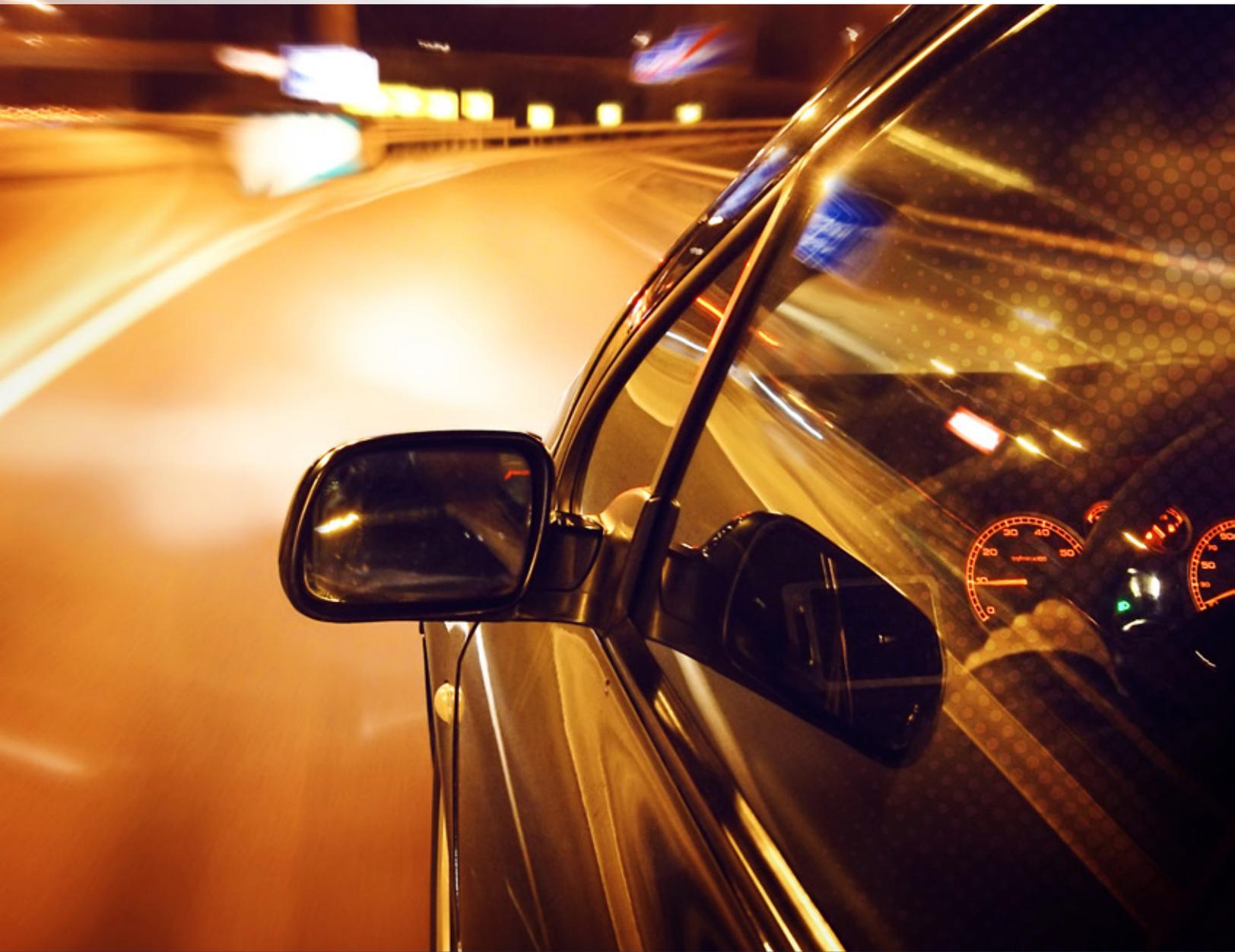




FOUNDATION FOR
ADVANCING ALCOHOL
RESPONSIBILITY



Impaired Driving

GLOBAL COMMITMENTS

Contents

- 1 Global Commitments
- 2 Innovative Technology: Driver Alcohol Detection System for Safety (DADSS)
- 3 High Visibility Enforcement Programs
- 4 No Refusal Programs
- 5 Administrative License Suspension (ALS)/ Administrative License Revocation (ALR)
- 6 Marijuana and Other Drug-Impaired Driving
- 7 Screening and Assessment for ALL Convicted DUI Offenders
- 8 Mandatory Ignition Interlocks Devices for All Convicted DUI Offenders
- 9 Pre-Trial Actions for Repeat DUI Offenders
- 10 24/7 Programs for Repeat DUI Offenders
- 11 DWI Courts
- 12 References
- 13 Social Media

Global Commitments



The World's leading producers of spirits have committed to a five year global expansion of their efforts to strengthen and expand their work to reduce the harmful use of alcohol. In addition to program implementation in countries across the world, the companies have pioneered policy efforts in the United States that may provide a blueprint for other countries to stop impaired driving.

