

Intensive DWI Supervision in Urban Areas — Feasibility Study



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16. Abstract Drivers with prior convictions for driving while impaired (DWI) carry a higher risk of future DWI arrests and crash involvement. In response, communities have developed various strategies to address the drinking-driving problems of DWI offenders by assisting them in making positive behavioral changes to reduce their likelihood of recidivism. One program model developed to monitor offender drinking involves having an offender report twice daily to a law enforcement office for alcohol breath testing at 12-hour intervals. To date, these 24/7 sobriety programs have been used in rural States and communities; however, the program model is being considered for implementation in additional locales. The purpose of this project was to conduct a feasibility study to gather data on whether the 24/7 program model can be applied in urban locales, and if so, what changes might be necessary. In Phase 1 of the study, structured discussions were held with State and local officials in Montana; North Dakota; South Dakota; and Fremont County, Wyoming, to develop a complete description of the history of 24/7 programs in rural areas. In Phase 2, information from Phase 1 was used to conduct discussions with local officials in two urban areas—Washington, DC, and Fairfax County, Virginia—to obtain their impressions about whether and how a 24/7 program could be operated in their jurisdictions. Urban officials reserved judgment about whether such a program would affect offender drinking, impaired driving, and crashes, though most believed it would help identify those who are alcohol-dependent and assist in connecting them with needed resources. Despite potential benefits, officials were generally cautious but somewhat open to the prospects regarding program feasibility. This tempered reaction was a function of concerns about practical issues of implementation and broader concerns about the value of and need for twice-daily testing programs in urban locations.					
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List of Acronyms

AA	Alcoholics Anonymous
AG	attorney general
APPA	American Probation and Parole Association
BAC	blood alcohol concentration
CSOSA	Court Services and Offender Supervision Agency
DSP	DUI Supervised Probation
DUI	driving under the influence
DWI	driving while intoxicated
g/dL	grams per deciliter, the measure of a BAC
H.B.	house bill
IPR	Injury Prevention Resources
ISP	Intensive Supervision Probation
MDMA, “Ecstasy”	methylenedioxymethamphetamine
MPD	Metropolitan Police Department
MT DOJ	Montana Department of Justice
NCSA	National Center for Statistics and Analysis (a division of NHTSA)
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
PBT	preliminary breath tester
PCP	phencyclidine
PSA	Pre-trial Services Agency
TAM	transdermal alcohol-monitoring
TOM	Task Order Manager
VASAP	Virginia Alcohol Safety Action Program

Executive Summary

A driver with a prior conviction for driving while impaired (DWI) carries a higher risk of future DWI arrest, as well as involvement in both alcohol-related and non-alcohol-related crashes (Gould & Gould, 1992; Perrine, Peck, & Fell, 1988). Repeat DWI offenders are overrepresented in fatal crashes. Although drivers with prior DWI arrests within the past 3 years comprise only 2.1% of drivers on the roads, drivers with prior DWI convictions in the past 3 years account for 8.0% of the intoxicated drivers in fatal crashes (Fell, 2013). As outlined in *A Guide to Sentencing DWI Offenders* (NHTSA & NIAAA, 2006), the key to reducing DWI recidivism is certain, consistent, and coordinated sentencing and compliance monitoring. To accomplish this, States and communities have devised many variations of DWI offender supervision and probation programs to deal with offenders' drinking and drinking-driving problems. These programs focus on public safety, offender accountability, and behavioral change.

Over the past several years, jurisdictions in four rural States—Montana, North Dakota, South Dakota, and Wyoming—have implemented 24/7 sobriety programs that provide tools for monitoring alcohol use by impaired-driving offenders, many of whom are required by judicial or court orders to abstain from alcohol for specified periods, such as while awaiting their trial or while on probation. The 24/7 model was initially designed to be used with offenders who each had at least one previous conviction for DWI or the offense of driving under the influence (DUI) of alcohol or drugs. In some jurisdictions, the program is now applied to other offenses, such as assault and child abuse, if alcohol or drugs are deemed to be related to the underlying offenses. Generally, 24/7 alcohol-testing programs require offenders to report twice daily to central facilities (e.g., a sheriff's office) to take breath tests for a reading of their blood alcohol concentrations (BACs) at approximately 12-hour intervals—once in the morning (usually between 7 and 9 a.m.) and once in the evening (usually between 7 and 9 p.m.) over 2 to 6 months. Offenders are considered to be in violation of the programs if they provide positive breath samples, fail to appear for testing at the designated time, or fail to pay program-related fees on time. Because the 24/7 program has been implemented in rural States where offenders often have to travel long distances to test at a central facility, States also provide for the use of alternative testing methods, most often transdermal alcohol-monitoring (TAM) technologies. An offender typically pays \$1 to \$2 per breath test (\$2 to \$4 a day) and \$5 to \$10 a day for TAM in an effort to make programs self-funded through offender fees. Two evaluations in South Dakota indicate that the 24/7 program is effective in reducing DWI recidivism (Kilmer, Nicosia, Heaton, & Midgette, 2012; Loudenburg, Drube, & Leonardson, 2010).

