THE CASE FOR GRADUATED LICENSING FOR TEENS

The elevated crash risk of teenage drivers is well known. Sixteen-year-old drivers are especially prone to crash, with rates per mile driven more than four times that of drivers in their 20s. Motor vehicle injuries account for 39% of the deaths among teens aged 15-19 years. Additionally, teenage novice drivers have been found to crash at higher rates than newly licensed drivers who are older. Risk among teenagers varies greatly by driving situation: it is particularly low during the learning period and particularly high right after licensure. Other high-risk driving situations for teens include driving at night and driving with teenage passengers. Driving is a complex task that requires the development of motor skills that allow one to control the vehicle, commanding it to start, stop, and maneuver appropriately. Other important skills for driving such as perception, anticipation, and avoidance of risk can be developed only with experience. It has been well documented that driver education is insufficient to reduce the initial high risk of teen crashes because most courses provide only a few hours of behind-the-wheel training. Logically, parents can help reduce crash risk related to driving conditions and there is data to demonstrate that parent management practices are related to lower levels of risky driving behavior, traffic tickets, and crashes among newly licensed teenage drivers. However, research also indicates that many parents tend to be less involved than they could be in driving with their teens.

To address the issue of teenage drivers and their risk of injury, almost all states and Canadian provinces have introduced at least one element of graduated licensing that includes the following stages:

1. A supervised Learner’s Period
2. Intermediate Licensing Phase with driving restricted to less risky situations (limited nighttime driving, no passenger younger than 21 years, zero tolerance for alcohol, etc.)
3. Full-privilege license

A recent evaluation performed by the Transportation Research Institute at the University of Michigan examined the data from 17 states that had enacted graduated driver licensing programs. Population-adjusted risks of injury/fatal crash involvement of 16-year-old drivers in Michigan and Florida were reduced by 11% and 24% respectively. Population-adjusted risks of any crash involvement of 16-year-old drivers in Michigan and North Carolina were reduced by 25% and 27% respectively. Similar risk reductions have been found in Ohio, California, and Pennsylvania. Other high-risk factors for teen drivers that should be addressed in the future include risky driving behavior, choice of vehicle, alcohol and driving, fatigue, driver distraction, and seatbelt/restraint use.

Members of the American College of Surgeons Committee on Trauma support the implementation and expansion of Graduated Licensing Programs and continued evaluation of their effectiveness.
Recommended Reading:
