriety checkpoints, among others. These authors report "the primary reason that our econometric results differ from [the earlier Insurance Institute findings] is that we have employed a fixed-effect specification" (p. 287). When another type of statistical model, a random effects model, was used, Evans et al. also found that ALR was effective, and their contradictory conclusions may be the result of model misspecification.

In summary, there is overwhelming evidence that

ALR contributes to both specific and general deterrence of alcohol-impaired driving. From 1980 through 1987, the proportion of motor vehicle crash fatalities with BACs at or above 0.10% fell sharply,⁹ but the decline slowed after that. The extent to which the United States can continue to reduce the contribution of alcohol to motor vehicle crash fatalities almost certainly depends on whether the remaining states adopt ALR and other effective countermeasures such as sobriety checkpoints.

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