To date, these 24/7 sobriety programs have been used in rural States and communities; however, the program model is being considered for implementation in additional States and communities. The purpose of this study was to conduct a feasibility assessment and gather data on whether the 24/7 program model can be applied in urban locales, and if so, what changes might be necessary to scale it to meet the challenges of more densely populated jurisdictions. This study was conducted in two phases: Phase 1 involved developing comprehensive descriptions of existing 24/7 programs in rural areas, and Phase 2 comprised the feasibility study in two urban jurisdictions.

In Phase 1 of this study, extensive structured telephone discussions were conducted with State and local officials in Montana; North Dakota; South Dakota; and Fremont County, Wyoming, to develop complete descriptions of the history of 24/7 programs in rural areas. The information obtained during the telephone contacts included program activities, resources, costs, offender populations, challenges, modifications, and guidance for officials in urban areas in implementing a program. In Round 1, a statewide contact that was familiar with the program and could provide a broad overview was contacted. In Round 2, telephone discussions were conducted with local officials in two jurisdictions per State—typically, the county that pilot-tested the program before statewide implementation and the most populous county that provided the best proxy to urban locales. In Round 2, structured discussions via telephone were held with a representative from the States’ attorneys general offices and local county officials (e.g., judge, prosecutor, sheriff, and parole/probation officer). Following the Round 2 data collection, case studies were developed for each of the four rural programs.

Common themes were distilled from the case studies. During operation of the programs, which varied from about 1 year to 8 years, the core of the programs (twice-daily breath testing) had remained constant. Logistical issues (parking at testing facilities, accommodations for nontraditional work schedules) and growth in the programs’ offender populations had resulted in minor programmatic adjustments. In addition to natural learning curves, processes had become streamlined over time as agencies and stakeholders involved in operating the programs had worked to coordinate and modify tools as necessary (e.g., violation report forms). Overall, the percentage of failed tests reported was low—typically about 0.5 to 1% and slightly higher (around 2 to 3%) when no-shows were considered. Although most programs did not have extensive cost data, most program officials perceived that program costs were being covered by offenders’ fees, especially as existing staff were often serving as testers. The evaluations in South Dakota found reductions in recidivism for most groups of DUI offenders (e.g., from 74 to 31% for second and fourth offenders, respectively), and one study showed a 12% reduction in recidivism and a 9% reduction in domestic violence arrests. Other than South Dakota, no outcome data were available from other programs. Officials’ perceptions of the benefits of the program included holding offenders’ accountable to judicial orders for bond and probation; reducing drinking, leading to probable increases in public safety and more responsible behavior by the offenders (e.g., appearing in court at appointed times); helping to identify offenders with serious drinking or drug problems as a function of increased monitoring; facilitating the process of drinking cessation in some offenders; and helping offenders remain productive members of the community by staying out of jail, keeping their jobs, and participating in family life.

Rural officials provided guidance for other officials considering implementing 24/7 sobriety programs. Consistent suggestions included the following: (a) the importance of starting small via pilot testing; (b) building the program slowly, using existing programs as a guide but remaining flexible to account for local realities; (c) planning to allow for growth of the program; and (d) the value of including all potentially-involved agencies in planning, both to foster buy-in from those agencies and to plan all aspects of the implementation as thoroughly as possible. Jurisdictions should understand legal limitations in their States on judges, to modify conditions of bond, and on law enforcement, to incarcerate without a hearing for violations of the program. Legislation may be necessary to give officials sufficient authority to operate 24/7 sobriety programs as designed by States current operating them.

In addition to developing comprehensive program descriptions, the data from Phase 1 were used to inform the development of protocols for the Phase 2 feasibility study. In Phase 2, in-person structured discussions were conducted with local officials in two urban areas—Washington, DC, and Fairfax County, Virginia—to obtain their impressions about whether and how 24/7 programs could be

operated in their jurisdictions. Information was collected from officials in the two urban locales (e.g., judge, prosecutor, law enforcement official, and representatives of agencies providing probation or parole services). Questions to be answered by the feasibility studies included the following:

1. Can the 24/7 program model be scaled and applied in an urban setting?
2. What are the challenges and concerns of transferring such a program to a more populous setting?
3. Are there policy implications?
4. What impacts might there be on the logistics of operating the program?
5. Are there aspects of program implementation that might be facilitated by operating it in an urban locale?
6. How might the 24/7 program be structured in an urban setting? Will there be substantial changes?
7. What level of resources (staff, equipment, budget, etc.) would be needed for the monitoring agency to supervise offenders?

Officials in both urban jurisdictions indicated a continuing interest in learning about proven, problem-solving tools that might assist them in dealing more effectively with public-safety issues, such as impaired driving. Additionally, some were at least somewhat familiar with the 24/7 program concept, and officials were generally interested in the experiences of their rural counterparts in operating a 24/7 program. For the most part, urban officials reserved judgment about whether such a program would affect offender drinking, impaired driving, and crashes, though most said it was difficult to imagine there would not be some benefit. Many believed the program would help identify those offenders who are dependent on alcohol and assist in putting offenders in touch with relevant programmatic resources, such as treatment and supervision.

Despite these potential benefits, officials in both urban locales were generally cautious but somewhat open to the prospects regarding the program's feasibility in their jurisdictions. This tempered reaction was a function of two sets of factors: (a) concerns about practical issues associated with implementation and (b) broader concerns about the value of and need for a twice-daily testing program for urban locations.

Responses to the question about their general sense of the feasibility of a twice-daily testing program typically elicited a list of perceived practical challenges to implementation, some of which may be able to be addressed successfully and others which may not. As might be expected, urban officials voiced concerns about many logistical issues—staffing, parameters of testing, costs, reciprocity, and so forth. The prominence and weight given to these concerns may, in part, have resulted from officials contemplating having to operate a 24/7 program within the current context of their agencies' budgets, equipment, staffing, and other resources. When discussions moved beyond these initial concerns regarding their own agencies' responsibilities, discussants were more optimistic about the prospects for collaboration with other entities and support for twice-daily testing programs from the public. Given that the appropriate groundwork had been laid for such a program (i.e., required legislation was passed, funding to support program costs, issues of reciprocity worked out), officials expressed varying degrees of enthusiasm about their agency's willingness to participate. Across the two sites, prosecutors, while noting the substantial difficulties with implementation, expressed the most interest and willingness to use the program if it were available to them.

Ambivalence about twice-daily testing also seemed to be based on broader philosophical concerns about the need for and appropriateness of a 24/7 program for urban locations. For example, officials in the District of Columbia noted that programs were already in place to supervise individuals, both before their trial and during probation/parole. The pre-trial supervision agency conducts some breath testing of its clients, and the probation agency tests for alcohol via urinalysis. Likewise, the Virginia Alcohol Safety Action Program in Fairfax County provides some alcohol testing of its program participants. None of these agencies tests participants with any frequency approaching twice daily. They are testing participants occasionally to ensure that they are not coming to meetings under the influence, rather than to monitor alcohol consumption and to help ensure that participants are staying sober. Thus, it may have been unclear to urban officials the extent to which a twice-daily program would provide unique benefits in terms of offender monitoring. Although officials in rural jurisdictions often reported that the 24/7 program filled a void in their communities (which often had little or no offender supervision both before trial and during probation), such a program model may be seen as somewhat redundant with existing services in urban locales. Other philosophical concerns included those surrounding due process for program violators who would be incarcerated before a hearing with a judge (this was also mentioned as a concern by some rural judges), and the perceived emphasis of 24/7 programs on punishment rather than assessment and getting offenders needed services. Officials in both urban jurisdictions also noted that the notion of taking officers “off the streets” to conduct testing would be problematic.

