

Tools for Addressing Repeat DUI Offenders





24/7 Sobriety Program: Implementation in Urban Areas

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Background





Controlling Convicted DWI Offenders

Sanctions Aimed at Preventing Subsequent Impaired Driving :

- Preventing All Driving
- Preventing Alcohol-Impaired Driving
- Preventing Drinking



Controlling Convicted DWI Offenders

■ Preventing All Driving

- Driver's license suspensions
- However, 36-88% of suspended DWI offenders drive anyway



Controlling Convicted DWI Offenders

■ Preventing Impaired Driving

- Alcohol ignition interlocks
- Effective while on the vehicle
- However, some offenders drive other vehicles or opt out of the interlock program (do not own a car)



Controlling Convicted DWI Offenders

■ Preventing Drinking

- Administer Antabuse or equivalent
- House arrest/electronic monitoring
- Require abstinence, however, abstinence is difficult to monitor ---- random testing not always effective



Types of Alcohol Monitoring Programs

- Frequent contact by probation officers and judge or other officials (**observation**)
- **Surprise visits** in the home and BAC testing (and sometimes drug testing via urine sample)
- Daily call-in with **random testing**
- **Electronic monitoring** and home confinement with remote BAC testing
- Using alcohol ignition **interlock records**
- **Regularly scheduled testing**
- Transdermal (**SCRAM**) ankle bracelets

24/7 Program Model





24/7 Sobriety Program in South Dakota

- Applies in general to repeat and high BAC DWI offenders
- Most apply for bond to be released and most are sentenced to jail (ranging from 10 days up to 1 year)
- As an alternative, offenders report twice per day (7AM and 7PM) to the county sheriff's office for a breath test. If no failures and if they show up for each test over a 4-6 month period, they are taken off probation and avoid jail. Any positive BACs or no-shows result in overnight or 2 nights in jail.



South Dakota 24/7 Sobriety Program

- Evaluation of 24/7 in 2010:
 - **74%** reduction in recidivism after 3 years for 24/7 second offenders.
 - **44%** reduction in recidivism for 24/7 third offenders after 3 years.
 - **31%** reduction in recidivism for 24/7 fourth offenders
 - No reduction in recidivism for 24/7 first offenders.

Comparison offenders were similar to 24/7 offenders but did not go through the 24/7 program.

Source: Loudenburg, et al., 2010

South Dakota 24/7 Breath Test Statistics

January 1, 2005 – May 1, 2016

- 40,998 Participants
- 8.57 million tests
- 8.49 million passed tests (99%)
- 29,512 tests failed
- 46,889 No Show

South Dakota 24/7 Program Fees

Breath Tests

\$2 a day test fee – remains with Sheriff.

Cost = \$.10 per PBT tube + staff time.

\$1 – To Attorney General (1st 30 days – Participation Fee).

Urinalysis

\$10.00 per test – Remains with testing agency.

Drug Patch

\$40.00 per patch – Remains with testing agency.

Agency pays testing cost from fee.

South Dakota 24/7 Program Partners

This is why it works:



Courts



Law Enforcement



**Prosecutor/Defense
Attorney**

Feasibility of 24/7 in Urban Areas






Purpose of this Study for NHTSA

- Identify and develop in-depth descriptions of existing 24/7 programs in rural areas to inform feasibility study (Phase 1)
- Conduct feasibility study regarding ability to transfer current program model to urban locales (Phase 2)
 - Fairfax County, Virginia
 - Washington, DC
- Published in 2013: DOT HS 811 861




Phase 1 Findings: Existing Rural 24/7 Sobriety Programs

- Core features have remained constant.
- Most programs use existing staff and facilities.
- Offenders pay about \$2-\$4 per day for breath testing and \$5-\$10 per day for transdermal alcohol monitoring (TAM).
- Offenders are typically on the program for 2-6 months.
- Violation rates (no shows + failed tests) are low at \approx 2-3%.
- Few programs have complete cost data.




Phase 1 Findings: Evolution in Rural 24/7 Programs

- Minor adjustments tied to growth in program populations and logistical issues.
- Provisions for TAM where breath testing not feasible.
- Application to non-DWI offenses (e.g., domestic violence, assault, child abuse).
- Streamlining of processes and paperwork.
- Most officials involved report minimal time commitments once program established.