A comprehensive effort to eliminate impaired driving combines educational programs with policies aimed at enforcement. These two elements are best implemented via collaboration with governments, non-governmental organizations, policymakers, and practitioners to maximize stakeholder involvement and momentum. It is also necessary to highly publicize these efforts through various media channels (including social media) in order to increase awareness.

The policies below represent a mix of general and specific deterrence strategies. A comprehensive system should feature both of these strategies to increase the perception of risk of detection and consequences among the general public and to deter DUI Offenders from recidivating.

Proven Strategies to Stop Impaired Driving

General deterrence strategies:

- ▶ Innovative technology: DADSS (Driver Alcohol Detection System for Safety)
- ▶ High Visibility Enforcement Programs
- ▶ No Refusal Programs
- ▶ ALS/ALR (Administrative License Suspension/Revocation)
- ▶ Marijuana and Other Drug-Impaired Driving Countermeasures

Specific deterrence strategies:

- ▶ Screening and Assessment for all convicted DUI Offenders
- ▶ Mandatory Ignition Interlocks for all convicted DUI Offenders
- ▶ Pre-Trial Actions for Repeat Offenders
- ▶ 24/7 Programs for Repeat Offenders
- ▶ DWI Courts for Repeat Offenders

Innovative Technology: Driver Alcohol Detection System for Safety (DADSS)

The National Highway Traffic Safety Administration (NHTSA) and the Automotive Coalition for Traffic Safety (ACTS) have been working in a 10 year cooperative agreement to create the Driver Alcohol Detection System for Safety (DADSS) -- a non-invasive technology that will prevent a person from starting a DADSS-equipped vehicle if the driver has an illegal blood alcohol content (BAC) limit of .08 or above.

The effort was launched in 2008 to explore the feasibility of this technology, its benefits, and potential barriers. In 2013, the project entered a new phase that will enable further refinement of the technology to the point where it can be seamlessly integrated into vehicles.

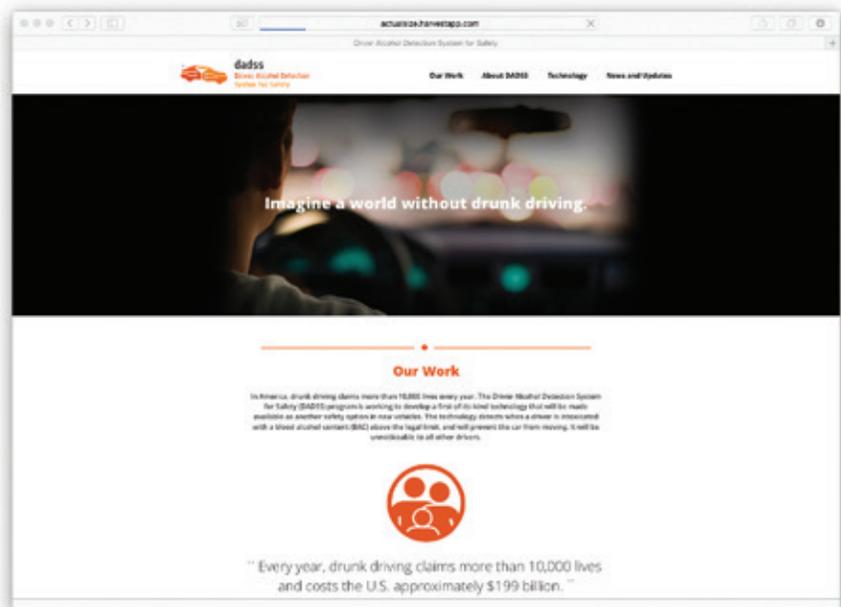
The DADSS program is exploring two different technologies: a breath-based system and a touch-based system. Once developed, this first-of-its-kind technology will be made available as another safety option in new vehicles.

Learn more at

DADSS.org



dadss
Driver Alcohol Detection
System for Safety



MOST OF THE WORLD'S
leading car companies are involved
in the DADSS program

RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports the DADSS research and sees it as a promising prevention tool to save lives. Responsibility.org believes this technology must be absolutely reliable, accurate, affordable, precise, tamper-resistant, durable under extreme environments and require minimal maintenance. Additionally, this technology must be set at the legal limit of .08 BAC and unobtrusive, especially to those drivers who do not consume alcohol. Technologies developed under this project are envisioned to be voluntarily installed as an option on new cars.

High Visibility Enforcement Programs

Law enforcement agencies routinely utilize general deterrence strategies. These strategies are effective because they raise the perceived risk of arrest for DUI. Research shows that in order to be effective, enforcement activities must be well planned, properly executed, visible, and sustained for substantial periods of time. These DUI enforcement strategies must be complemented by aggressive, timely, and complementary public information campaigns.

High Visibility Enforcement (HVE) campaigns typically utilize stepped up enforcement efforts that may include saturation patrols, No Refusal programs, and/or sobriety checkpoints combined with strong complementary public information campaigns. Electronic message boards, road signs, command posts, scene lighting, and Breath Alcohol Testing (BAT) vehicles enhance the highly visible law enforcement presence. Annual impaired driving, speeding, and seatbelt enforcement campaigns utilize the HVE model.