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Introduction

Most adults in the United States drink alcohol and drive motor vehicles. Despite the attendant risks, the two behaviors are often combined, which increases the likelihood of traffic crashes. Based on responses from 6,999 U.S. licensed drivers in a 2008 nationally representative telephone survey, it was estimated that 85.5 million drinking driving trips (in which an individual drove a motor vehicle within 2 hours of drinking alcohol) were taken by Americans in the 30 days prior to the survey (Drew, Royal, Moulton, Peterson, & Haddix, 2010). Estimates from the same National Survey of Drinking and Driving conducted in 2001 indicated that nearly 94 million trips annually (or 11% of all drinking-driving trips) in the United States are made by alcohol-impaired drivers with blood alcohol concentrations (equal to or higher than the illegal limit of .08 grams per deciliter (The Gallup Organization, 2003). Finally, a nationwide roadside survey of nighttime weekend drivers indicated that 2% of randomly selected U.S. drivers had illegal BACs (Lacey et al., 2009). Alcohol-impaired driving crashes resulted in 9,878 fatalities in 2011, accounting for 31% of traffic fatalities in the United States that year (NCSA, 2012). Alcohol-impaired driving crashes injure an additional 200,000 Americans and cost \$130 billion in societal costs in the United States annually (Zaloshnja & Miller, 2009).

Each year for the past decade, an estimated 1.4 million drivers were arrested for driving while impaired or driving under the influence (FBI, 2008). This number reflects only those apprehended by the police. However, research indicates that detection and apprehension of impaired drivers is rare, with less than 1 arrest for every 300 trips by drivers with illegal BACs (.10 g/dL at the time of the study; Beitel, Sharp, & Glauz, 2000; Hause, Voas, & Chavez, 1982).

DWI recidivism remains a serious problem on our roadways across the Nation. About a third of the drivers arrested for DWI are repeat offenders (Fell, 1995). A driver is considered a repeat offender if the driver has been charged more than once with an alcohol-related offense (DUI, DWI, implied-consent refusal, test failure, administrative license action, or a zero-tolerance violation, etc.). DWI recidivists carry higher risk of future DWI arrests, as well as involvement in both alcohol-related and non-alcohol-related crashes (Gould & Gould, 1992; Perrine, Peck, & Fell, 1988), especially fatal crashes (Fell & Klein, 1994). They constitute anywhere from 20 to 47% of drivers arrested for DWI, depending upon the State examined (Fell & Klein, 1994). Drivers with prior DWI arrests are overrepresented in fatal crashes by a factor of 1.62, or are 62% more likely than those without prior DWI arrests to be in a fatal crash. Similarly, those with prior DWI arrests are more likely to be drinking drivers in fatal crashes by a factor of 2.38 among drivers with low BACs (.01 to .07) at the time of crashes to a factor of 3.81 among drivers with higher BACs (.08+) at the time of crashes (Fell, 2013). Given their greater involvement in fatal crashes and, particularly as drinking drivers in fatal crashes, repeat offenders cause a disproportionate amount of harm to society in terms of injuries and economic costs (Fell, 1992).

Intensive Supervision of DWI Offenders

As outlined in *A Guide to Sentencing DWI Offenders* (NHTSA & NIAAA, 2006), keys to reducing DWI recidivism are certain, consistent, and coordinated sentencing and compliance

monitoring. In one study, trained counselors interviewed DWI recidivists about the reasons they continued to drink and drive even after a DWI conviction. The counselors also asked the recidivists what countermeasures had positive effects on their behavior. Many of these repeat offenders reported need for thorough alcohol use assessment, self-commitment to dealing with alcohol problems, personalized treatment and education plan, and continued contact with caring individuals, which included those in authority (such as judges), to reinforce lifestyle changes (Wiliszowski, Murphy, Jones, & Lacey, 1996). DWI courts also emphasize these principles (Fell, Tippetts, & Ciccel, 2010).

NHTSA has specified the following six factors as important when dealing with DWI offenders in attempts to facilitate reduction in recidivism (NHTSA & NIAAA, 2006):

1. Evaluate offenders for alcohol-related problems and recidivism risk.
2. Select appropriate sanctions and remedies for each offender.
3. Include provisions for appropriate alcohol use treatment in the sentencing order for offenders.
4. Monitor the offender’s compliance with sobriety, sanctions, and treatment.
5. Act swiftly to correct noncompliance.
6. Impose vehicle sanctions (e.g., vehicle immobilization, impoundment, and alcohol ignition interlock devices; Voas, 1999; Voas & DeYoung, 2002), when appropriate.