Phase 1 Findings: Perceived Benefits of 24/7 Programs

- Offender accountability and responsibility
- Identification of offenders with serious drinking and/or drug problems
- Facilitation of the process of drinking cessation in some offenders
- Reductions in drinking
- Increased public safety
- Offenders able to remain active and productive in community (jobs, family)



Phase 1 Findings: Guidance for Implementing a 24/7 Program

- Start small, start slowly; pilot test in 1 or 2 local jurisdictions.
- Use resources and expertise of existing programs and conduct site visit.
- Understand program will not transfer exactly and adjustments will be needed.
- Anticipate roadblocks and be flexible.
- Investigate judges' ability to modify bond conditions.




Phase 1 Findings: Guidance for Implementing a 24/7 Program (cont.)

- Drug testing is more complicated and may need to be phased in.
- Expect program may grow quickly and plan for expansion from start.
- Try to locate testing sites near public transportation.
- Involve all stakeholders in planning process and foster ongoing, open communication to enhance buy-in/support, collaboration, and smooth operation upon implementation.




Phase 2 Feasibility Study Methods

- In-person structured discussions with local officials (e.g., law enforcement, prosecutors, judges, representatives of probation/pre-trial supervision)
- Prior to meeting, officials sent short background document and issues for discussion




Phase 2 Findings: Logistical Challenges—Both Sites

- Inadequate staffing for task
- Need for multiple testing sites
 - Transportation—extent to which public transit would bring offenders to testing facilities unclear
 - Sites without detention facilities would require transporting violators to holding facilities (requires money, time, law enforcement)
- Inability of likely testing agency to collect fees
- Difficulty in making program self-funded due to increased needs for staff, facilities, and equipment
- Difficulty tracking down no-shows




Phase 2 Findings: Logistical Challenges—Both Sites (cont.)

- **Complications** from multiple agencies' involvement in direct program operation
- **Equipment**—concerns about using PBTs given prior challenges to using PBTs in DWI cases, especially given sanctions for program violations
- **Reciprocity**—problems with program application to non-residents in urban hubs that draw large numbers of outside residents
- **Need for legislation** (collection of fees, immediate incarceration, allow judges to order participation)
- Need for **indigent fund**



Phase 2 Findings: Philosophical Challenges—Both Sites

- Due process concerns with immediate incarceration for violators
- Concerns about program being
 - Overly burdensome to offenders
 - Too focused on sanctions versus connecting offenders with needed services



Phase 2 Findings: Philosophical Challenges—Both Sites (cont.)

- Taking officers “off the street” to operate program—unpopular among law enforcement and communities
- Unclear extent to which program would yield substantial and unique benefits given other programs
- Other potentially viable alternatives:
 - Ignition interlock program
 - Home-testing technologies
 - Treatment
 - Alcohol Safety Action Program (ASAP)



Phase 2 Findings: Perceived Benefits

- Potential as effective problem-solving tool
- Helpful in identifying offenders who are dependent on alcohol
- Potential to reduce workload eventually if program resulted in reduced recidivism, although no certainty about program effects
- Interest of stakeholders in effective strategies for increasing public safety—willingness to meet and discuss potential implementation



Phase 2 Study Limitations

- 2 urban sites—unique, lack of geographic diversity
- Small sample of local officials
- Limited time for feasibility discussions
- Lack of quantitative data for estimating costs, resources
- Myopic concerns
- Imminent versus hypothetical focus may have influenced responses



Overall Conclusions

- Twice-daily alcohol monitoring is a tool for keeping DWI offenders sober that, based on officials' reports and studies, is working well to date in rural States
 - Substantially paid for by offenders
 - Low violation rates
 - Relatively easy to track down no-shows
 - Once established, time commitments by judicial and corrections officials are minimal
 - Many issues that have arisen have been dealt with successfully by adjustments
 - Limited evidence of reductions in recidivism

Overall Conclusions (cont.)

- Assessments regarding 24/7 feasibility by urban officials were ambivalent
 - Many concerns expressed
 - Given all appropriate groundwork laid (e.g., necessary legislation, funding, reciprocity and interagency issues resolved), cautious but open attitudes to varying degrees
- Unclear to what extent program model is a better fit with rural locales (i.e., fills programmatic void, easier to implement)



Next Steps: Recommendations for Future Research

- Involve larger, more diverse sample of officials
- Examine feasibility in locales of varying population density, i.e., suburban, exurban
- Investigate phased-in implementation in large States with range from rural to urban communities
- Examine programs with varying patterns of use of breath testing versus other monitoring technologies
- Assess offenders' drinking patterns during monitoring period



Next Steps: Recommendations for Future Research (cont.)

- Moderated group discussion with both rural and urban officials
 - Off-site meeting would allow for more time and in-depth discussion;
 - Participation of rural counterparts—opportunity to dispel false or easily remedied concerns;
 - Intra-jurisdictional dialogue among urban officials; and
 - Peer-to-peer learning from rural officials



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