

SOUND JUDGMENT

Hello Judges!

By Judge Rod Ring, (Ret.)
OBA/OHSO Judicial Outreach Liaison

No Judicial Training at the OBA Annual Meeting

There are changes coming in the National Highway Traffic Safety Administration JOL Program in Oklahoma. We are not going away but will be reevaluating our program and making changes to continue to provide no-cost quality judicial education programs for Oklahoma judges.

Because of the timing of the change, we will not be providing an educational program at the OBA Annual Meeting in November. I appreciate your support, suggestions and encouragement over the years and will see you both virtually and in person in 2023 at the Summer Judicial Conference and the OBA Annual Meeting. The comments from you have encouraged me and have contributed to the growth of the JOL program nationwide. We will soon have over 30



states with a state JOL in place as the American Bar Association and NHTSA continue to provide funding and support.

I apologize to those of you who had been planning to attend our program at the OBA Annual Meeting.

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I will continue to send information in our newsletter about free judicial education programs you can attend both in person and virtually. Keep your eyes open for email announcements and the *Sound Judgement* newsletter for educational opportunities.

Solicitation for Applications: SAMHSA's GAINS Center Seeks Communities to Develop Trauma-Informed Training Capacity

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), known nationally for its work regarding people with behavioral health needs involved in the criminal justice system, is soliciting applications from communities interested in developing a capacity to provide trauma-informed training. Interested communities may apply for this opportunity to train a cadre of professionals in trauma-informed responses. Please visit [SAMHSA's GAINS Center](#) to

find out more about How Being Trauma-Informed Improves Criminal Justice System Responses.

The GAINS Center is offering a series of Train-the-Trainer (TTT) events to teach local trainers to deliver its How Being Trauma-Informed Improves Criminal Justice System Responses curriculum. The target audiences for this training are community-based adult criminal justice system professionals, including reentry staff, drug court personnel, community corrections officers (pro-

bation, parole, and pretrial services), law enforcement officers (including local Crisis Intervention Team trainers), and mental health and substance use disorder treatment service providers and peers who work with justice-involved adult populations. While not required, priority will be given to sites that have not previously completed the training, and whose prospective participants include those working in drug courts or as staff in a

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Medication Assisted Recovery Discrimination Claim

The use of medication assisted recovery is a difficult one that Criminal Court Judges, especially DUI/Drug Court Judges, have been struggling with across the country.

This is a recent settlement agreement of a Disability Discrimination claim against the Massachusetts Trial Court.

This settlement provides an interesting perspective and opens up all kinds of questions about Rules and Conditions of Specialty Courts and Criminal Rules and Conditions of Probation.

U.S. Attorney's Office Settles Disability Discrimination Allegations with the Massachusetts Trial Court Concerning Access to Medications for Opioid Use Disorder

Thursday, March 24, 2022

BOSTON – United States Attorney Rachael S. Rollins announced today that an agreement has been reached with the Massachusetts Trial Court to resolve allegations that its drug court violated the Americans with Disabilities Act (ADA) by discriminating against individuals with Opioid Use Disorder (OUD).

The agreement resolves a complaint filed with the U.S. Attorney's Office that the Trial Court discriminated against drug court participants taking Medication for Opioid Use Disorder (MOUD). MOUDs are FDA-approved medications prescribed by licensed medical providers and include buprenorphine (Suboxone), methadone and naltrexone (Vivitrol). MOUDs are evidence-based treatments for OUD, which may increase the likelihood that a person will not continue to use illegal drugs, reduce withdrawal symptoms and cravings and reduce the risk of overdose death. According to the complaint, as a condition of participating in drug court, participants were ordered or pressured to stop taking their lawfully prescribed MOUD, without an individualized assessment by a medical professional. In addition, drug court personnel - with no medical training - required or pressured drug court participants to specifically and exclusively take Vivitrol as a condition of participation in drug court,



THE UNITED STATES
DEPARTMENT OF JUSTICE

without regard to whether a health professional recommended that specific treatment option over others.

“The opioid crisis has impacted nearly every household and family unit in the Commonwealth. My family is no exception. Sadly, in Massachusetts per capita rates of opioid-related deaths are above the national average. To combat this public health crisis we need to be doing everything possible to save lives. That includes ensuring access to all forms of medical treatment for OUD,” said United States Attorney Rachael S. Rollins. “We commend the Massachusetts Trial Court for working with us to implement a policy that sets a standard for other state courts across our country to follow. This policy helps ensure that the court system leaves MOUD treatment decisions to trained and licensed medical professionals.”

Under the terms of the agreement, all 25 of the Massachusetts drug courts will implement the Trial Court's new policy in which only licensed prescribers or opioid treatment programs (OTP) will make decisions regarding a participant's treatment plan, including the type of medication and dosage. Treatment plans will be developed by the licensed prescriber or OTP after conducting an individualized assessment for each participant.

Drug courts and their personnel will not interfere with these individualized assessments, and will not express a preference for, or mandate, one form of MOUD over another. Drug courts and their personnel may only require that participants with OUD comply with the treatment recommendations of a licensed prescriber or OTP. Additionally, drug courts will ensure compliance with the policy, including implementing a new procedure for reviewing complaints about decisions related to MOUD, regardless of the source of the complaint.