Factors 4 and 5—monitoring of offender compliance and swift action to correct noncompliance—also dovetail with the guidelines of the American Probation and Parole Association that probation services should follow to reinforce compliance of impaired-driving offenders under community supervision (Dunlap, Mullins, & Stein, 2008, Table 1; NHTSA, 2007). Most impaired-driving offenders are under some form of community supervision at some point during their sanctioning periods.

Table 1. Guidelines for the Community Supervision of Impaired-Driving Offenders

Guideline 1	Investigate, collect, and report relevant and timely information that will aid in determining appropriate interventions and treatment needs for DWI offenders during the release, sentencing, and/or supervision phases.
Guideline 2	Develop individualized case or supervision plans that outline supervision strategies and treatment services that will hold DWI offenders accountable and promote behavioral change.
Guideline 3	Implement a supervision process for DWI offenders that balances supervision strategies aimed at enforcing rules with those designed to assist offenders in changing behavior.
Guideline 4	Where possible, develop partnerships with programs, agencies, and organizations in the community that can enhance and support the supervision and treatment of DWI offenders.
Guideline 5	Supervision staff should receive training that will enhance their ability to work effectively with DWI offenders.
Guideline 6	Assess the effectiveness of supervision practices on DWI offenders through both process and outcome measures.

Source: Dunlap et al., 2008.

According to APPA, community supervision of DWI offenders should focus on public safety, offender accountability, and behavioral change. To accomplish this, States and communities have devised many variations of DWI offender supervision and probation programs with a variety of components.

Intensive supervision probation programs typically involve close supervision of offenders' behavior through frequent contacts with a probation officer to monitor offender drinking and promote abstinence. A review of the literature indicates that the alcohol-monitoring strategies currently in use by ISP programs in both urban and rural areas are:

1. Unannounced visits by probation officers to the offender's home to obtain breath tests and verify sobriety;
2. Randomized requirements to report for BAC testing where the offender must call in every day and determine whether on that day, he or she will need to report for testing;
3. Home confinement with scheduled or random BAC testing;
4. Transdermal alcohol-monitoring devices, such as ankle bracelets, that measure offenders' BAC hourly;
5. An ignition interlock device to test the offender who, in addition to blowing into the unit whenever starting the vehicle, must also blow at times while operating the vehicle; and
6. Small portable photo-breath-test units that can require the offenders to provide several tests during the day to ensure abstinence.

Methods 1 to 3 have been used for some years and are widely applied throughout the country. Methods 4 to 6 are relatively new and have not been fully evaluated. Nevertheless, they are being widely tested by the States, and more than 18,000 TAM units are currently in use by the courts.

ISP programs for offenders convicted of DWI vary considerably around the United States. There are State "systems" that provide standard guidelines to counties and local communities within the State, and there are numerous local county and community programs that appear promising in reducing DWI recidivism. Wiliszowski, Fell, McKnight, and Tippetts (2010) prepared case studies for two State programs (Nebraska and Wisconsin), four individual area ISP programs ("Staggered Sentencing for Multiple DWI Convicted Offenders" in Minnesota; "Serious Offender Program" in Nevada; "DWI Enforcement Program" in New York; and "DUII Intensive Supervision Program" in Oregon) and two rural programs ("24/7 Sobriety Project" in South Dakota; "DUI Supervised Probation Program" in Wyoming). These ISP programs revealed certain common features:

- Screening and assessment of offenders for their alcohol/substance abuse problem;
- Close monitoring and supervision of the offenders, especially the monitoring of their sobriety;
- Encouragement by officials to complete the program requirements successfully; and
- Jail for noncompliance.

ISP programs provide convicted DWI offenders with support and individualized case supervision through ongoing contact with probation officers or case managers to help offenders deal with their substance use problems by connecting them with appropriate services (e.g., treatment, aftercare, employment). In ISP programs, alcohol monitoring is one component and is accomplished in various ways, including the breath testing of offenders twice a day. In contrast, stand-alone, twice-daily alcohol-monitoring programs modeled on the South Dakota 24/7 Sobriety Program are more

circumscribed interventions for DWI offenders focused exclusively on substance use testing and, when necessary, sanctions. Such programs do not involve ongoing contact with a probation officer or case manager and close supervision of an offender's life circumstances more generally as occurs in ISP programs. Rather, 24/7 sobriety programs are substance-use testing programs operated by law enforcement and applied to offenders both pre- and post-conviction to help ensure their compliance with court orders for bond or probation. Although judges also often order offenders to participate in activities such as treatment, victim impact panels, community service and so forth, such requirements are in addition to but not part of the 24/7 program.

