

Part IV – Alcohol & Drugs

Alcohol and/or drug related traffic collisions are responsible for a large portion of reported traffic collisions each year. The percentage of collisions that involve alcohol or drugs increases as the severity of injuries increases. On the following pages collision statistics are presented which are based on the probable collision cause as determined by the officers who investigate the crashes. Collisions listed by county or driver involvement are not comparable to any statistics published prior to 1988. In previous years, alcohol and drug involvement was based on a question contained in the Uniform Traffic Collision Report for each driver, “Had been drinking or using drugs.” Beginning in 1988, alcohol and drug crashes are based on the probable cause filed which lists 74 causes from which the officer must choose the single probable cause in the crash. Eight of the choices concern alcohol or drug usage.

The data presented here is a summary of these eight alcohol or drug related probable causes. This data will not include any crash where the probable cause was something other than alcohol or drugs, even if one or more of the drivers was intoxicated. For example, if a drunk driver was going through an intersection and was broadsided by another driver who ran a stop sign, the probable cause would most likely be recorded as “disregarded sign or signal.”

In South Carolina, it is inferred that you are under the influence when your Blood Alcohol Concentration (BAC) reaches a level of 0.10. At this level, you are seven times more likely to have a traffic collision than if your BAC were zero. If your BAC reaches 0.15 percent, your chances of having a traffic collision are 25 times greater. Some of the common effects of alcohol at various BAC levels are as follows:

<u>BAC Level</u>	<u>Common Effects</u>
0.03	Mild alteration of feelings. Level of impairment is not generally too serious.
0.05	Feeling of relaxation, sedation and/or euphoria. Increased difficulty in performing motor skills. Driving ability and judgement impaired.
0.10	Physical and mental impairment affecting perception and performance. Deterioration in motor coordination. Hearing and speech impaired. Uncoordinated behavior. Legally inferred to be under the influence in South Carolina.
0.15	Serious impairment of physical and mental functioning. Irresponsible behavior. Distorted perception and judgement. Difficulty standing, walking and talking.
0.40	Coma results. The person can not be awakened.
0.60	Death from alcohol overdose or accidental choking. Absorption of alcohol continues at same rate while oxidation slows because the high BAC causes anesthetization of the heart and lungs. Death occurs when the respiratory and circulatory systems cease to function.

1998 F.A.R.S. (Fatality Analysis Reporting System)

The National Highway Traffic Safety Administration, through it’s FARS program determines the highest blood alcohol concentration (BAC) level among all drivers or pedestrians involved in each fatal traffic collision in the United States. For crashes with no test results available estimates are computed. For 1998, **698** victims were involved in crashes where the highest BAC was zero; **50** between 0.01 and 0.09; and for **254** at least one driver /pedestrian had a BAC of 0.10 or greater.