This matter is part of an ongoing effort by the U.S. Attorney's Office to enforce Title III of the ADA to eliminate discriminatory barriers to treatment for Opioid Use Disorder. It is the Office's 14th settlement agreement since May 2018 resolving allegations of ADA violations arising from Opioid Use Disorder treatment.

The matter was handled by Assistant U.S. Attorney Gregory Dorchak of Rollins' Civil Rights Unit.

The Civil Rights Unit of the U.S. Attorney's Office was established in 2015 with the mission of enhancing federal civil rights enforcement. For more information on the Office's civil rights efforts, please visit www.justice.gov/usao-ma/civil-rights.

SOLICITATION continued from Page 1

reentry program. Preference will be given to applicants that serve marginalized and/or underserved populations. The GAINS Center will offer this virtual TTT event free of charge to selected applicant sites between January and August 2023.

To apply for a TTT event, please review the solicitation and submit your completed application online no later than November 10, 2022.

[CLICK HERE](#) to learn more & access the Solicitation

[CLICK HERE](#) to submit your application

Informational Webinars

For information about this opportunity and how to prepare a TTT application, please register for one of the following informational webinar sessions:

[October 19, 2022, 2:00-3:00 p.m. ET](#)

[October 20, 2022, 3:00-4:00 p.m. ET](#)

Marijuana and Hallucinogen Use Among Young Adults Reached All Time-High in 2021

NIH-supported study also found past-month vaping levels rebound after early pandemic drop

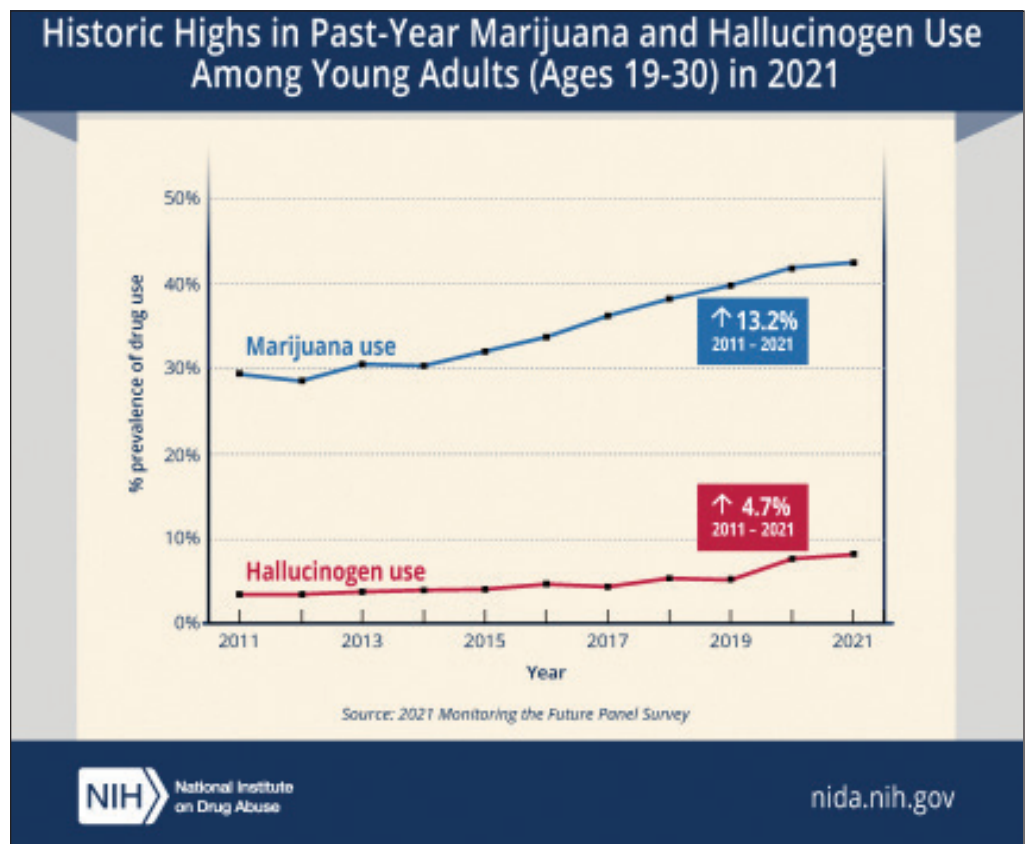
August 22, 2022

Marijuana and hallucinogen use in the past year reported by young adults 19 to 30 years old increased significantly in 2021 compared to five and 10 years ago, reaching historic highs in this age group since 1988, according to the Monitoring the Future (MTF) panel study. Rates of past-month nicotine vaping, which have been gradually increasing in young adults for the past four years, also continued their general upward trend in 2021, despite leveling off in 2020. Past-month marijuana vaping, which had significantly decreased in 2020, rebounded to pre-pandemic levels in 2021.

Alcohol remains the most used substance among adults in the study, though past-year, past-month, and daily drinking have been decreasing over the past decade. Binge drinking (five or more drinks in a row in the past two weeks) rebounded in 2021 from a historic low in 2020, during the early stages of COVID-19 pandemic. On the other hand, high-intensity drinking (having 10 or more drinks in a row in the past two weeks) has been steadily increasing over the past decade and in 2021 reached its highest level ever recorded since first measured in 2005.