24/7 Sobriety Programs

In their court orders, judges often require repeat- or high-BAC offenders to abstain from the use of alcohol as a condition of their probation or while they are awaiting their trials. However, in the past, no effective program existed to ensure compliance with sobriety. In the early 1980s, Larry Long, the prosecutor in Bennett County, South Dakota, hypothesized that if he could find a way to keep most of the alcohol offenders sober, it might be better and more cost-effective than sending them to jail. As an alternative to jail for repeat offenders, Long offered them a program in Bennett County where they came to the Sheriff's Office twice a day for alcohol breath-testing. Upon becoming the South Dakota Attorney General, he convinced the South Dakota legislature to provide funding to pilot-test the program in four counties beginning in January 2005. The 24/7 program requires defendants arrested for a second or subsequent DUI offense to appear at the local sheriff's office twice a day between 7 and 9 a.m. and 7 and 9 p.m. for breath tests. Those who fail to appear for testing or whose breath test shows consumption of alcohol have their bonds or probations revoked. As an alternative to the breath test, offenders instead can choose to wear TAM devices that use electrochemical sensing technology to test perspiration at the surface of the skin for the presence of alcohol. Drug patches and urinalysis testing also are sometimes used to monitor offenders' other drug use status. The term 24/7 has been applied to programs modeled after the one in South Dakota that establish ongoing, twice-a-day alcohol monitoring of DWI offenders.

Following the lead of South Dakota, two States—North Dakota and, more recently, Montana—have passed legislation establishing statewide 24/7 sobriety programs. Sheriffs in each county decide whether to participate in the programs and the logistics of how the program will be operated (where testing will be conducted, the testing times, etc.). In these programs, offenders appear at the local sheriff's office each morning and evening for breath testing. Among the key features of a 24/7 sobriety-monitoring program that make it of special interest are:

1. It makes use of existing police facilities and standard police equipment—handheld preliminary breath-test devices. No expensive computer or testing equipment is needed.
2. It is low cost (\$1 to 2 per test; \$2 to 4 per day) compared to \$5 to 10 per day for TAM devices, and the cost is paid by the offender.
3. It may replace some or all of the jail time for multiple DWI offenders, thereby reducing jail costs.
4. It is applicable to all types of alcohol offenders, not just DWI offenders.
5. It can be imposed as a condition of bond so it can be applied close to the time of arrest rather than months later when the trial occurs.

Of particular interest is the significance of having an offender breath tested in the police station where, if the test is positive, the individual will be immediately jailed. In remote alcohol-monitoring

systems, a warrant must be issued and served before an offender can be brought into court for sanctioning. Thus, the procedure involving testing at a centralized facility provides the best application of deterrence theory in that a significant penalty immediately follows the offense.

Evidence of Effectiveness of 24/7 Programs

Although 24/7 sobriety programs are relatively new and their use has been confined to rural communities, preliminary evidence from a few evaluations suggest that twice-daily alcohol monitoring holds promise for reducing DWI recidivism. An evaluation report by Loudenburg, Drube, and Leonardson (2010) examined the program's effects on DUI first offenders and repeat offenders. The DUI recidivism rates after 3 years for 24/7 first offenders (with BACs $\geq .17$ upon arrest) was not different from those of similar offenders not on 24/7 (14.3% compared to 14.8%, respectively). However, there was a significant 74% reduction in recidivism after 3 years for DUI second offenders (3.6% versus 13.7% for comparison offenders), a 44% reduction in recidivism for DUI third offenders (8.6% versus 15.3% for comparison offenders), and a 31% reduction in recidivism for DUI fourth offenders (10.7% versus 15.5% for comparison offenders). Although assumed to be a contributing factor, no direct association between the 24/7 program and reductions in impaired-driving fatal crashes or crashes in general have been found to date. According to the 24/7 program coordinator, South Dakota's campaign to reduce fatal crashes has included numerous approaches: increased DUI patrols, sobriety checkpoints, and an extensive DUI public education and information program, in addition to the 24/7 program.