Research Highlights:

- ▶ States with highly visible, highly publicized impaired driving enforcement programs tend to have lower impaired driving rates in fatal crashes (Fell et al., 2013).
- ▶ Among repeat offenders, when police presence was certain, there was a decrease in DUI behavior (Wiliszowski et al., 1996).
- ▶ After a sustained year-long HVE program in Tennessee (Checkpoint Tennessee), there was a 20.4% reduction in alcohol-related crashes (Lacey et al., 1999).
- ▶ Checkpoints can also be effective in detecting offenders who continue to drive with a suspended or revoked license (Ross and Gonzales, 1988).

↓ **15%**

An intensive checkpoint program can be expected to reduce alcohol-attributable crashes by about 15%

(Miller et al., 1998).

Prevalence:

Every state operates some form of HVE and states receive millions of Federal dollars for these campaigns.



RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports high visibility enforcement efforts to reduce impaired driving. These comprehensive enforcement efforts should be utilized in areas with a high occurrence of impaired driving crashes or fatalities.

No Refusal Programs

Test refusals are a major problem for the judicial system in confronting and identifying hardcore drunk drivers. Many DUI suspects refuse to answer questions, perform field sobriety tests, or provide breath samples. BAC test refusals are common with hardcore repeat offenders, primarily because they know they will test high. In most jurisdictions, sanctions for BAC test refusal are much less severe than sanctions for a DUI conviction. Additionally, BAC test refusal deprives the court of the most important evidence needed for a DUI conviction.

A No Refusal, or warrant program, enables police officers to obtain a search warrant from a judge or magistrate for blood samples of drunk driving suspects when probable cause has been established and a suspect refuses BAC testing.

These programs coordinate efforts of paralegals, prosecutors, nurses, and judges to ensure BAC testing when circumstances warrant a test.

After a law enforcement stop for DUI, the suspect is given an opportunity to participate in sobriety testing. If the suspect refuses to provide a breath sample, the on-site or on-call prosecutor reviews the case and may present a warrant to the on-site or on-call judge. If the judge grants the warrant, qualified on-site personnel may draw a blood sample.

40% → 5%

PHOENIX POLICE REPORTED A DECREASE IN THE REFUSAL RATE FROM 40% TO 5% AFTER IMPLEMENTATION (Berning et al., 2007).

Research Highlights:

- ▶ Three-fourths of prosecutors interviewed in 2002 said the blood alcohol test was the single most critical piece of evidence needed for a conviction, evidence they are frequently without (Simpson and Robertson, 2002).
- ▶ After implementation, Montgomery County, Texas, reduced refusals from 45% to 10% in 2010 (James, 2013).
- ▶ Arizona, Michigan, and Utah found repeat offenders were most likely to refuse breath tests and the BAC data collected has led to fewer trials and more convictions (Berning et al., 2007).

States currently conducting No Refusal programs:

Arizona, Florida, Idaho, Illinois, Kansas, Louisiana, Missouri, Texas, and Utah

States with legal authority to conduct No Refusal programs:

Alaska, Alabama, California, Colorado, Georgia, Indiana, Maryland, Michigan, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, Ohio, Oklahoma, Pennsylvania, South Dakota, Virginia, Washington, Wisconsin, and West Virginia.



RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports the efforts of law enforcement and prosecutors to effectively identify and prosecute suspected DUI Offenders. No Refusal programs provide law enforcement with a tool to increase compliance with BAC testing.

Administrative License Suspension (ALS)/ Administrative License Revocation (ALR)

Administrative license suspension/revocation laws are an immediate deterrent and countermeasure used for the offense of drunk driving. These laws allow law enforcement officers to confiscate a driver's license if that individual fails or refuses to take a breath test. The suspension/revocation typically occurs immediately with the arresting officer taking the license at roadside and is classified as an administrative sanction. Offenders may appeal suspensions through administrative hearings, ensuring due process. ALS/ALR laws are under the authority of licensing agencies (e.g., Department of Motor Vehicles). Courts may also impose license sanctions post-conviction. The National Highway Traffic Safety Administration (NHTSA) recommends that ALS/ALR laws include a minimum suspension of 90 days (NHTSA, 2006).



90 DAYS

The National Highway Traffic Safety Administration (NHTSA) recommends that ALS/ALR laws include a minimum suspension of 90 days.

Research Highlights:

- ▶ ALS/ALR laws have proven to be an effective DUI deterrent on account of the swift and certain nature of the sanction (NHTSA, 2008).
- ▶ A summary of 12 ALS/ALR evaluations found that these laws reduced crashes by an average of 13% (Wagenaar et al., 2000).
- ▶ Studies in Colorado, Illinois, Maine, New Mexico, North Carolina, and Utah have revealed significant reductions in alcohol-related crashes after ALS/ALR laws were enacted in these states (NHTSA, 2008).

↓ **12%**

A study in Nevada found a 12% reduction in alcohol-related crashes following a media campaign about ALR (NHTSA, 2008).