“As the drug landscape shifts over time, this data provides a window into the substances and patterns of use favored by young adults. We need to know more about how young adults are using drugs like marijuana and hallucinogens, and the health effects that result from consuming different potencies and forms of these substances,” said National Institute on Drug Abuse Director Nora Volkow, M.D. “Young adults are in a critical life stage and honing their ability to make informed choices. Understanding how substance use can impact the formative choices in young adulthood is critical to help position the new generations for success.”

Since 1975, the Monitoring the Future



study has annually surveyed substance use behaviors and attitudes among a nationally representative sample of teens. A longitudinal panel study component of MTF conducts follow-up surveys on a subset of these participants to track their drug use through adulthood. Participants self-report their drug use behaviors across three primary time periods – lifetime, past year (12 months), and past month (30 days). The MTF study is conducted by scientists at the University of Michigan’s Institute for Social Research, Ann Arbor, and is funded by NIDA, part of the National Institutes of Health.

Data for the 2021 survey were collected online from April 2021 through October 2021. Key findings in the young adult group include:

Marijuana Use: Past-year, past-month, and daily marijuana use (use on 20 or more occasions in the past 30 days) reached the highest levels ever recorded since these trends were first monitored in 1988. The proportion of young adults who reported past-year mari-

juana use reached 43% in 2021, a significant increase from 34% five years ago (2016) and 29% 10 years ago (2011). Marijuana use in the past month was reported by 29% of young adults in 2021, compared to 21% in 2016 and 17% in 2011. Daily marijuana use also significantly increased during these time periods, reported by 11% of young adults in 2021, compared to 8% in 2016 and 6% in 2011.

Hallucinogen Use: Past-year hallucinogen use had been relatively stable over the past few decades until 2020, when reports of use started to increase dramatically. In 2021, 8% of young adults reported past-year hallucinogen use, representing an all-time high since the category was first surveyed in 1988. By comparison, in 2016, 5% of young adults reported past-year hallucinogen use, and in 2011, only 3% reported use. Types of hallucinogens reported by participants included LSD, MDMA, mescaline, peyote, “shrooms” or psilocybin, and PCP. The only hallucinogen measured that significantly

See **Marijuana** on Page 4

decreased in use was MDMA (also called ecstasy or Molly), showing statistically significant decreases within one year as well as the past five years – from 5% in both 2016 and 2020 to 3% in 2021.

Vaping: Nicotine vaping in the past month increased significantly among young adults in 2021 despite leveling off in 2020 during the earlier part of the pandemic. The continued increase in 2021 reflects a general long-term upward trend: in 2021, nicotine vaping prevalence nearly tripled to 16% compared to 6% in 2017, when the behavior was first recorded. Prevalence of marijuana vaping in the past month among young adults had significantly dipped in 2020 but returned to near pre-pandemic levels in 2021. Since 2017, when marijuana vaping was included in this study, past-month prevalence has doubled – from 6% in 2017 to 12% in 2021.

Alcohol Use: Reports of binge drinking by young adults – defined as having five or more drinks in a row in the past two weeks – returned to pre-pandemic levels in 2021 after significantly decreasing in 2020 (32% reported in 2021, versus 28% in 2020 and 32% in 2019). High-intensity drinking, defined as having 10 or more drinks in a row in the past two weeks, was at its highest level since it was first measured in 2005, reported by 13% of young adults in 2021, compared with 11% in 2005. However, past-month and past-year alcohol use, and daily drinking have been on a downward trend in young adults for the past 10 years. For example, in 2021, 66% of young adults reported alcohol use in the past 30 days, a significant decline from 70% recorded in 2016 and 69% in 2011.

The study also showed significant decreases in past-month cigarette smoking by young adults and non-medical use of opioid medications in the past year (surveyed as “narcotics other than heroin”) compared to 10 years ago. Both substances have been declining steadily in use for the past decade. Additional data from the 2021 MTF panel study include drug use reported by adults 35 to 50 years old, college/non-college young adults, and among various demographic subgroups.

“One of the best ways we can learn more about drug use and its impact on people is to observe which drugs are appearing, in which populations, for how long, and under which contexts,” said Megan Patrick, Ph.D., a research professor at the University of Michigan and principal investigator of the MTF panel



study. “Monitoring the Future and similar large-scale surveys on a consistent sample population allow us to assess the effects of ‘natural experiments’ like the pandemic. We can examine how and why drugs are used and highlight critical areas to guide where the research should go next and to inform public health interventions.”

View more information on the methods behind MTF panel study data collection and how the survey adjusts for the effects of potential exclusions in the report.

Results from the related 2021 MTF study of substance use behaviors and related attitudes among teens in the United States was released in December 2021, and 2022 results are upcoming in December 2022.

For more information on substance and mental health treatment programs in your area, call the free and confidential National Helpline 1-800-662-HELP (4357) or visit www.FindTreatment.gov.

About the National Institute on Drug Abuse (NIDA): NIDA is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world’s research on the health aspects of drug use and addiction. The Institute carries out a large variety of programs to inform policy, improve practice, and advance addiction science. For more information about NIDA and its programs, visit <https://www.nida.nih.gov/>.

About the National Institutes of Health (NIH): NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <https://www.nih.gov/>.