In addition to the Loudenburg, Drube, and Leonardson study, the RAND Corporation recently conducted an independent evaluation of the South Dakota 24/7 program. According to Kilmer, Nicosia, Heaton, and Midgette (2012), there was a 12% reduction in repeat DUI arrests and a 9% reduction in domestic violence arrests associated with the adoption of the 24/7 program.

Feasibility of 24/7 Programs in Urban Locales

As noted previously, monitoring sobriety is often one component of ISP programs, but it also may be used as a stand-alone program to enforce court orders for sobriety. This latter model of a stand-alone, twice-daily alcohol-testing program is the focus of this report. The 24/7 concept developed in South Dakota and in use in several western States has gained popularity among prosecutors and judges and has shown initial promising results in terms of reducing DWI recidivism. Although much remains to be learned about the 24/7 program (e.g., whether it results in reduced jail time and lower rates of offender recidivism), the program model is being considered for implementation in additional States and communities. Currently, information about the program is confined to large western States that are overwhelming rural, frontier, or both. Thus, important questions remain unanswered about whether and how this program model could be applied in more densely populated locations such as urban areas.

The current study was undertaken to address the issue of whether the 24/7 concept can be scaled up to urban settings. The study was conducted in two phases. In Phase 1, extensive information was collected from existing 24/7 programs in rural States to gather current information on program activities, resources, costs, offender populations, outcomes, challenges and modifications, and guidance for urban officials in implementing a twice-daily alcohol-monitoring program. The results of Phase 1 were used to inform the next phase, the assessment of feasibility. In Phase 2, data were collected via discussions with local officials in two jurisdictions—Washington, DC, and Fairfax County, Virginia—to gather information on urban officials' perceptions about the benefits, challenges, required changes, and expected outcomes of implementing a 24/7 program in urban areas.

The purpose of the feasibility study was to assess whether the 24/7 program model could be transferred to an urban location and, if so, what modifications and resources might be necessary to apply it to a more populous setting.

24/7 Programs in Rural Areas

Methods

Program Identification and Selection

The first task was to identify jurisdictions that are currently operating twice-daily alcohol-testing programs for DWI offenders. First, the NHTSA Task Order Manager sent an e-mail to each NHTSA Regional Administrator describing the project and asking them to provide information and contacts for any States in their region who might have 24/7 or similar programs for DWI offenders. Responses to these e-mails were forwarded to the research team for follow-up. Additional efforts to identify relevant programs were made via a request to the executive director of the Governor’s Highway Safety Association to e-mail the governor’s representatives or coordinators for highway safety describing the research project and requesting information on the existence of any 24/7 or similar programs. Similarly, a request was made to the Mothers Against Drunk Driving Public Policy Office to send an e-mail to all of its chapters and affiliates describing the study and asking about any 24/7 programs in their States and communities. Finally, the research team reviewed prior projects conducted for NHTSA on ISP programs for relevant program information. Based on information provided by the aforementioned sources, a list of potential 24/7 alcohol-monitoring programs was compiled. All leads on potential 24/7 programs were followed up by telephone calls to the relevant contact people to gather more information about the nature of the programs. Based on the information gathered in these follow-up contacts and in consultation with the NHTSA TOM, four programs were selected as being appropriate. The four programs to be included in this task were the 24/7 sobriety programs in Montana, North Dakota, South Dakota, and the DUI Supervised Probation Program in Fremont County, Wyoming.

Data Collection

Following the identification of relevant 24/7 programs, two rounds of structured telephone discussions were conducted to gather information to (a) document characteristics of 24/7 or similar alcohol-monitoring programs for DWI offenders and (b) develop recommendations on further information that would be necessary to complete the feasibility study. To document current 24/7 programs, information was gathered from the sites regarding legislation establishing the program, administrative rules, costs, staffing, participant enrollment, monitoring equipment, and program structure. In addition to the two rounds of discussions, information sent by the programs and accessed by online searches was used to supplement the data from officials.

Round 1

For the first round of structured discussions, a key official with extensive knowledge of the program statewide was identified and contacted. The purpose of the initial discussion was to gather qualitative information and process data on the following issues:

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