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Journal of Adolescent Health 47 (2010) 212–214

JOURNAL OF ADOLESCENT HEALTH

Position paper

Adolescents and Driving: A Position Paper of the Society for Adolescent Health and Medicine

Society for Adolescent Health and Medicine

Abstract Motor vehicle crashes continue to be the leading cause of mortality and severe morbidity among adolescents and young adults. All states have changed their drivers' licensure laws to make the process of obtaining a license more protracted and focused on the development of safe driving skills. Health care providers who counsel children and adolescents should actively address safe driving with them, and also involve their parents in this discussion. Additionally, they should also advocate for strict and uniform graduated licensure laws.

Positions

The Society for Adolescent Health and Medicine endorses the following positions:

1. Strict Graduated Driver's Licensure (GDL) laws should be adopted by all states in the United States, along with similar efforts in other countries. These GDL laws should be as uniform as possible across states.
2. The three-stage cycle should begin after the adolescent reaches his/her 16th birthday and each stage should take a minimum of 6 months to complete. All providers who see adolescents should have a working knowledge of these guidelines.
3. Appropriate anticipatory guidance for parents and adolescents should be implemented at the beginning of at least 2 years before the initiation of the licensure process. This guidance should:

(a) be part of appropriate preventive health counseling for all adolescents and their families;
(b) inform parents of the importance of modeling appropriate driving behaviors for their adolescents;
(c) be accompanied by the provision of written materials and sample behavioral contracts, which can serve to guide the interaction of parents and adolescents regarding safe driving behaviors; and
(d) include recommendations regarding adolescent exclusive use of safe and properly equipped vehicles (such as those that include front and side air bags, anti-lock brakes and stability control systems).

4. All health care providers are encouraged to advocate for uniform laws that will protect the health and well-being of adolescents. Advocacy may include working with local governments, schools, and youth-serving organizations to ensure the adoption and enforcement of strong guidelines for the protection of teenagers. In particular, providers should encourage parents to not solely rely on school-based drivers education programs, as these programs have not been well-tested, and have been shown to have only modest if any positive long-term effects [1]. Further, there is some evidence that such school-based, single-day drivers education programs may lead to a potentially significant increase in crash rates as a result of early licensing [2]. If teenagers are to participate in school-based driver education programs, such participation should be coupled with additional parent-lead education, community-based driver education programs when possible, as well as strictly enforced GDL.
5. Finally, innovative research that will elucidate the most important elements in reducing risk behaviors associated with increased crash rates is needed.

Background Information

In 2007, nearly 5,000 individuals between the ages of 13 and 20 years died as a result of a motor vehicle crash [3]. Similarly for this year, as has been seen in all previous years, there were more deaths resulting from motor vehicle crashes in this age group as compared with deaths from homicide, suicide, cancer, and heart disease combined. If all mortality figures for 2007 are put together and made available, results will show that motor vehicle crash deaths represent about 35%

Policy statement approved by the Society for Adolescent Health and Medicine Board of Directors, November 1, 2009

1054-139X/$ - see front matter
doi:10.1016/j.jadohealth.2010.05.016

of all deaths among adolescents aged between 13 and 20 years.

Morbidity and mortality as a result of automobile crashes is a problem that affects teenagers worldwide. Unfortunately, data on deaths from motor vehicle crashes in countries other than the United States are either unavailable, or are grouped into variable age group ranges (e.g., 5–16 and 17–25), which makes interpretation difficult for the purpose of our paper. Although the recommendations listed as aforementioned apply to the youth of all countries, the data that have been reported in our paper to support the guidelines focus only on the United States.

Risk factors for adolescents' involvement in automobile crashes have been well documented. These include driver inexperience, risk taking (including speeding and reckless driving), carrying passengers who serve as distractions to road rules and safety, substance use, night driving, improper or non-use of restraint devices, and external distractions such as cell phone, texting, or radio use [4–10].

All states have changed their drivers' licensure laws to make the process of obtaining a license more protracted and more focused on having adolescents achieve the skills necessary to be safe and responsible drivers. The central elements of these GDL laws are often a combination of the following [11]:

1. Three distinct and time-sequenced stages need to be completed before licensure (learner's permit, provisional license with restrictions, and full licensure). In the initial stages of obtaining a learner's permit, the beginner may only drive with the supervision of a fully licensed driver. In the intermediate stage, the driver may drive unsupervised, but under certain conditions or restrictions. In the final stage, the driver receives a license and full driving privileges;
2. An increase in the number of hours of observed driving that must be documented before moving on to the next stage in licensure;
3. Limits to the number of passengers that can be accommodated in an adolescents' automobile at each successive stage of licensure;
4. A restriction on nighttime driving;
5. Zero tolerance for any substance use while driving;
6. Regulations meant to limit distractions for young drivers (e.g., prohibition of cell phone use and use of other electronic devices);
7. Mandatory seatbelt use; and
8. Mandatory fines and suspensions for violations with appropriate delays in achieving the next stages of licensure as a consequence of these violations.

Local and national studies have shown that these laws and guidelines are effective in reducing both the number and the severity of automobile crashes involving adolescents. Although it is unclear which of these elements is most important in reducing the number of automobile crashes, extending the licensure acquisition period, restricting nighttime driving, and limiting passengers have been shown to be independently effective [12,13].

Statement of the Problem

Although motor vehicle crashes continue to be the leading cause of mortality and severe morbidity among adolescents and young adults, healthcare providers, including adolescent medicine specialists, have not yet been fully engaged in prevention efforts. Results of a 2003 survey of members of the Society for Adolescent Medicine revealed that 85% of the respondents reported counseling patients on driving behaviors, 80% reported asking about seat belt use, and 83% reported asking about drinking alcohol. However, only 30% reported asking about driving with passengers in the car and only 60% knew whether their state had a GDL process in place [14]. Reasons for the limited clinical attention to this critical public health issue are multi-factorial, and may include a lack of knowledge of the problem, leading to suboptimal preventive counseling services for adolescents [15]. The growing interest and emphasis on the problem of teenage motor vehicle crashes, as demonstrated by recent reports by both the Institute of Medicine and the American Academy of Pediatrics [16,17], offer new opportunities to encourage healthcare providers to become involved in efforts to reduce or prevent motor vehicle accidents.

Health care providers have the opportunity to start a dialogue concerning driving and risk taking with the children and adolescents that they counsel, they can also involve parents or caretakers in this discussion. Ideally, providers should provide anticipatory guidance regarding driving before the adolescent initiates the licensing process, and then continue counseling them at every routine visit. In addition to delivering anticipatory guidance in the clinical setting, providers also have the opportunity to serve as advocates for safer driving in the community, in their legislatures, and by partnering with other government, community and public health organizations. This is particularly true when dealing with important regulatory provisions such as GDL laws.

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