Early Estimate of Motor Vehicle Traffic Fatalities for the First Half (January – June) of 2022

Summary

A statistical projection of traffic fatalities for the first half of 2022 shows that an estimated 20,175 people died in motor vehicle traffic crashes. This represents a marginal increase of about 0.5 percent as compared to 20,070 fatalities projected to have occurred in the first half of 2021, as shown in Table 1. This also represents the highest number of fatalities during the first half of the year since 2006. The second quarter of 2022 represents the first decline in fatalities after seven consecutive quarters of year-to-year increases in fatalities, beginning with the third quarter of 2020. Preliminary data reported by the Federal Highway Administration (FHWA) show that vehicle miles traveled (VMT) in the first half of 2022 increased by about 43.2 billion miles, or about a 2.8-percent increase. Also shown in Table 1 are the fatality rates per 100 million VMT, by quarter. The fatality rate for the first half

of 2022 decreased to 1.27 fatalities per 100 million VMT, down from the projected rate of 1.30 fatalities per 100 million VMT in the first half of 2021. For the NHTSA Regional differences, 5 of 10 Regions are estimated to have had increases in fatalities, and 2 of the 10 Regions are estimated to have had increases in fatality rate per 100 million VMT in the first half of 2022 as compared to the first half of 2021. Also, 29 States are projected to have experienced increases in fatalities. The actual counts for 2021 and 2022 and the ensuing percentage changes from 2021 to 2022 will be further revised as the FARS annual report files for 2021 are available later this year, as well as when the FARS final file for 2021 and annual report file for 2022 are available next year. These estimates will be further refined when the projections for the first 9 months of 2022 are released in late December.

Table 1: Fatalities and Fatality Rate by Quarter, First Half, Full Year, and the Percentage Change From the Corresponding Quarter, First Half or Full Year in the Previous Year

Year	1st Quarter (Jan–Mar)	2nd Quarter (Apr–Jun)	3rd Quarter (Jul–Sep)	4th Quarter (Oct–Dec)	Total (Full Year)	1st Half (Jan–Jun)
Fatalities and Percentage Change in Fatalities for the Corresponding Quarter, First Half and Total From the Previous Year						
2011	6,726 [-0.4%]	8,227 [-3.5%]	8,984 [-2.6%]	8,542 [+0.5%]	32,479 [-1.6%]	14,953 [-2.1%]
2012	7,521 [+11.8%]	8,612 [+4.7%]	9,171 [+2.1%]	8,478 [-0.7%]	33,782 [+4.0%]	16,133 [+7.9%]
2013	7,166 [-4.7%]	8,207 [-4.7%]	9,024 [-1.6%]	8,496 [+0.2%]	32,893 [-2.6%]	15,373 [-4.7%]
2014	6,856 [-4.3%]	8,179 [-0.3%]	8,799 [-2.5%]	8,910 [+4.9%]	32,744 [-0.5%]	15,035 [-2.2%]
2015	7,370 [+7.5%]	8,823 [+7.9%]	9,805 [+11.4%]	9,486 [+6.5%]	35,484 [+8.4%]	16,193 [+7.7%]
2016	8,154 [+10.6%]	9,563 [+8.4%]	10,078 [+2.8%]	10,011 [+5.5%]	37,806 [+6.5%]	17,717 [+9.4%]
2017	8,301 [+1.8%]	9,460 [-1.1%]	10,081 [+0.0%]	9,631 [-3.8%]	37,473 [-0.9%]	17,761 [+0.2%]
2018	8,203 [-1.2%]	9,323 [-1.4%]	9,934 [-1.5%]	9,375 [-2.7%]	36,835 [-1.7%]	17,526 [-1.3%]
2019	7,832 [-4.5%]	9,193 [-1.4%]	9,994 [+0.6%]	9,336 [-0.4%]	36,355 [-1.3%]	17,025 [-2.9%]
2020	7,893 [+0.8%]	9,141 [-0.6%]	11,315 [+13.2%]	10,475 [+12.2%]	38,824 [+6.8%]	17,034 [+0.1%]
2021†	8,935 [+13.2%]	11,135 [+21.8%]	11,780 [+4.1%]	11,065 [+5.6%]	42,915 [+10.5%]	20,070 [+17.8%]
2022†	9,585 [+7.3%]	10,590 [-4.9%]	—	—	—	20,175 [+0.5%]
Fatality Rate per 100 Million Vehicle Miles Traveled (VMT)						
2011	0.98	1.09	1.18	1.17	1.10	1.04
2012	1.08	1.12	1.21	1.16	1.14	1.10
2013	1.04	1.07	1.17	1.16	1.10	1.05
2014	0.99	1.03	1.11	1.17	1.08	1.01
2015	1.03	1.08	1.20	1.21	1.15	1.06
2016	1.11	1.16	1.23	1.27	1.19	1.14
2017	1.12	1.13	1.21	1.20	1.17	1.13
2018	1.10	1.11	1.18	1.15	1.14	1.11
2019	1.05	1.09	1.18	1.14	1.11	1.07
2020	1.08	1.43	1.44	1.40	1.34	1.24
2021†	1.25	1.34	1.37	1.35	1.33	1.30
2022†	1.27	1.27	—	—	—	1.27

