

Effective 12/30/2018

41-6a-502 Driving under the influence of alcohol, drugs, or a combination of both or with specified or unsafe blood alcohol concentration -- Reporting of convictions.

- (1) A person may not operate or be in actual physical control of a vehicle within this state if the person:
 - (a) has sufficient alcohol in the person's body that a subsequent chemical test shows that the person has a blood or breath alcohol concentration of .05 grams or greater at the time of the test;
 - (b) is under the influence of alcohol, any drug, or the combined influence of alcohol and any drug to a degree that renders the person incapable of safely operating a vehicle; or
 - (c) has a blood or breath alcohol concentration of .05 grams or greater at the time of operation or actual physical control.
- (2) Alcohol concentration in the blood shall be based upon grams of alcohol per 100 milliliters of blood, and alcohol concentration in the breath shall be based upon grams of alcohol per 210 liters of breath.
- (3) A violation of this section includes a violation under a local ordinance similar to this section adopted in compliance with Section 41-6a-510.
- (4) Beginning on July 1, 2012, a court shall, monthly, send to the Division of Occupational and Professional Licensing, created in Section 58-1-103, a report containing the name, case number, and, if known, the date of birth of each person convicted during the preceding month of a violation of this section for whom there is evidence that the person was driving under the influence, in whole or in part, of a prescribed controlled substance.

Amended by Chapter 283, 2017 General Session

Drunk Driving

Language: **English** ▾

Overview

Every day, almost 30 people in the United States die in drunk-driving crashes—that's one person every 48 minutes in 2017. These deaths have fallen by a third in the last three decades; however, drunk-driving crashes claim more than 10,000 lives per year. In 2010, the most recent year for which cost data is available, these deaths and damages contributed to a cost of \$44 billion that year.

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Safety Facts

10,874

DEATHS FROM DRUNK-DRIVING CRASHES IN 2017

Source

THE ISSUE

How alcohol affects driving ability

TRAFFIC SAFETY FACTS

ALCOHOL-IMPAIRED DRIVING, NOVEMBER 2018 (PDF, 599.78 KB)

STATE ALCOHOL-IMPAIRED DRIVING ESTIMATES, JANUARY 2018 (PDF, 633.93 KB)

Alcohol is a substance that reduces the function of the brain, impairing thinking, reasoning and muscle coordination. All these abilities are essential to operating a vehicle safely.

As alcohol levels rise in a person's system, the negative effects on the central nervous system increase, too. Alcohol is absorbed directly through the walls of the stomach and small intestine. Then it passes into the bloodstream where it accumulates until it is metabolized by the liver. Alcohol level is measured by the weight of the alcohol in a certain volume of blood. This is called Blood Alcohol Concentration, or BAC. At a BAC of .08 grams of alcohol per deciliter (g/dL) of blood, crash risk increases exponentially. Because of this risk, it's illegal in all 50 States, the District of Columbia and Puerto Rico to drive with a BAC of .08 or higher. However, even a small amount of alcohol can affect driving ability. In 2017, there were 1,837 people killed in alcohol-related crashes where drivers had lower alcohol levels (BACs of .01 to .07 g/dL).

BAC is measured with a breathalyzer, a device that measures the amount of alcohol in a driver's breath, or by a blood test.

BLOOD ALCOHOL CONCENTRATION (BAC) IN G/DL	TYPICAL EFFECTS	PREDICTABLE EFFECTS ON DRIVING
.02	Some loss of judgment; relaxation, slight body warmth, altered mood	Decline in visual functions (rapid tracking of a moving target), decline in ability to perform two tasks at the same time (divided attention)
.05	Exaggerated behavior, may have loss of small-muscle control (e.g., focusing your eyes), impaired judgment, usually good feeling, lowered alertness, release of inhibition	Reduced coordination, reduced ability to track moving objects, difficulty steering, reduced response to emergency driving situations
.08	Muscle coordination becomes poor (e.g., balance, speech, vision, reaction time, and hearing), harder to detect danger; judgment, self-control, reasoning, and memory are impaired	Concentration, short-term memory loss, speed control, reduced information processing capability (e.g., signal detection, visual search), impaired perception
.10	Clear deterioration of reaction time and control, slurred speech, poor coordination, and slowed thinking	Reduced ability to maintain lane position and brake appropriately
.15	Far less muscle control than normal, vomiting may occur (unless this level is reached slowly or a person has developed a tolerance for alcohol), major loss of balance	Substantial impairment in vehicle control, attention to driving task, and in necessary visual and auditory information processing



Information on Utah's .05 BAC Law

This document was prepared by the Utah Department of Public Safety as a resource for stakeholders to provide information regarding Utah's .05 BAC law. Requests for dissemination should be made to the Department's Public Affairs Office. The document was not intended to be released to the public.

Blood alcohol concentration (BAC) laws have been a key intervention tool for reducing alcohol-impaired driving and reducing associated injuries and fatalities both in the United States and internationally. Historically, statutory limits on a driver's BAC level (per se limit) were based on currently available scientific information. In 1949, for example, a driver was only presumed to be under the influence when their BAC was above 0.15, nearly twice the 0.08 limit. Current research demonstrates that a person's ability to operate a motor vehicle begins to deteriorate at a BAC below 0.05 percent.¹ With this new and scientifically supported information, in May 2013, the National Transportation Safety Board (NTSB) recommended that states establish a per se BAC limit of 0.05 or lower in a national effort to reduce alcohol-impaired driving.²

The 2017 Utah Legislature passed HB155 "Driving Under the Influence and Public Safety Revisions." The bill takes effect on December 30, 2018. The following information may be utilized to address inquiries about the new, lower BAC limit.

