

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

## **Name of Program/Strategy: Zero-Tolerance Laws**

### **Report Contents**

1. Overview and description
  2. Implementation considerations (if available)
  3. Descriptive information
  4. Outcomes
  5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
  6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
  7. Who is using this program/strategy
  8. Study populations
  9. Quality of studies
  10. Readiness for Dissemination
  11. Costs (if available)
  12. Contacts for more information
- 

### **1. Overview and description**

Lower blood alcohol concentration (BAC) limits for underage drivers and/or a risk of loss of license when an underage youth has been found to be drinking, even if the youth was not driving. Usually this limit is set at the minimum that can be reliably detected by breath-testing equipment (i.e., .01-.02 BACs). Zero-tolerance laws also commonly invoke other penalties such as automatic license revocation.

### **2. Implementation considerations (if available)**

### **3. Descriptive information**

<b>Areas of Interest</b>	Substance abuse prevention
<b>Outcomes</b>	
<b>Outcome Categories</b>	Alcohol

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

<b>Ages</b>	
<b>Gender</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier Tribal
<b>Implementation History</b>	
<b>NIH Funding/CER Studies</b>	
<b>Adaptations</b>	
<b>Adverse Effects</b>	
<b>IOM Prevention Categories</b>	Universal

## **4. Outcomes**

### **Scientific Evidence**

An analysis of the effect of zero-tolerance laws in the first 12 states enacting them showed a 20 percent relative reduction in the proportion of single vehicle nighttime (SVN) fatal crashes among drivers younger than 21, compared with nearby states that did not pass zero-tolerance laws (Hingson et al., 1994; Martin & Andreasson, 1996).

A review of six studies on the effect of zero-tolerance laws showed a reduction in injuries and crashes attributed to youthful drivers (Zwerling & Jones, 1999).

A study of all 50 states and the District of Columbia in the United States demonstrated a net decrease of 24 percent in the number of young drivers with positive BACs that resulted from implementation of zero-tolerance laws (Voas et al., 1999).

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

A 19 percent reduction in self-reported driving after any drinking and a 24 percent reduction in driving after five or more drinks was found using *Monitoring the Future (MTF)* survey data from 30 states (Wagenaar, O'Malley, & LaFond, in press).

Differences in enforcement of zero-tolerance laws have been identified as a key issue in understanding why some programs are less successful than others (Ferguson, Fields, & Voas, 2000), as has lack of awareness on the part of young people (Balmforth, 1999; Hingson et al., 1995). The use of media campaigns to increase young peoples' awareness of reduced BAC limits and of enforcement efforts can significantly increase the effectiveness of zero-tolerance laws (Blomberg, 1992).

- 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)**
- 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)**
- 7. Who is using this program/strategy**

<b>Washington Counties</b>	<b>Oregon Counties</b>
All counties	

- 8. Study populations**
- 9. Quality of studies**

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

## **References**

Balmforth, D. (1999). National survey of drinking and driving attitudes and behaviors (DOT HS 808 644). Washington, DC: The Gallup Organization, National Highway Safety Traffic Safety Administration.

Blomberg, R. D. (1992). Lower BAC limits for youth: Evaluation of the Maryland .02 law (DOT HS 806 807). Washington, DC: U.S. Department of Transportation, National Highway Traffic Safety Administration.

Ferguson, S. A., Fields, M., & Voas, R. B. (2000). Enforcement of zero tolerance laws in the United States. Paper presented at the American Medical Association's Alcohol Policy XII Meeting, Chicago, IL.

Finn, T. A., & Strickland, D. E. (1982). A content analysis of beverage alcohol advertising. II. Television advertising. *Journal of Studies on Alcohol*, 43(9), 964-989.

# ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

Hingson, R., Heeren, T., & Winter, M. (1994). Lower legal blood alcohol limits for young drivers. *Public Health Reports*, 109(6), 739-744.

Hingson, R., Heeren, T., & Winter, M. (1995). Effects of lower blood alcohol limits for young and adult drivers. *Alcohol, Drugs and Driving*, 10, 243-252.

Martin, S., & Andreasson, S. (1996). Zero tolerance laws: Effective public policy? In J. D. Beard (Ed.), *Alcoholism: Clinical and experimental research. Reports of the Joint Scientific Meeting of the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism* (Vol. 20, pp. 147A-150A). Baltimore, MD: Williams & Wilkins.

Voas, R. B., Tippetts, A. S., & Fell, J. C. (1999). The United States limits drinking by youth under age 21: Does this reduce fatal crash involvements?, 43rd Annual Proceedings of the Association for the Advancement of Automotive Medicine, September 20-21, 1999, Barcelona (Sitges), Spain pp. 265-278). Des Plaines, IL: Association for the Advancement of Automotive Medicine.

Wagenaar, A. C., O'Malley, P.M., and LaFond, C. (in press). Very low legal BAC limits for young drivers: Effects on drinking, driving, and driving-after-drinking behaviors in 30 states. *American Journal of Public Health*.

Zwering, C., & Jones, M. P. (1999). Evaluation of the effectiveness of low blood alcohol concentration laws for younger drivers. *American Journal of Preventive Medicine*, 16(1 Suppl), 76-80.

## **10. Readiness for Dissemination**

### **Revised Code of Washington**

The Revised Code of Washington (RCW) is the compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriations acts.

### **RCW 46.61.503—Driving under twenty-one consuming alcohol—Penalties.**

- (1) Notwithstanding any other provision of this title, a person is guilty of driving or being in physical control of a motor vehicle after consuming alcohol if the person operates or is in physical control of a motor vehicle within this state and the person:
  - (a) Is under the age of twenty-one;
  - (b) Has, within two hours after operating or being in physical control of the motor vehicle, an alcohol concentration of at least 0.02 but less than the concentration specified in RCW 46.61.502, as shown by analysis of the person's breath or blood made under RCW 46.61.506.
- (2) It is an affirmative defense to a violation of subsection (1) of this section which the defendant must prove by a preponderance of the evidence that the defendant consumed a sufficient quantity of alcohol after the time of driving or being in physical control and before the administration of an analysis of the

---

***Excellence in Prevention*** is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

## ***Excellence in Prevention*** – descriptions of the prevention programs and strategies with the greatest evidence of success

---

person's breath or blood to cause the defendant's alcohol concentration to be in violation of subsection (1) of this section within two hours after driving or being in physical control. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the earlier of: (a) Seven days prior to trial; or (b) the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense.

(3) Analyses of blood or breath samples obtained more than two hours after the alleged driving or being in physical control may be used as evidence that within two hours of the alleged driving or being in physical control, a person had an alcohol concentration in violation of subsection (1) of this section.

(4) A violation of this section is a misdemeanor.

### **11. Costs (if available)**

### **12. Contacts**

National Highway Traffic Safety Administration  
1200 New Jersey Avenue SE  
West Building  
Washington, DC 20590  
(888) 327-4236

**Learn More by Visiting:** [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)