

# Traffic Safety Facts

## Traffic Tech – Technology Transfer Series

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### Evaluation of NHTSA Region 3's *Checkpoint Strikeforce* Program

There were 17,602 alcohol-related fatalities in the United States in 2006. One of the most effective approaches for decreasing these types of fatalities is the use of sobriety checkpoints. Continuous and highly visible checkpoints have been shown to decrease alcohol-related fatalities (those with a driver or nonoccupant with a blood alcohol concentration of .01 grams per deciliter or more) up to 20%.

In 2002 the National Highway Traffic Safety Administration's Region 3 Office (formerly known as the Mid-Atlantic Region) initiated *Checkpoint Strikeforce*. This program is a concentrated multi-State enforcement campaign coupled with an intensive media campaign. The program dramatically differed from previous efforts in that each jurisdiction in the region (Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia) made a serious commitment to conducting at least one checkpoint each week throughout the initial 6-month period between July and December 2002. After initial promising results, the jurisdictions have continued the *Checkpoint Strikeforce* program the last 6 months of each year.

Region 3 States bolstered their enforcement activities with extensive media efforts including radio, television, newspapers, and billboards. Some States relied on earned media, while other States also paid for commercial air time. During the time period studied, all the States used the unifying theme of *Checkpoint Strikeforce*. *You Drink & Drive. You Lose.*

The Pacific Institute for Research and Evaluation (PIRE) conducted a study for NHTSA to evaluate the effectiveness of the *Checkpoint Strikeforce* program.

#### Methods

The researchers collected data throughout the region on the number of sobriety checkpoints or other DWI enforcement efforts, media activities, and the public's awareness of the program. Each State's motor vehicle fatality data was also analyzed and compared to previous years before the program, and to the rest of the country.

#### Results

Each jurisdiction in the region exceeded its commitment of one checkpoint per week. By 2004, more than 900 checkpoints were conducted across the region.

Public awareness surveys were conducted in driver licensing offices in Delaware, Maryland, and West Virginia. The results indicated possible shifts in the desired direction in terms of self-reported drinking and driving behavior and perceptions of impaired driving enforcement, particularly checkpoints. However, not all of the results were as positive as desired. For example, although awareness of the *Checkpoint Strikeforce* slogan increased significantly after the program began, most drivers did not recognize the program's name. Overall, the survey results indicated that much more needs to be done to raise the public's awareness of the checkpoint program and the consequences of driving impaired.



The goal of a sobriety checkpoint is not just to make DWI arrests—rather it is also to deter the public from driving impaired. To do this, the checkpoint must be well publicized, and the public must fear the consequences of driving impaired. Because of this, the

A direct measure of drinking and driving behavior are the blood alcohol concentrations (BACs) of drivers. The researchers gathered voluntary breath test data from drivers in Delaware and Virginia passing through sobriety checkpoints in 2004 and 2005. In both these jurisdictions there were statistically significant reductions in the proportion of drivers with BACs over .05 g/dL in 2005 compared to 2004.

PIRE also analyzed data from 1991 to 2004 from NHTSA's Fatality Analysis Reporting System (FARS) to examine alcohol-positive drivers involved in fatal crashes. There was a regionwide 7% decrease in these drivers associated with the implementation of the *Checkpoint Strikeforce* program, compared to the rest of the United States. Each State was also analyzed individually. When West Virginia's data was compared to the rest of the country, it indicated a decrease of nearly 17%.

## Conclusions

The *Checkpoint Strikeforce* program illustrated for the first time that a sustained, true, regionwide impaired driving checkpoint program can be implemented. In the past,

many enforcement agencies have been hesitant to conduct more than a few checkpoints a year. Although the public awareness and fatality crash results were not as strong as hoped, there were some changes in the desired direction. However, there may have been contributing factors beyond the program. In the future, continued and greater attention should be paid to increasing enforcement intensity, visibility, and media coverage.

The *Checkpoint Strikeforce* program continues across NHTSA's Region 3.

## How to Order

To order the report, "Evaluation of the *Checkpoint Strikeforce Program*" (61 pages), prepared by the Pacific Institute for Research and Evaluation, write to the Office of Behavioral Safety Research, NHTSA, NTI-130, 1200 New Jersey Avenue SE., Washington, DC 20590, fax 202-366-7394, or download from [www.nhtsa.gov](http://www.nhtsa.gov). This report also contains 98 pages of appendices, which are only available on the Web site. Amy Berning was the project manager for this study.



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