
Accelerating a Community Response to Safe Teen Driving

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The insightful articles in this supplement to the *American Journal of Preventive Medicine*¹⁻¹² make three key points. First, teen driving deaths and injuries remain unacceptably high, and represent a chronic public health problem. Second, much progress has been made during recent decades to address the issue. And, third, much more needs to be done.

Specifically, these authors make a powerful and persuasive case for linking scientific research, public policy, and communication programs in new and strategic ways. The best solutions will come from a coordinated, community effort. Adolescents, parents, researchers, educators, health professionals, and community groups—everyone who touches the life of a teen has an important role to play.

Insurers also are motivated and able to address this issue. Allstate and other companies have access to adolescents and parents at licensing time, and can offer financial incentives to help shape positive teen driving behavior. We can and do sponsor extensive public education campaigns in this area. And for decades we have strongly supported laws and programs that help reduce teen driving tragedies.

Two such advocacy efforts, both of which can and should be strengthened, involve driver education and graduated driver licensing (GDL) laws. Many driver education programs are based on outdated learning models and use “blood and guts” films to encourage safer driving behaviors. Lonero¹⁰ is right to suggest that it is “hard to scare teens into a lifetime of safe driving.” The work of the National Highway Traffic Safety Administration and U.S. Department of Education to develop a model driver education curriculum is very promising (www.nhtsa.dot.gov/people/injury/newdriver/SaveTeens/sect1.html).

There is no doubt that GDL laws have significantly reduced deaths and injuries associated with teen driving, but they can be improved. Since few state laws include the full array of effective GDL provisions, Allstate and others support federal legislation that would bring uniformity to state statutes. Along with stronger laws we should promote stronger enforcement—enlisting the cooperation of police and, especially, parents. Research

by The Allstate Foundation in 2007 showed that six in ten parents have never heard of, or are only vaguely aware of, GDL laws (www.allstate.com/foundation/teen-driving/parent-research.aspx). As Williams and Mayhew⁸ suggest, “campaigns to better sell GDL to the greater community as a protective strategy may have payoff.”

Better training, stronger laws, and more comprehensive enforcement all are important. Yet the biggest improvements will come from a better understanding of why young drivers act the way they do in cars. As Dahl,⁵ Keating and Halpern-Felsher,⁴ and Allen and Brown⁶ point out in their respective articles, the areas of the adolescent brain that deal with multitasking, impulse control, and the ability to envision consequences are not fully developed in teens. Young drivers also are intensely social, highly susceptible to peer pressure, and easily distracted. That makes for what Allen and Brown aptly call the “perfect storm” scenario when teens get behind the wheel. Insurers reflect these heightened risks in higher rates for young drivers. But, working with everyone who influences adolescents and their driving, our goal should be to reduce those risks.

Changing perceptions and priorities is essential. Teens need to see GDL requirements less as onerous restrictions and more as an extension of the learning curve, where more experience and better choices lead to increased driving privileges. Along the same lines, in-car monitoring devices should seem less like “spies” and more like “coaches” that point out where skills need improvement. Peer pressure is another area of opportunity. Allen and Brown⁶ discuss ways in which adolescents can influence each other negatively, but also suggest ways in which peers can help improve driving behaviors. One example they mention is the concept of “skillful co-piloting,” which could help break through some of the barriers that prevent teens from speaking up in risky situations. Rather than dwelling on the negative things teens do, approaches that try to tap into their passion to achieve positive goals may be effective.

As previously referenced, parents also are a major influence. Here again, perceptions are important. According to an Allstate Foundation survey (www.protectteendrivers.com), parents talk to their children about the dangers of drugs, alcohol, and unsafe sex at a much earlier age than they talk about the dangers of unsafe driving. Shope and Bingham³ discuss the high crash risk when teens begin to

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drive, but also point out their vulnerability as passengers. Passenger deaths begin to increase sharply at 13, when travel with teen drivers picks up, and peak at ages 17 and 18. Parents need to better understand their role in protecting their teens both as drivers and as passengers, and that attention is required well before their son or daughter starts to drive.

Simons-Morton et al.⁷ report that parents may not be “systematically prepared for the important role they play” in this area of their children’s lives. So adults must be reminded about modeling good driving behavior themselves, limiting their adolescents’ exposure, and providing their children with safer cars that offer better crash protection.¹³ They must be educated about the attitudes and behaviors that demonstrate that a young person is ready for more independence behind the wheel. They must be willing and able to make informed choices about when and where their teens drive.

Most importantly, parents need to know that setting limits saves lives. One example involves written parent-teen driving contracts. Rather than a list of restrictions, contracts focus on the benefits of smart attitudes and behaviors in the car. They help clarify rules, expectations, consequences, and conditions for earning *increased* driving privileges.

Besides peers and parents, many others affect the culture of teen driving. As D’Angelo and Halpern-Felsher⁹ note, the counsel medical professionals give adolescents on making healthy choices can help reduce risky behaviors. The same rationale and results may apply to teen driving. Schools also might do more to help create a culture of safe driving. Problems with drug and alcohol use are regularly highlighted in high schools, through codes of conduct and other communications. The dangers of teen driving could be elevated to a similar level of awareness.

In the end, it takes a community-wide effort to reach and teach teen drivers. As pointed out in these articles, driving—not drugs, not disease—is the leading cause of death among adolescents. We routinely see groups organizing walks against cancer, fund-raising to fight heart disease or hunger—all important causes. Sadly,

many communities address the teen driving issue only at roadside memorials or candlelight vigils for young people who went out for a drive and never returned.

The challenge, again, is perception. Some healthcare issues are seen as preventable. Teen driving deaths are tragic, but for some reason considered inevitable. And that is the even bigger tragedy.

This supplement is an important synthesis of the latest and best thinking on adolescents and driving. By sharing information and experiences with all those who touch the lives of teens, mobilizing support across a spectrum of individuals and organizations, and promoting peer-driven education efforts, we can change the culture of teen driving and take the initiative against this largely preventable public health problem.

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