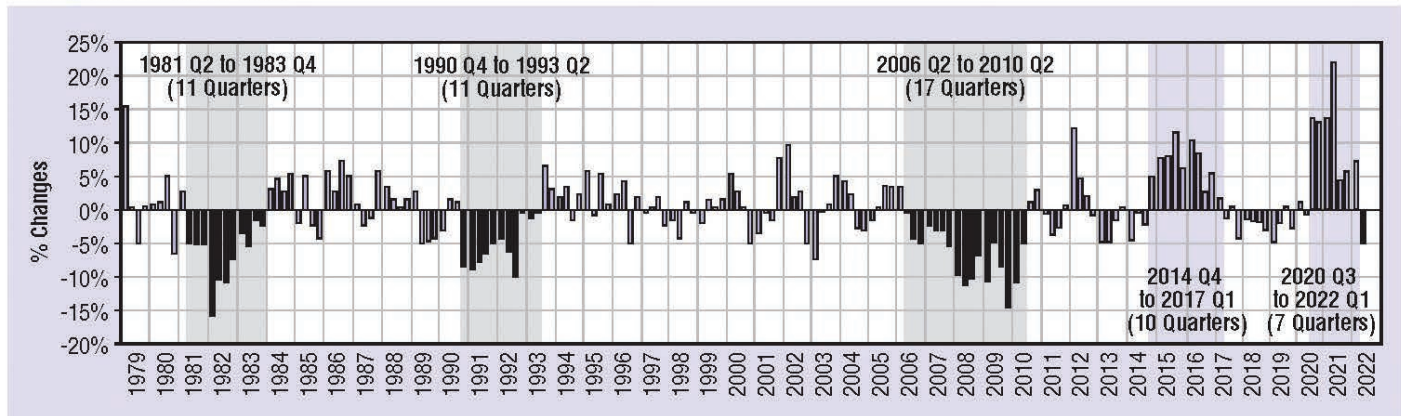
†2021 and 2022 statistical projections and rates based on these projections.

Sources: Fatalities: 2011–2019 FARS Final File, 2020 FARS Annual Report File; VMT: FHWA June 2022 Traffic Volume Trends for 2021 and 2022 VMT.

Figure 1 shows the historical trend of the percentage change every quarter from the same quarter in the previous year, going back to 1979 (NHTSA has fatality data since 1975). The shading in the chart shows the years during which there were significant numbers of consecutive quarters with increases/declines as compared to the corresponding quarters of the previous years. The declines during the early 1980s and 1990s lasted 11 consecutive quarters, while the most recent decline occurred over 17 consecutive quarters ending in the second quarter of 2010. More recently, the significant increases in fatalities

occurred over 10 consecutive quarters ending after the first quarter of 2017. In addition, fatalities increased 7 consecutive quarters beginning with the third quarter of 2020, until the 4.9-percent decline seen in the second quarter of 2022. The third and fourth quarter of 2020 and the first and especially the second quarter of 2021 showed significant increases in fatalities as compared to the corresponding quarters of 2019 and 2020. The percentage increase in the second quarter of 2021 is actually the highest quarterly percentage increase in FARS data recorded history.

Figure 1: Percentage Change in Fatalities in Every Quarter as Compared to the Fatalities in the Same Quarter During the Previous Year



Sources: 1979–2019 FARS Final File, 2020 FARS Annual Report File. 2021 and 2022 statistical projections.

The quarterly projections of fatalities, fatality rates, and VMT are further split into monthly estimates for 2021 and 2022, as shown in Table 2. During the first half of 2022, February and April have the greatest increase (16.6%)

and decrease (-8.7%) in fatalities respectively. The fatality rate per 100 million VMT shows an increase in February and March but a decrease in January and April to June, as compared to the corresponding month in 2021.

Table 2: Fatalities, VMT, Fatality Rate by Month or Quarter in 2022, and the Percentage Change in Fatalities and VMT From The Corresponding Month or Quarter in 2021

Year	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Sep	Total	Oct	Nov	Dec	Total
Fatalities in 2022 and Percentage Change in Fatalities for the Corresponding Month and Quarter From 2021																
2021 [†]	3,130	2,585	3,220	8,935	3,570	3,775	3,790	11,135	3,875	4,040	3,865	11,780	4,085	3,555	3,425	11,065
2022 [†]	3,220 2.9%	3,015 16.6%	3,350 4.0%	9,585 7.3%	3,260 -8.7%	3,670 -2.8%	3,660 -3.4%	10,590 -4.9%	—	—	—	—	—	—	—	—
Fatality Rate per 100 Million Vehicle Miles Traveled (VMT)/VMT (in Billion) and Percentage Change in VMT																
2021 [†]	1.35 231.0	1.21 213.0	1.20 269.4	1.25 713.4	1.38 259.2	1.33 284.3	1.32 286.9	1.34 830.4	1.31 296.5	1.41 287.4	1.39 278.0	1.37 861.9	1.43 285.8	1.33 267.7	1.28 268.4	1.35 821.9
2022 [†]	1.34 4.1%	1.28 10.7%	1.21 2.9%	1.27 5.6%	1.24 1.5%	1.27 1.4%	1.30 -1.7%	1.27 0.4%	—	—	—	—	—	—	—	—

