

Testimony
House Bill 1442 - Department of Human Services
Senate Judiciary
Senator Diane Larson, Chairman

March 13, 2019

Chairman Larson and members of the Senate Judiciary Committee, I am Laura Anderson, Assistant Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in opposition to House Bill 1442.

CONSTITUTIONAL

First, to address the concern of perceived infringement of civil rights, the Supreme Court ruled in 1990 that sobriety checkpoints are constitutional. The court said the importance of keeping impaired drivers off the road generally outweighs the inconvenience and intrusion to motorists. (Michigan Dep't of State Police v. Sitz, 496 U.S. 444 (1990).)

STRATEGY GOAL

Second, the goal of sobriety checkpoints is to **prevent** drinking and driving – not to **arrest** drunk drivers.

According to the FBI Law Enforcement Bulletin, January 2003, Volume 72, Number 1, referenced in previous testimony, “checkpoints offer a visible enforcement method intended to deter potential offenders”; “checkpoints comprise one piece of public awareness and education relevant to the drinking and driving dilemma” (page 2); and “focusing on arrests is a misleading way to consider the value of checkpoints” (page 4).

EFFECTIVENESS

Third, research shows that highly publicized, highly visible, and frequent sobriety checkpoints in the United States reduce impaired driving fatal crashes by 18 to 24 percent.ⁱ The Center for Disease Control's systematic review of 11 high-quality studies found checkpoints reduced alcohol-related fatal, injury, and property damage crashes each by about 20 percent.ⁱⁱ This CDC statistic was included in the Arizona Daily Star and the Columbus Dispatch articles referenced in previous testimony. Similarly, a meta-analysis found checkpoints reduce alcohol-related crashes by 17 percent, and all crashes by 10 to 15 percent.ⁱⁱⁱ

For any strategy to be effective, it must be implemented to fidelity. The journal article "Lessons Learned from Evaluating Maryland's Anti-Drunk Driving Campaign" referenced in previous testimony concluded that sobriety checkpoints did not show positive change because there was insufficient levels of enforcement and inadequate publicity surrounding the campaign. This does not negate the fact that sobriety checkpoints, when implemented correctly, can be effective.

NORTH DAKOTA PREVENTION

The majority of North Dakotans support sobriety checkpoints. According to a statewide community readiness survey conducted in 2017, 73% of North Dakota adults support sobriety checkpoints which is an increase from the 2015 percentage of 71%. This data aligns to national averages as stated in the FBI Law Enforcement Bulletin, January 2003, Volume 72, Number 1 which notes, "Public opinion polls have indicated 70-80% of American's surveyed favored the increased use of sobriety checkpoints as an effective law enforcement tool to combat impaired driving" (page 3).

IMPLEMENTATION

The Department's Behavioral Health Division provides federal funding to local communities to implement evidence-based prevention efforts targeting underage drinking, adult binge drinking and prescription opioid abuse. One of the evidence-

based strategies federally approved to prevent drinking and driving and currently being implemented by local agencies is sobriety checkpoints.

This concludes my testimony, and I am happy to answer any questions.

ⁱ Fell JC, Lacey JH, Voas RB., (2004) Sobriety checkpoints: evidence of effectiveness is strong, but use is limited. *Traffic Injury Prevention* 5(3):220-7.

ⁱⁱ Elder, Shults, et al., (2002) Effectiveness of Sobriety Checkpoints for Reducing Alcohol-Involved Crashes. *Traffic Injury Prevention*, 3:266-274.

ⁱⁱⁱ Erke, Goldenbeld, and Vaa,(2009) The effects of drink-driving checkpoints on crashes – A meta-analysis. *Accident Analysis and Prevention*. 41:914-923.