ALS/ALR and interlock programs:

With the passage and implementation of ignition interlock laws, the historically lengthy hard suspension periods associated with ALS/ALR, particularly for repeat DUI Offenders, has indirectly affected program participation rates. Literature reveals that between 25-75% of suspended or revoked drivers will continue to drive (Griffin III and De La Zerda, 2000; McCartt et al. 2002); in other words, these offenders learn that they can drive unlicensed and undetected and subsequently elect to forgo interlock program participation (Marques et al. 2010). In order to overcome this problem, many states have either removed or greatly reduced the hard suspension/revocation period for offenders who install the interlock.

Prevalence:

Currently, 42 states and the District of Columbia have these laws in place and 35 of these states adhere to the 90-day NHTSA recommendation (GHSA, 2015).

RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports the use of administrative license suspension/revocation as an established DUI countermeasure and deterrent. In the context of interlock programs, Responsibility.org is in favor of reducing hard suspension periods (in states that have passed statutes allowing this reduction) for offenders who provide proof of device installation to the appropriate monitoring authority.

Marijuana and Other Drug-Impaired Driving

Drug-impaired driving (DUID) is a very complex issue and it is not easily researched. Science lags behind policy efforts and marijuana legalization presents the traffic safety community and policymakers with tremendous challenges.

Results from the National Highway Traffic Safety Administration's (NHTSA) National Roadside Survey (NRS) in 2013-2014 found that 22.5% of night-time drivers tested positive for illegal, prescription, or over-the-counter medications (based on the combined results of either or both oral fluid and blood tests) (Berning et al., 2015). The drug that has shown the largest increase in weekend nighttime prevalence is THC (marijuana). In the 2007 NRS, 8.6% of weekend nighttime drivers tested positive for THC. This number increased to 12.6% in the 2013-2014 NRS, reflecting a 48% increase.



Research Highlights:

- ▶ A Swedish study of marijuana-impaired drivers showed that 43% had THC levels below 1 ng/ml and 61% had THC levels below 2 ng/ml while more than 90% had THC levels under 5 ng/ml. This study suggests that a 5ng limit will be unenforceable (Jones et al., 2008).
- ▶ Mortality studies have shown that marijuana impairment increases crash risk between two and seven times and studies on chronic use indicate that users are able to compensate for some but not all impairing effects (Halsor, 2013).
- ▶ Evidence shows that low doses of marijuana combined with low doses of alcohol causes severe impairment and exponentially increases the risk of crash; it has a multiplicative effect (Compton et al., 2009).
- ▶ In 2009, marijuana accounted for 25% of all positive drug tests for fatally injured drivers for whom drug test results were known and for 43% among fatalities involving drivers 24 years of age and younger with known drug-test results (Botticelli, 2014).

Challenges:

- ▶ Although years of scientific research have led to the passage of .08 BAC laws in every state, no such research exists for DUID limits. It is currently impossible to identify a valid impairment standard for marijuana or any other drug equivalent to the .08 limit for alcohol.
- ▶ In fatal crashes, alcohol testing is done about 70% of the time yet drug testing is only done about 30% of the time. Lack of data significantly impedes States' ability to assess the extent of drug-impaired driving and evaluate the impact of countermeasures.
- ▶ Current testing protocols in many jurisdictions reduce the number of potential DUID charges because as soon as a BAC of .08 is detected, testing for additional substances is not performed.
- ▶ Most states also do not have record systems that distinguish between DUI, DUID, or both for impaired driving cases and document which drugs DUID drivers are using.

From 1999 to 2010, the percent of drivers involved in a fatal crash while testing positive for cannabis more than tripled for all age groups. (Brady and Li, 2014).

3X

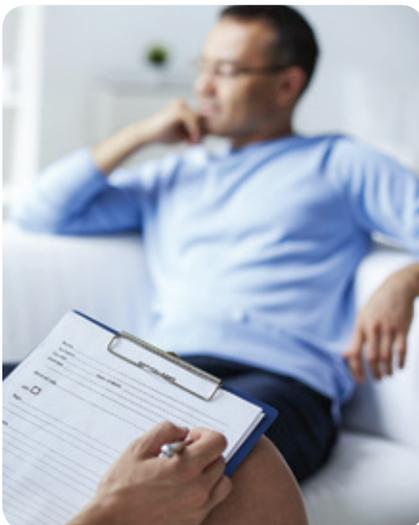
RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports measures to eliminate marijuana and other drug-impaired driving through improved drug testing, passage of laws that provide separate and distinct sanctions for DUI and DUID, enhanced penalties for poly-drug impaired driving or drug and alcohol-impaired driving, drug-impaired driving education and training for criminal justice professionals, and adoption of legal limits based on a consensus of scientific evidence on marijuana and other drug-impaired driving.

Screening and Assessment for ALL Convicted DUI Offenders

The use of comprehensive screening and assessment in the criminal justice setting is necessary to identify DUI Offenders who have substance use and/or mental health disorders that require further intervention. Without the accurate identification of the presence of these disorders, practitioners miss an opportunity to address an underlying cause of offending and, subsequently, reduce future recidivism.

