

# Afterword

## Teen Driving

Allan F. Williams, PhD

Several years ago I attended a conference on adolescent risk behavior and gave a presentation on youthful driving. In the book that resulted, Dick Jessor, the conference organizer, referred to risky driving among adolescents as a “conventionally neglected” problem behavior.<sup>1</sup> This was an accurate characterization. The conference featured presentations on such topics as substance abuse, delinquency, sexual behavior, and adolescent work. Yet apart from my contribution, not one presentation or paper made any mention of youthful driving, or license acquisition, or vehicle access, or the impact of the vehicle as a social context for adolescents, despite their relevance. And, at the time, the broader literature on adolescent development and risk behavior included almost nothing about motor-vehicle injuries, the dominant health problem for people in their teenage years.

When I expressed surprise about this situation, conference participants generally acknowledged that risky driving behavior among youth had indeed been overlooked. But one person countered that those in the “traffic safety” field who studied young drivers had, in turn, ignored the field of adolescent development and knew little about it. This was also an accurate characterization.

Of course, everyone knows that “immaturity,” or more neutrally, “age-related factors,” have something to do with youthful driving. However, a wide variety of incomplete views exists about the overall reasons for the young driver problem, both among highway safety professionals and the general public. At one end of the spectrum is the view that the vast majority of adolescents are “good kids,” whose only risk factor for a crash is driving inexperience. At the other extreme is the negative image of teenaged drivers as thrill seekers who lack understanding of risk and its consequences.

Lack of appreciation as to how features of adolescent development interact with driving inexperience to heighten crash risk is not merely an intellectual issue. It also helps support policies that are popular, but ineffective and sometimes harmful. These include skid-training programs that are now proliferating in the U.S., despite research evidence that such training can increase—rather than decrease—crashes, particularly

among young men.<sup>2</sup> Also included are programs addressing adolescents’ purported lack of understanding of risk consequences, through the use of extreme fear tactics such as fake deaths, mock death notifications, and mock funerals.

The timing is right for this supplement to the *American Journal of Preventive Medicine*, which brings together a wide variety of disciplines relating to adolescent development, risk behavior, and teen driving behavior.<sup>3–17</sup> The collection of articles in this issue provides a more comprehensive perspective on the factors behind the elevated crash risk of young beginners than has been available previously. In particular, a more detailed understanding of adolescent development factors suggests ways to augment and supplement graduated driver licensing (GDL), as well as additional policies to be considered. For example, highway safety researchers have noted the bulge in teen crashes during the before-school hours (7AM–8AM). But until recently, few have likely thought about the possible role of sleep deprivation—a common feature of adolescence<sup>7</sup>—in teen crashes before school and at other times, or about the potential benefit of policies such as later school start times.

Graduated driver licensing is sensible and effective policy, and we can build on it. In terms of augmentation, one feature of GDL is the provision of a lengthy period of guided learning supervised primarily by parents. Keating and Halpern-Felsher<sup>6</sup> point to the importance of this stage, noting that evidence from the developmental literature suggests habitual driving patterns are being “sculpted” in potentially enduring ways, and that such evidence provides “incentive for getting the initial training and expertise acquisition right.” Insufficient information is available as to the quantity and quality of instruction during the extended learner stage provided by GDL. However, models are available for combining the supervision of professional driving instructors and parents, which may be one way to help “get it right.”<sup>18</sup> This is an area that needs to be pursued.

Graduated driver licensing also can be supplemented. GDL does not target risky driving actions themselves, but rather attempts to control exposure to conditions that foster risky driving practices. Passenger restrictions are a case in point. We know that teens transporting teens greatly increases crash risk; we also know that passenger restrictions are effective in reduc-

Dr. Williams is a private consultant from Bethesda, Maryland, and can be reached at [allan.f.williams@gmail.com](mailto:allan.f.williams@gmail.com).

ing these crashes. Yet, despite passenger restrictions in the majority of states, almost half the fatal crashes of drivers aged 16 years occur when they are transporting other teens with no nonteens in the vehicle.<sup>19</sup> Strong passenger restrictions in all states would reduce this problem further, but it is likely that teens will always travel with other teens. Allen and Brown<sup>8</sup> provide a thorough discussion of the factors that heighten crash risk when teens travel together, along with suggestions for reducing the risk when they do so, through promotion of “skillful copiloting,” enhancing refusal skills, and other means. Whether such techniques will work is a research question for the future. But it is clear that we need more than existing passenger restrictions to deal with this major problem.

Allen and Brown<sup>8</sup> note that driving behaviors are still neglected in adolescent development studies. However, it is expected that this supplement represents the beginning of a more collaborative effort, drawing from all the various social and behavioral sciences that relate to driving behavior, and that this new effort will lead to a greater understanding of the young driver problem and more effective ways to reduce it.

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