BEHAVIORAL HEALTH Checkpoints

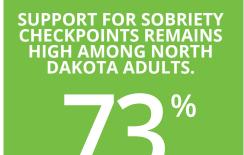
The Supreme Court ruled in 1990 that sobriety checkpoints are constitutional. The court said the importance of keeping impaired drivers off the road generally outweighs the inconvenience and intrusion to motorists. (Michigan Dep't of State Police v. Sitz, 496 U.S. 444 (1990).)

The goal of sobriety checkpoints is to **prevent** drinking and driving – **not to arrest** drunk drivers. Law enforcement officers generally arrest impaired drivers detected at checkpoints and publicize those arrests, but arrests at checkpoints should not be used as a measure of checkpoint effectiveness. For checkpoints to be effective, they should be highly visible, publicized extensively, and conducted regularly.

SOBRIETY CHECKPOINTS ARE EFFECTIVE

There is substantial and consistent evidence from research that highly publicized, highly visible, and frequent sobriety checkpoints in the United States reduce impaired driving fatal crashes by 18 to 24 percent.

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. Similarly, a meta-analysis found checkpoints reduce alcohol-related crashes by 17 percent, and all crashes by 10 to 15 percent.



Community Readiness Survey, 2017

SOBRIETY CHECKPOINTS VS. SATURATION PATROLS

Both sobriety checkpoints and saturation patrols have a significant purpose, and when used together, can be effective in reducing the number of impaired drivers.

It is proven saturation efforts will bring more DUI arrests than sobriety checkpoints. If arrests represent an agency's goal and it has the resources, then it should use saturation patrols.

If an agency's goal weighs heavier on the educational side and preventing driving while intoxicated, it should use sobriety checkpoints. However, to be effective, sobriety checkpoints must be used frequently which may represent a resource burden on agencies.

IMPLEMENTATION IN NORTH DAKOTA

The Behavioral Health Division provides federal funding to local communities through local public health, tribes, and other local grantees to implement evidence-based prevention efforts. One of the evidence-based strategies being implemented by local agencies is sobriety checkpoints.

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. Elder, Shults, et al., (2002) Effectiveness of Sobriety Checkpoints for Reducing Alcohol-Involved Crashes. Traffic Injury Prevention, 3:266-274. Erke, Goldenbeld, and Vaa,(2009) The effects of drink-driving checkpoints on crashes – A meta-analysis. Accident Analysis and Prevention. 41:914-923. FBI Law Enforcement Bulletin (January 2003)