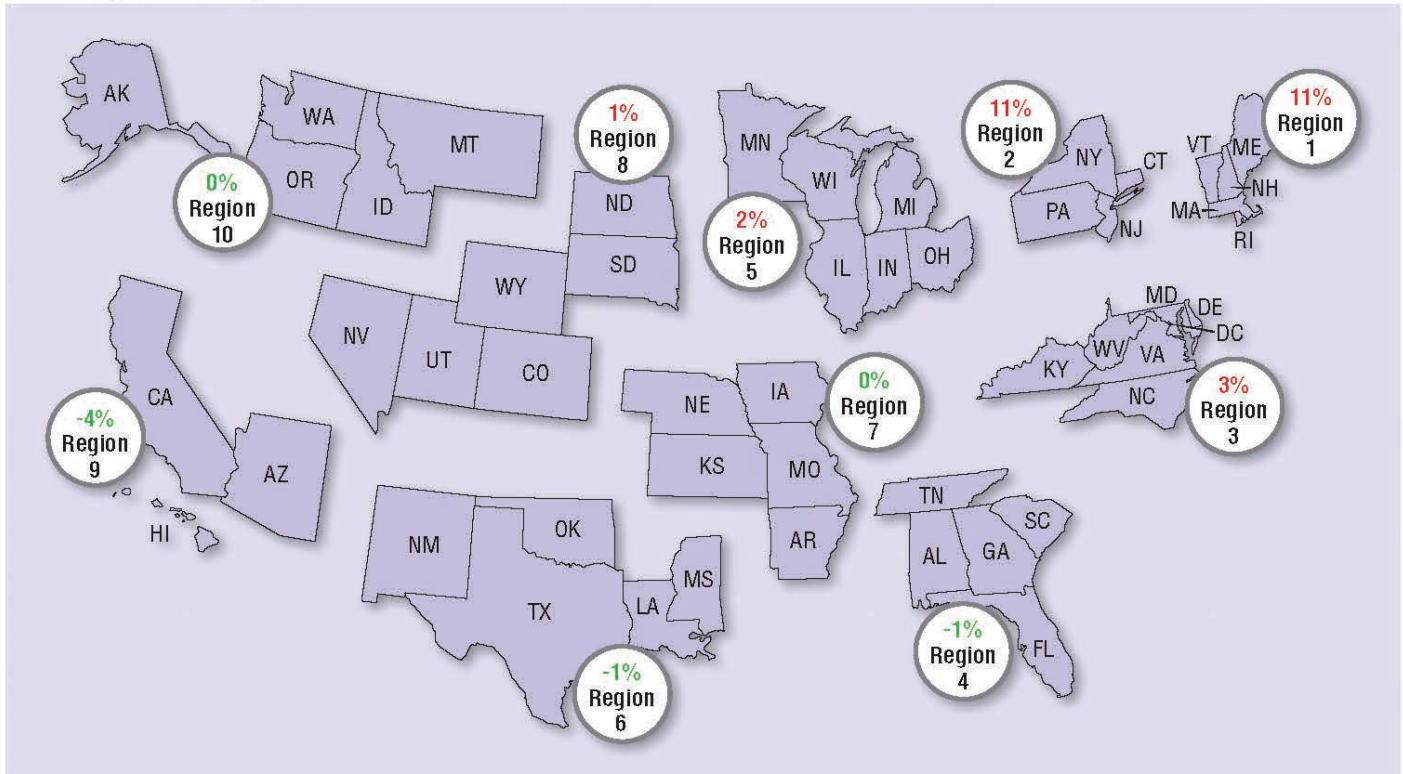
[†]2021 and 2022 Statistical projections and rates based on these projections.
Sources: VMT: FHWA June 2022 Traffic Volume Trends for 2021 and 2022 VMT.

Regional Differences

The statistical procedures used in these projections were generated for each NHTSA administrative Region and were collated to create the national estimate. This allows for the comparison of Regional estimates in 2022 with the projected 2021 counts. Figure 2 shows the percentage change in estimated fatalities in the first half of 2022 from the projected fatalities in the first half of 2021 by NHTSA Region; 5 of the 10 Regions experienced

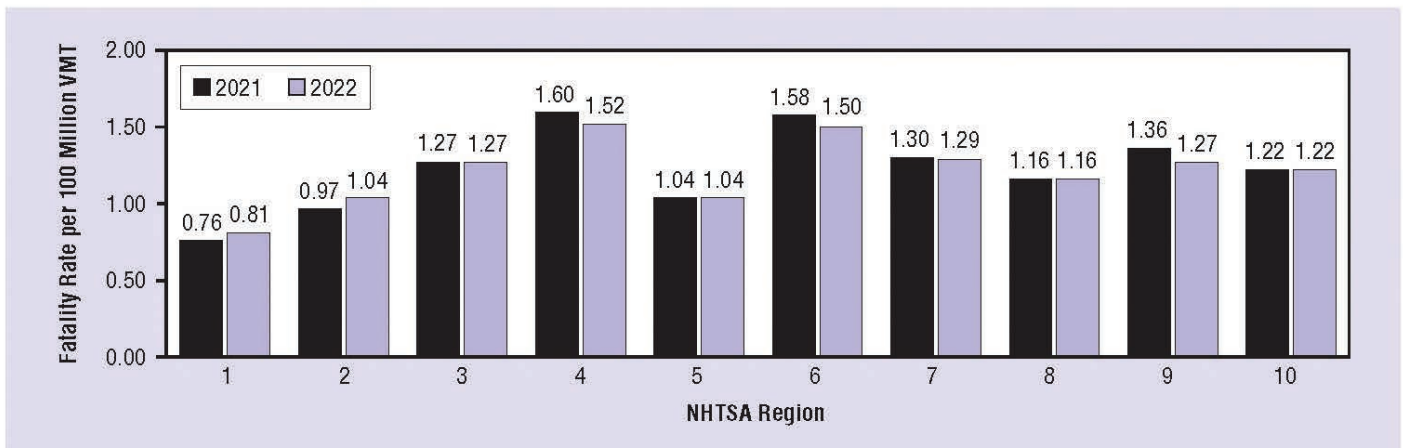
increases. Figure 3 shows the comparison of the estimated fatality rate per 100 million VMT in the first half of 2022 with the projected fatality rate per 100 million VMT in the first half of 2021, by NHTSA Region; 2 of the 10 Regions presented increases. These estimates by NHTSA Region shown in Figures 2 and 3 are subject to change as fatality counts for 2021 and 2022 are reported.