Screening is the first step in the process of determining whether a DUI offender should be referred for treatment. This is a way to strategically target limited resources by separating offenders into



different categories - i.e., those who do not have an alcohol or mental health problem and those who likely do have an alcohol or mental health problem. The screening process in and of itself can also serve as a brief intervention as it requires the individual to begin to think about their use patterns and whether they are problematic.

After the screening process is completed, offenders who show signs of alcohol or mental health issues can be referred for an assessment. An assessment tends to be more formal than screening. A formal assessment takes several hours to complete and is typically administered by a trained clinician or professional. Assessments evaluate not only the presence of a substance use disorder (alcohol and/or drugs) but its extent and severity.

Ideally, screening and assessment would occur at the beginning of the process (such as during the pre-trial stage). The results can then be used to inform sentencing decisions, case management plans, supervision levels, and treatment referrals/plans.

Research Highlights



- ▶ Approximately two-thirds of convicted DUI Offenders are alcohol dependent (Lapham et al., 2001).
- ▶ 88% of male and 32% of female DUI Offenders have met the criteria for drug abuse or dependence at some point in their lives (Lapham et al., 2001)
- ▶ Repeat offenders have higher rates of lifetime prevalence of alcohol abuse and dependence, drug abuse and dependence, and psychiatric co-morbidity (Nelson and Tao, 2012).
- ▶ In a study of repeat DUI Offenders, it was found that 44% had a lifelong major mental disorder; almost 30% qualified for a past-year disorder other than substance use (Shaffer et al., 2007).

RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility believes that effective screening and assessment for alcohol, drugs, and mental health issues are essential for DUI Offenders. Absent the identification and treatment of substance use and co-occurring disorders, long-term behavior change is unlikely for these offenders. In order to prevent future instances of drunk driving, and subsequently, save lives, the underlying causes of DUI offending must be addressed. We also believe that the sooner that screening and assessment occurs in the criminal justice process the better as it provides practitioners with the information they need to make appropriate sentencing, supervision, and treatment decisions. In addition, we strongly support matching individuals with appropriate treatment interventions and accompanying levels of supervision based upon the outcome of risk/needs assessments.

Mandatory Ignition Interlocks Devices for All Convicted DUI Offenders

One of the most effective countermeasures available to jurisdictions to separate drinking from driving is the alcohol ignition interlock. The interlock requires that a DUI offender blow into the device, which is connected to the starter or other on-board computer system, in order to start the vehicle. If the breath sample registers a BAC above a defined pre-set limit, the vehicle will not start. The device also requires repeated breath tests while the vehicle is in use to ensure the DUI offender continues to remain sober throughout the duration of their trip.

Ignition interlock devices are highly effective for both repeat (hardcore) drunk drivers and first-time DUI Offenders, while they are installed. Interlocks have the most potential to reduce recidivism when coupled with other effective interventions such as assessment and treatment. The technology is reliable and seamless.

A study of New Mexico's interlock program found that first offenders who participated in the program had a 61% lower recidivism rate.

↓ **61%**



↓ **64%** average reduction in recidivism

Research Highlights:

- ▶ More than 10 evaluations of interlock programs have reported reductions in recidivism ranging from 35-90% with an average reduction of 64% (Willis et al., 2004).
- ▶ A recent study commissioned by the Centers for Disease Control and Prevention (CDC) that involved a systematic review of 15 peer-reviewed studies on interlocks revealed that, while the devices were installed, the re-arrest rate of offenders decreased by a median of 67% compared to groups who never had an interlock installed (Elder et al., 2011).
- ▶ A study of New Mexico's interlock program (Marques et al., 2010) found that first offenders who participated in the program had a 61% lower recidivism rate while the device was installed and a 39% lower recidivism rate following the removal of the interlock when compared to offenders who never installed the device.
- ▶ Results from a survey of DUI Offenders required to install an interlock in Santa Fe, New Mexico reveal 87% felt that interlocks reduced driving after drinking. Furthermore, 85% of the offenders thought that interlocks were fair to DUI Offenders and 67% believed that all convicted DUI Offenders should be required to install the device (Robertson et al., 2006).
- ▶ Long-term alcohol recovery efforts can be supported by integrating interlocks into treatment programs (Beirness, 2001).

Prevalence:

Currently, all 50 states have passed some form of interlock legislation and achieved different degrees of program implementation. Currently, 24 states and four counties in California have passed mandatory interlock provisions for all DUI offenses, including first offenses. However, more work is needed to strengthen existing practices and increase program participation rates. Interlocks are installed by only 22% of individuals arrested for DUI.

RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports mandatory and effective use of ignition interlocks for all convicted DUI Offenders. Effective use of interlocks requires proper assessment and treatment, supervision, and verification of installation for all offenders ordered to install a device.

Pre-Trial Actions for Repeat DUI Offenders

Accused repeat drunk driving defendants often re-offend between arrest and trial/ resolution of pending DUI charges. Pre-conviction, court-imposed actions are often required as conditions of bail. These actions address public safety issues while the defendant is awaiting trial. These pre-trial actions can include assessment, technology (IIDs and continuous alcohol monitoring devices), counseling programs, license restrictions, and daily reporting to the court. Any pre-trial release conditions imposed by the court should be related to public safety and/or the likelihood of appearance at future court dates.

