



MADD
IMPAIRED
DRIVING
ENDS HERE.

Impaired Driving

MONTANA

Impaired Driving Fatalities

National: 11,094
State: 75

State Rank:
48 ▼

Background

Substance-impaired driving is a national public health crisis. Alcohol impaired-driving deaths account for almost a third of all traffic fatalities in the U.S. each year.

Drug-impaired driving is also on the rise. According to a 2022 study, 56% of drivers involved in serious crashes tested positive for alcohol or other drugs, with cannabis use among drivers significantly increasing over the past decade.¹ Combining substances, like alcohol and other drugs, increases impairment risks.

Impaired drivers are more likely to speed, drive drowsy, and forgo seatbelts—factors that greatly increase crash fatality risk. Curbing impaired driving, in turn, saves lives.

According to the AAA Foundation for Traffic Safety, drivers overwhelmingly perceive drunk driving as dangerous (93%) and socially unacceptable. Yet 7% admitted to engaging in this behavior in the previous 30 days. Additionally, 85.1% of drivers felt driving within an hour of using cannabis to be very or extremely dangerous, and 6.4% reported having done so in the previous 30 days.

Impaired Driving Countermeasures

AAA and MADD are dedicated to promoting driver safety through education, advocacy, enforcement and research. To combat impaired driving, below is a list of countermeasures that, if enacted, would save lives and lead to states saving millions of dollars. For additional information on these, and other countermeasures, visit newsroom.aaa.com/impaireddriving.



Ignition Interlock Devices (IIDs)

An alcohol breath-screening device installed in a vehicle and often used as a condition of license reinstatement. Requiring all offenders to install an IID can reduce fatal impaired-driving crashes by up to 26%.



Oral Fluid Field Screening

Testing oral fluid for the presence of drugs improves the early detection of impaired driving.



E-warrant Systems

The use of electronic warrants for impaired driving offenses helps to reduce evidence collection delays and enhances enforcement.



Law Enforcement Phlebotomy

Allowing law enforcement and other qualified personnel who have met the required state training and certification to draw blood for investigative purposes ensures reliable, timely evidence collection.



0.05 BAC

Lowering the BAC for per se impaired driving from 0.08 to 0.05 can lead to approximately 11% fewer impaired driving-related fatalities.



Sobriety Checkpoints

Highly visible, regularly utilized sobriety checkpoints can reduce fatal impaired-driving crashes by up to 20%.



Alcohol Open Container Laws

Banning the use or possession of alcohol in the passenger area of the vehicle can reduce the fatality rate per 100,000 by up to 7%.

▲ State Rank has improved since previous year.

▼ State Rank has fallen since previous year.

* State ranking is based on impaired-driving fatalities per 100 million vehicle miles traveled, with rank 1 indicating the lowest fatality rate.
Sources: FARS 2024 Annual Report File (ARF); VMT – Federal Highway Administration (FHWA)



Policy Approach	Meets Recommendations	Opportunities	Potential Benefits
All-Offender Ignition Interlock Device Requirement	●	- Require all offenders to install an IID to drive or return to an unrestricted license. - Enact compliance-based removal for IID programs. - Enact graduated sanctions for IID violations.	Possible Lives Saved: 20 Economic Impact: \$274,000,000
Sobriety Checkpoints	●	Permit and regularly utilize sobriety checkpoints that meet or exceed the legal standards.	Possible Lives Saved: 7 Economic Impact: \$95,900,000
0.05 BAC Per Se Limit	●	Lower the per se limit for impairment to 0.05 BAC.	Possible Lives Saved: 8 Economic Impact: \$109,600,000
Alcohol Open Container Law	●		
Oral Fluid Testing	●	Permit and utilize the collection of oral fluid to detect drugs for impaired-driving investigations.	Ability to rapidly detect recent drug and multi-substance drug use.
Electronic Warrants	●		
Law Enforcement Phlebotomy	●	Allow law enforcement officers and other qualified personnel who have state training to become certified phlebotomists, or otherwise legally permitted to draw blood for investigative purposes.	Help reduce evidence collection delays and enhance enforcement.

● Meets recommendation ● Does not meet recommendation ● No law