Figure 2: Percentage Change in Estimated Fatalities in the First Half of 2022 From the Projected First Half of 2021 Fatality Counts, by NHTSA Region



Sources: 2021 and 2022 statistical projections. Puerto Rico is not included in Region 2.

Figure 3: Comparison of Estimated Fatality Rate in the First Half of 2022 With Projected Fatality Rate in the First Half of 2021, by NHTSA Region



Source: FHWA June 2022 Traffic Volume Trends for 2021 & 2022 VMT. Puerto Rico is not included in Region 2.

State Differences

Given the significant interest in the traffic safety community in estimated changes at the State level to assess emerging trends, NHTSA has developed a methodology in the third quarter of 2021 to generate such State-level estimates based on the most recent distribution of the fatalities by State in a NHTSA Region and the month (see “Data and Methodology” section for more details). Table 3 shows the comparison of State’s estimate in the first half of 2022 with the projected fatality counts in the first half of 2021 and the percentage change in 2022 from 2021;

29 States are projected to have experienced increases in fatalities in 2022 as compared to 2021, while 21 States and the District of Columbia and Puerto Rico are projected to have had decreases in fatalities. Also new to this report are estimates of the fatality rate per 100 million VMT by State in the first half of 2021 and 2022 as presented in Table 3. These estimates by State shown in Table 3 are subject to change as fatality counts for 2021 and 2022 are reported and as FHWA finalizes the State VMT estimates.

Table 3: Estimated Fatalities in the First Half of 2022, and the Percentage Change in Estimated Fatalities From the Projected Fatalities in the First Half of 2021, by State. The State’s Estimates of the Fatality Rate in the First Half of 2021 and 2022 Are Also Presented

State	Fatalities			Fatality Rate		State	Fatalities			Fatality Rate	
	2021	2022	Percent Change	2021	2022		2021	2022	Percent Change	2021	2022
Alabama	493	486	-1.4%	1.35	1.36	Nebraska	106	127	19.7%	1.04	1.26
Alaska	22	34	53.5%	0.79	1.23	Nevada	187	194	4.0%	1.36	1.39
Arizona	606	436	-28.1%	1.69	1.16	New Hampshire	53	65	23.5%	0.85	1.02
Arkansas	332	286	-13.7%	1.86	1.63	New Jersey	285	342	19.9%	0.81	0.93
California	2,112	2,149	1.7%	1.30	1.29	New Mexico	214	210	-2.0%	1.66	1.58
Colorado	307	339	10.3%	1.22	1.32	New York	481	516	7.2%	0.91	0.95
Connecticut	145	196	35.5%	0.92	1.20	North Carolina	795	806	1.4%	1.44	1.44
Delaware	54	76	40.7%	1.15	1.58	North Dakota	48	39	-19.0%	1.07	0.89
District of Columbia	22	15	-31.8%	1.28	0.86	Ohio	605	578	-4.5%	1.11	1.05
Florida	1,913	1,951	2.0%	1.65	1.58	Oklahoma	333	274	-17.7%	1.49	1.22
Georgia	893	901	0.9%	1.43	1.40	Oregon	263	250	-5.1%	1.53	1.45
Hawaii	45	63	41.0%	0.92	1.22	Pennsylvania	535	558	4.2%	1.17	1.18
Idaho	128	85	-33.7%	1.37	0.91	Rhode Island	33	14	-56.6%	0.93	0.38
Illinois	578	612	5.9%	1.16	1.19	South Carolina	569	517	-9.2%	1.98	1.71
Indiana	428	455	6.4%	1.05	1.10	South Dakota	72	45	-37.5%	1.38	0.88
Iowa	154	152	-1.0%	0.99	0.97	Tennessee	678	636	-6.1%	1.70	1.56
Kansas	179	205	14.3%	1.25	1.41	Texas	2,099	2,183	4.0%	1.51	1.50
Kentucky	378	335	-11.5%	1.54	1.34	Utah	151	153	1.6%	0.93	0.91
Louisiana	461	432	-6.3%	1.76	1.59	Vermont	29	40	37.6%	0.93	1.21
Maine	63	86	36.4%	0.93	1.26	Virginia	418	481	15.0%	1.04	1.16
Maryland	248	264	6.4%	0.95	0.96	Washington	272	346	27.1%	0.94	1.19
Massachusetts	191	204	6.6%	0.67	0.68	West Virginia	126	121	-4.2%	1.48	1.43
Michigan	513	516	0.5%	1.14	1.10	Wisconsin	241	280	16.3%	0.81	0.92
Minnesota	210	187	-10.8%	0.78	0.68	Wyoming	46	51	11.2%	0.93	1.03
Mississippi	380	341	-10.3%	1.79	1.64	U.S. Total *	20,070	20,175	0.5%	1.30	1.27
Missouri	475	472	-0.7%	1.25	1.23	Puerto Rico	164	128	-21.9%	-	-
Montana	102	72	-29.8%	1.61	1.13						