A pre-trial assessment will provide the court with the defendant's level of risk. Assessments often reveal a history of serious driving behavior (multiple DUI convictions, high BAC levels, BAC test refusals, driver license suspensions, failure to appear, and convictions for other violations such as reckless driving which may have been originally a DUI charge). Assessments can also reveal other criminal convictions, alcohol and/or drug abuse issues, and other co-morbidities.

Pre-trial requirements as a condition of release can connect the repeat DUI defendant with appropriate treatment and supervision as soon as possible. Defendants are not jailed, as long as they comply with their court-ordered bail bond conditions and appear for their court dates. Supervision programs monitor repeat DUI defendants for compliance and progress in treatment. This will increase the likelihood that the defendant will appear before a judge to continue their case and will protect the public. Pre-trial program participation can be voluntary on the part of the defendant and can result in a reduced jail sentence.

Research Highlights:

- ▶ Recidivism of defendants in pre-trial programs was significantly lower than other DUI Offenders from the same courts who did not participate in pre-trial programs (McKnight et al., 2012).
- ▶ In 2009, the Wisconsin Community Services (agency that handles pretrial supervision) recorded an 89.25% compliance rate - 13% greater than the national average (McKnight et al., 2012).



↓ **20%**

**20% DECREASE IN
CRASHES INVOLVING
ALCOHOL IMPAIRED
DRIVERS**

- ▶ Two years after the Wisconsin pre-trial program began, crashes involving alcohol-impaired drivers in Milwaukee County declined by more than 20% and alcohol-related injuries and fatalities were reduced by over 30% (McKnight et al., 2012).



RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports pre-trial actions for repeat DUI Offenders to reduce recidivism, protect public safety, reduce failures to appear, and ensure supervision for repeat DUI Offenders from the time of arrest.

24/7 Programs for Repeat DUI Offenders

The 24/7 Sobriety Program originated in South Dakota in 2005. It was created by then State Attorney General Larry Long to address repeat impaired driving offenders across the state. It involved collaboration with local police departments, sheriffs' offices, and the judicial system. It was broadly supported, including support from the beverage alcohol industry and has been implemented mainly in Western, rural states.

Under the 24/7 Program model, repeat offenders are required to maintain sobriety as a condition of remaining in the community and avoiding incarceration. Participants are tested twice-daily for alcohol through scheduled onsite breath tests or with a continuous alcohol monitoring (CAM) device. If an offender tests positive for alcohol or drugs, they are taken into custody and appear before a judge within 24 hours. The goal of the program is to ensure that sanctions are swift and certain.

The programs follow a participant pay model. Program flexibility allows utilization of existing or new resources for maximum efficiency. BAC testing costs have been kept low to allow for limited use of state indigent funds. After the initial implementation phase, the costs to the jurisdiction are minimal or nonexistent. Grant funds are provided through the Federal transportation law (MAP-21) to help offset start-up costs of 24/7 programs.

Research Highlights:

- ▶ Evaluations of intensive supervision programs have shown substantial reductions in DUI recidivism (Wiliszowski et al., 2011).
- ▶ DUI recidivism is substantially lower among 24/7 Sobriety participants at one, two, and three years following program completion and repeat offenses have dropped 12% at the county level (Kilmer et al., 2013).
- ▶ Compared to DUI Offenders not in the project, participants with two DUI arrests who were in the program for 30 consecutive days had a 74% reduction in recidivism when studied three years after their second DUI arrests. Those with three DUI arrests had a 44% reduction in recidivism, and those with four DUI arrests had a 31% reduction in recidivism (Loudenburg et al., 2012).
- ▶ Analysis suggests the 24/7 Sobriety Program is statistically significant in lowering recidivism for DUI Offenders who remain on the program for 30 or more consecutive days (Loudenburg et al., 2012).

**24/7 PROGRAM
TEST SITE
ENTRANCE**

UNDER THE 24/7 PROGRAM

model, repeat offenders are required to maintain sobriety as a condition of remaining in the community and avoiding incarceration

Prevalence:

Montana (certain counties), Nebraska, North Dakota, South Dakota, and Washington (pilot program in five counties introduced in 2014).

RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports the use of technology and cost effective supervision methods, such as 24/7 Sobriety programs, to provide swift identification, certain punishment, and effective treatment for repeat drunk driving offenders.

DWI Courts

DWI Courts are specialized, post-conviction court programs that provide a structure of appropriate treatment, supervision, and accountability. These specialty courts follow the well-established Drug Court model and are based on the premise that drunk driving can be prevented if the underlying causes of the DWI offending (e.g., substance dependence and mental health issues) are identified and addressed. Unlike the Drug Court model, offenders who participate in DWI Courts do not have their convictions expunged upon successful completion of the program.