The Goal of the .05 Law Change

- The Utah legislature passed HB155 to save lives by preventing drunk driving, which senselessly kills and injures people every year in Utah.
- Research on the effectiveness of laws shows that lowering the per se BAC limit changes behavior at all BAC levels by reducing the rate of driving after drinking. Lowering the BAC limit is an effective intervention for preventing driving at both high and low BAC levels.³
- Studies have demonstrated that even a BAC as low as .01 can affect driving-related performance. At BAC limits from 0.02% to 0.10%, alcohol significantly impaired performance on some measures. The magnitude of the impairment increased with increasing BAC.⁴
- The presence of alcohol in a driver's system, even at a level under the previous 0.08 BAC limit, presents a danger on Utah's roadways.
- According to the NTSB, a .05 BAC law has a significant positive impact on public safety through its broad deterrent effect. While it does not necessarily result in an increased number of DUI arrests, it discourages individuals who have been drinking from getting behind the wheel in the first place.

Drunk Driving Continues to Be a Public Safety Issue in Utah

- Despite decades of public campaigns and other efforts to discourage driving after drinking, survey and observational data show that many people continue to do so.
- Over the last five years, there were 54,402 arrests for DUI in Utah which represents an average of 29.8 per day.
- Mothers Against Drunk Driving estimates that the average impaired driver has driven while impaired 80 times before first arrest.
- By extrapolating data from a Centers for Disease Control survey for the general population, researchers estimated there were 4 million individuals who drove while impaired and approximately 112 million alcohol-impaired driving episodes that year.⁵



- Over the last 10 years in Utah there have been 30 traffic deaths involving drivers with a BAC of 0.05 to 0.07 percent, or an average of 3 deaths a year.⁶
- Over the last 10 years in Utah (2007-2016) there have been 332 traffic deaths involving drivers with a BAC of 0.08 percent and above, or an average of 33 deaths a year.⁷

BAC Effects on Driving

- Research from laboratory and driving simulator studies regarding the effects of alcohol on driving-related skills (divided attention, vigilance, tracking, perception, and reaction time) has shown that several types of performance are affected by BAC levels as low as 0.01.⁸
- The NTSB concluded that BAC levels as low as 0.01 have been associated with driving-related performance impairment and BAC levels as low as 0.05 have been associated with significantly increased risk of fatal crashes.⁹
- Many individuals believe that if a driver's BAC is under the current per se limit of 0.08, the driver is able to safely drive. In reality, studies demonstrate that by the time a driver's BAC reaches 0.08, his or her fatal crash risk has at least doubled.¹⁰
- The chart below provides details about the type of impairment observed at certain BAC levels.¹¹

BAC	Type of Impairment
	Lowest BAC at Which Impairment Was Found
0.001-0.009	Driving Simulator Lane Deviations Divided Attention
0.010-0.019	Drowsiness Psychomotor Skills Cognitive Tasks Tracking
0.020-0.029	Choice Reaction Time Visual Functions
0.030-0.039	Vigilance Perception
0.040-0.049	Simple Reaction Time

No Changes for Law Enforcement

- Law enforcement officers will continue to make arrests based on observed impairment.
- By focusing on impairment instead of a predetermined BAC level, officers will be able to identify and arrest both alcohol-impaired and drug-impaired drivers from Utah roadways.
- The current training for law enforcement officers dictates that they should make DUI arrest decisions based on impairment observed during the entire investigation, in other words, the driver's inability to safely operate a vehicle.¹²
- Significant changes in the law enforcement SFST current training are not anticipated in light of the newly passed .05 BAC limit.



Law Enforcement Preparation

- Law enforcement agencies statewide have prepared for this law change through proactive planning.
- All law enforcement agencies were required to complete Standardized Field Sobriety Testing (SFST) refresher training as part of the legislation.
- The Utah Highway Patrol has completed SFST refresher training for all troopers.
- UHP clarified policy for the use of portable breath testing devices.
- Probable cause for arrest is based on the totality of circumstances (driving pattern, physical indicators, standardized field sobriety tests, etc.)

Research and Analysis

- To evaluate the effectiveness of the law in accomplishing the goal of reducing impaired driving, the Utah Department of Public Safety (DPS) will be working with research entities to track arrest and crash data. DPS will also work with a marketing research firm to track the effect of the law on people's behavior.
- The National Highway Transportation Safety Administration will also be conducting research on the law's effects.

The Safest Choice Is To Never Drink and Drive

- Every instance of impaired driving is 100% preventable.
- If an individual plans on drinking, s/he should plan on not driving.
- There are many options available for a safe and sober ride home - designated drivers, taxis, ride shares. There is no excuse for choosing to drink and drive.

For Additional Information

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References

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- 9 National Transportation Safety Board. Reaching Zero: Actions to Eliminate Alcohol-Impaired Driving. [Safety Report] Washington, DC: National Transportation Safety Board; 2013. (NTSB/SR-13/01 PB2013-106566).
- 10 *ibid.*
- 11 *ibid.*
- 12 National Highway Traffic Safety Administration (2015). DWI Detection and Standardized Field Sobriety Testing. USDOT, NHTSA, IACP, Session III, page 3, Session IV, page 8, Session VII, pages 2, 7, & 23.