*Unrounded States’ Fatalities Estimate Summation (Puerto Rico is not included).

Sources: 2021 and 2022 statistical projections.

VMT: FHWA June 2022 Traffic Volume Trends for 2021 & 2022 VMT. Traffic Volume Trends for Puerto Rico is not available.

Discussion

During the COVID-19 pandemic, there were marked increases in fatalities and the fatality rate per 100 million VMT in 2020. The increased trend of fatalities in 2020 have continued into 2021 and the first quarter of 2022. The second quarter of 2022 has experienced the decline in fatalities after seven consecutive quarters of year-to-year increases in fatalities, since the third quarter of 2020. The increased trend of the fatality rate per 100 million VMT in 2020 have continued into the first quarter of 2021, decreased in the second, third, and fourth quarters of 2021, and increased again in the first quarter but decreased in the second quarter of 2022. NHTSA is continuing to gather and finalize data on crash fatalities for 2021 and 2022 using information from police crash reports and other sources. The final file for 2020 as well as the annual report file for 2021 will be available in late fall of 2022 that usually results in the revision of fatality totals and the ensuing fatality rates and percentage changes.

Data and Methodology

The data used in this analysis come from several sources: NHTSA's FARS, Early Notification (EN) data, and Monthly Fatality Counts (MFC) (the EN and MFC data are not available to the public); and from FHWA's VMT estimates. FARS is a census of fatal traffic crashes in the 50 States, the District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway and must result in the death of at least one person (occupant of a vehicle or a nonoccupant) within 30 days of the crash. FARS Final Files from January 2003 to December 2019 and FARS Annual Report File in 2020 are used. The EN program is designed as an Early Fatality Notification System to capture fatality counts from States more rapidly and provide near-real-time notification of fatality counts from all

jurisdictions reporting to FARS. The MFC data provide monthly fatality counts by State through sources that are independent from the EN or FARS systems. MFCs from January 2003 up to March 2022 are used. MFCs are reported mid-month for all prior months of the year. In order to estimate the traffic fatality counts for 2022, the Time Series Cross-Section Regression (TSCSR) procedure was applied to analyze the data with both cross sectional values (by NHTSA Region) and time series (by month), to model the relationship among FARS, MFC, and EN, the details of which are available in a Research Note (*Statistical Methodology to Make Early Estimates of Motor Vehicle Traffic Fatalities*, Report No. DOT HS 811 123). Furthermore, after the projected fatality counts for NHTSA Region r and the month m (F_Est_{mr}) are obtained, the estimated fatality counts for a State st in Region r and the month m ($F_Est_{st|mr}$) are calculated. Each State receives a proportion of the projected fatality counts for the Region using the most recent relative proportion of fatalities in each State st for Region r and month m found in the Early Notification data. This can be expressed as $F_Est_{st|mr} = (F_{st|mr} / \sum_{all\ States\ in\ r} F_{st|mr}) \times F_Est_{mr}$, where $F_{st|mr}$ is the latest fatal count in the Early Notification data for State st in Region r and month m . That is, the inflation rate for all States within a region is assumed to be the same as the inflation rate of that region. For example, the estimated motor vehicle traffic fatalities for Arizona in Region 9 (AZ, CA, HI) and the month m is: $F_Est_{AZ|m9} = (F_{AZ|m9} / (F_{AZ|m9} + F_{CA|m9} + F_{HI|m9})) \times F_Est_{m9}$.

The methodology used to generate the national, regional, and State-level estimates for the first half of 2022 is the same as the one used by NHTSA to project the motor vehicle traffic fatalities for the first quarter of 2022 (*Early Estimates of Motor Vehicle Traffic Fatalities for the First Quarter of 2022*, Report No. DOT HS 813 337).

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U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

For questions regarding the information presented in this report, please contact NCSARequests@dot.gov. This Crash•Stats and other general information on traffic safety can be found at <https://crashstats.nhtsa.dot.gov/>

PLEASE TELL US WHAT YOU WANT



The purpose of the State Judicial Outreach Liaison program administered through the Oklahoma Highway Safety office and the OBA is to increase judiciary knowledge of challenges in adjudication Impaired Driving cases. We do this through peer-to-peer judicial education, technical assistance and links to resources.

We try to review and distribute current research, data and information on

evidence-based sentencing practices, DUI Courts, Ignition Interlocks, caselaw and offender assessment and treatment.

But we can't meet our goal without help from you. Please let us know about interesting issues, facts and arguments you have encountered in your courts. Share your successes and failures and tell us what you want to learn more about.

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