The population that these courts are developed for are DWI offenders who are not deterred by traditional sanctions and are most resistant to behavior change (demonstrated by their multiple convictions). These offenders are classified as high risk/high need. Each DWI Court participant will have an individualized supervision and treatment plan that is designed to address both their risk level and their needs.

In contrast to the traditional court process which is adversarial in nature, in DWI Courts a team approach is utilized. Judges, prosecutors, defense counsel, law enforcement, probation officers, treatment practitioners, and other involved stakeholders work collaboratively with court participants and create both support and accountability. To ensure the latter, DWI Court participants are subject to intensive supervision.



Research Highlights:

- ▶ A Michigan study of three DWI Courts found that participants were 19 times less likely to be re-arrested for another drunk driving offense during a two-year follow-up period than offenders processed through a traditional court (Carey et al., 2008). DWI Courts were also determined to be cost-effective and efficient in the adjudication and supervision of offenders.
- ▶ An evaluation of three Georgia DWI Courts funded by the National Highway Traffic Safety Administration (NHTSA) found that DWI Court participants had a recidivism rate of 15% (this includes participants who were terminated from the program in addition to those who graduated) compared to a recidivism rate of 35% among DWI offenders who were processed through traditional courts (Fell et al., 2011). It is estimated that DWI Courts prevented between 47 and 122 repeat DWI arrests over a four-year period.
- ▶ A study of the Waukesha County Alcohol Treatment Court in Wisconsin revealed that participants had a significantly lower recidivism rate two years post-entry when compared to traditional probationers (29% versus 45%) (Hiller and Saum, 2009).

RESPONSIBILITY.ORG POSITION

The Foundation for Advancing Alcohol Responsibility supports the DWI Court model and recognizes the importance of utilizing an approach that balances accountability and rehabilitation to address offending among the high risk/high need DWI offender population. We believe that it is imperative to screen, assess, treat, and intensely supervise repeat offenders who are at heightened risk of recidivism which are all important components of DWI Court programs. Responsibility.org further supports NCDRC's expansion efforts to bring this model to counties across the country to address the problem of hardcore drunk drivers.

References

High Visibility Enforcement Programs

Fell, J., McKnight, S., & Auld-Owens, A. (2013). *Increasing Impaired Driving Enforcement Visibility: Six Case Studies*. DOT HS 811 716. Washington, D.C.: U.S. Department of Transportation.

Lacey, J., Jones, R., & Smith, R. (1999). *Checkpoint Tennessee: Tennessee's Statewide Sobriety Checkpoint Program*. DOT HS 808 841. Washington, D.C.: U.S. Department of Transportation.

Miller, T., Galbraith, M., & Lawrence, B., (1998). Costs and benefits of a community sobriety checkpoint program. *Journal of Studies on Alcohol*, 59(4), 462-468.

Ross, H., & Gonzales, P. (1988). The effect of license revocation on drunk-driving offenders. *Accident Analysis & Prevention*, 20(5), 379-391.

Wiliszowski, C., Murphy, P., Jones, R., & Lacey, J. (1996). *Determine Reasons for Repeat Drinking and Driving*. DOT HS 808 401. Washington, D.C.: U.S. Department of Transportation.

No Refusal Programs

Berning, A., Beirness, D., Hedlund, J., & Jones, R., (2007). *Traffic Safety Facts: Breath Test Refusals*. DOT HS 810 871. Washington, D.C.: U.S. Department of Transportation.

James, A. (2013). A history of the No Refusal Program. *The Vehicular Crime Prosecutor*, 4(1), 2-5.

Simpson, H., & Robertson, R. (2002). *DWI System Improvements for Dealing with Hard Core Drinking Drivers: Prosecution*. Ottawa: Traffic Injury Research Foundation.

Administrative License Suspension (ALS)/Administrative License Revocation (ALR)

Governors Highway Safety Association (GHSA). (2015). *Drunk Driving Laws*. Retrieved from: http://www.ghsa.org/html/stateinfo/laws/impaired_laws.html

Griffin III, L.I., & DeLaZerda, S. (2000). *Unlicensed to Kill*. Washington, D.C: AAA Foundation for Traffic Safety.

Marques, P., Voas, R., Roth, R., & Tippetts, S. (2010). *Evaluation of the New Mexico Ignition Interlock Program*. DOT HS 811 410. Washington, D.C.: National Highway Traffic Safety Administration.

McCartt, A.T., Geary, L.L., & Nissen, W.J. (2002). *Observational Study of the Extent of Driving while Suspended for Alcohol-Impaired Driving*. DOT HS 809 491. Washington, D.C.: National Highway Traffic Safety Administration.

National Highway Traffic Safety Administration (NHTSA). (2006). *Uniform Guidelines for State Highway Safety Programs*. Washington, D.C.: Department of Transportation. Available online: www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/pages/ImpairedDrivingPDF.pdf

National Highway Traffic Safety Administration (NHTSA). (2008). *Traffic Safety Facts: Administrative License Revocation*. DOT HS 810 878. Washington, D.C.: Department of Transportation.

Wagenaar, A., Zobek, T., Williams, G., & Hingson, R. (2000). *Effects of DWI Control Efforts: a Systematic Review of the Literature from 1960-1991*. Minneapolis, MN: University of Minnesota, School of Public Health.

Marijuana and Other Drug-Impaired Driving Countermeasures

Berning, A., Compton, R., & Wochinger, K. (2015). *Results of the 2013-2014 National Roadside Survey of Alcohol and Drug Use by Drivers*. DOT HS 812 118. Washington, D.C.: U.S. Department of Transportation.

Botticelli, M. (2014). Federal Marijuana Policy. ONDCP Testimony delivered to the Subcommittee on Government Operations, Committee on Oversight and Government Reform, United States House of Representatives.

Brady, J., & Li, G. (2014). Trends in alcohol and other drugs detected in fatally injured drivers in the United States, 1999-2010. *American Journal of Epidemiology*, 179(6), 692-699.

Compton, R., Vegega, M., & Smither, D. (2009). *Drug-Impaired Driving: Understanding the Problem & Ways to Reduce It. A Report to Congress*. DOT HS 811 268. Washington, D.C.: U.S. Department of Transportation.

Halsor, C. (2013). A New High in the Colorado Rockies. *Between The Lines*, 22(2). National Traffic Law Center.

Jones, A., Holmgren, A., & Kugelberg, F. (2008). Driving under the influence of cannabis: A 10-year study of age and gender differences in the concentrations of tetrahydrocannabinol in blood. *Addiction*, 103(3), 452-461.

Screening and Assessment for All Convicted Drunk Drivers

Lapham, S., Smith, E., C' de Baca, J., Chang, I., Skipper, B., & Baum, G. (2001). Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Archives of General Psychiatry*, 58, 943-949.

Nelson, S., & Tao, D. (2012). Driving Under the Influence: Epidemiology, Etiology, Prevention, Policy, and Treatment. In: H. Shaffer, D. LaPlante, and S. Nelson (Eds.), *APA Addiction Syndrome Handbook: Vol.2. Recovery Prevention, and Other Issues*.

Shaffer, H., Nelson, S., LaPlante, D., LaBrie, R., & Albanese, M. (2007). The epidemiology of psychiatric disorders among repeat DUI Offenders accepting a treatment sentencing option. *Journal of Consulting and Clinical Psychology*, 75(5), 795-804.

Mandatory Ignition Interlock Devices for All Convicted DUI Offenders

Beirness, D. (2001). *Best Practices for Alcohol Interlock Programs*. Ottawa: Traffic Injury Research Foundation.

Elder, R.W., Voas, R., Beirness, D., Shults, R.A., Sleet, D.A., Nichols, J.L., & Compton, R. (2011). Effectiveness of Ignition Interlocks for Preventing Alcohol-Impaired Driving and Alcohol-Related Crashes. *American Journal of Preventative Medicine*, 40(3), 362-376.

Marques, P.R., Voas, R.B., Roth, R., & Tippetts, S.A. (2010). *Evaluation of the New Mexico Ignition Interlock Program*. DOT HS 811 410. Washington, D.C.: National Highway Traffic Safety Administration.

Robertson, R.D., Vanlaar, W.G.M., & Simpson, H.M. (2006). *Ignition Interlocks: From Research to Practice: A Primer for Judges*. Ottawa: Traffic Injury Research Foundation.

Willis, C., Lybrand, S., & Bellamy, N. (2004). Alcohol Ignition Interlock Programmes for Reducing Drink Driving Recidivism (Review). *The Cochrane Database of Systematic Reviews* (4).

Pre-Trial Actions for Repeat DUI Offenders

McKnight, S., Fell, J., & Auld-Owens, A. (2012). *Transdermal Alcohol Monitoring: Case Studies*. DOT HS 811 603. Washington, D.C.: U.S. Department of Transportation.

24/7 Sobriety Programs

Kilmer, B., Nicosia, N., Heaton, P., & Midgette, G. (2013). Efficacy of frequent monitoring with swift, certain, and modest sanctions for violations: Insights from South Dakota's 24/7 Sobriety Project. *American Journal of Public Health*, 103(1), 37-43.

Loudenburg, R., Drube, G., & Leonardson, G. (2012). *South Dakota 24/7 Sobriety Program Evaluation Findings Report*. Salem: Mountain Plains Evaluation, LLC.

Wiliszowski, C., Fell, J., McKnight, S., & Tippetts, S. (2011). *An Evaluation of Intensive Supervision Programs for Serious DWI Offenders*. DOT HS 811 446. Washington, D.C.: U.S. Department of Transportation.

DWI Courts

Carey, S., Fuller, B., & Kissick, K. (2008). *Michigan DUI Courts Outcome Evaluation: Final Report*. Portland: NPC Research.

Fell, J., Tippetts, S., & Langston, E. (2011). *An Evaluation of Three Georgia DUI Courts*. DOT HS 811 450. Washington, D.C.: Department of Transportation.

Hiller, M., & Saum, C. (2009). *Waukesha Alcohol Treatment Court (WATC)*. Philadelphia: Temple University.



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