

Reducing Impaired Driving: A Review of Innovative, Evidence-based, and Promising Policies, Practices and Programs

Conducted for the New Hampshire Department of Health and Human Services
Impaired Driver Care Management Program



By



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Introduction

The New Hampshire Bureau of Drug and Alcohol Services (BDAS), Clinical Services Unit is in the process of updating and revising state administrative rules for substance use disorder (SUD) treatment, including [Rule He-A 500](#) which guides its Impaired Driver Care Management Program (IDCMP). Toward that end, BDAS commissioned this review of innovative and evidence-based practices to inform its efforts.

This document provides the results of a literature review that examined administrative rules, national evidence-based practices, and innovative programming used in other states and localities to address impaired driving offenses. The terms “driving while intoxicated/impaired” (DWI) and “driving under the influence” (DUI) refer to the illegal act of driving a vehicle while impaired by alcohol and/or drugs. However, it is important to note that some jurisdictions classify these terms separately and assign the degree of charges based on this classification. New Hampshire statute ([N.H. RSA 265-A](#)) uses DUI and DWI as synonyms interchangeably.

Information in this document is organized by domains of intervention and includes information on practices that complement—and/or can be used in combination with—state programs for impaired drivers.

Much of the information in this document draws on the National Highway Traffic Safety Administration’s (NHTSA) 10th edition of [Countermeasures That Work](#) (CTW) and the related research briefs *Countermeasures that Work: Drug-Impaired Driving* and *Countermeasures that Work: Alcohol-Impaired Driving*. This document also draws on recommendations in the January 2021 update of the 2019 Governors Highway Safety Association (GHSA) report [High-Risk Impaired Drivers: Combating a Critical Threat](#) (HRID Report), which focuses on drivers who lack the restraint or self-control to resist driving impaired.

Where applicable, this document includes countermeasures for addressing alcohol- and drug-impaired driving that CTW identifies as supported by research using the following rating system:

- **5 Star:** consistently effective across situations
- **4 Star:** effective in certain situations
- **3 Star:** promising/likely effective

Additional information on these countermeasures, their effectiveness, cost, use, and time to implement are available in the full CTW report.

Finally, this document provides a broad overview of approaches, countermeasures, and strategies NHTSA, GHSA, and others identify as important and effective ways to enhance efforts to reduce impaired driving. While many of these approaches involve strengthening multijurisdictional partnerships and coordination, there are also a number of strategies BDAS could implement in its own IDCMP, including but not limited to the following:

- Focusing on identifying and addressing HRIDs
- Strengthening training requirements for IDCMP providers
- Strengthening requirements that IDCMP providers use screening and other tools that are sensitive and specific to the needs of high-risk and other impaired drivers

Overview of Alcohol- and Drug-Impaired Driving

While there is robust research on alcohol-impaired driving, there has been limited evaluation of drug-impaired-driving countermeasures. For that reason, many of the interventions and countermeasures identified in research, as well as state successes, are specific to alcohol-impaired driving. While many of the interventions and countermeasures for drug impairments currently fall within the enforcement domain, innovative new projects funded by GHSA and Responsibility.org in 2022 are also noted in this document.

Alcohol-Impaired Driving

Alcohol-impaired driving is defined as having a BAC at or above 0.08 g/dL. All states have an illegal per se BAC limit of 0.08 g/dL with the exception of Utah, which has a lower limit of 0.05. While alcohol-impaired driving has declined nationally in recent years, it remains a serious issue with 28 percent of all motor vehicle fatalities in the United States (10,142 people) involving alcohol-impaired drivers in 2019.¹ Across states, alcohol-impaired driving is primarily addressed through a combination of laws, enforcement, and education.

Drug-Impaired Driving

NHTSA has noted a number of challenges associated with studying, measuring, and creating countermeasures to address drug-impaired driving. These include:

- The wide range of drugs (both licit and illicit) that can impair driving.
- The lack of established relationships between levels of drugs and driving impairment (alcohol has a documented relationship between BAC and driving impairment).
- The differing rates at which drugs are eliminated from the body and the fact that some drugs can be detected well after impairment has ceased (unlike alcohol, which leaves the body in a predictable manner).
- The differing impairments that can result from poly-drug use, including combining alcohol and other drugs.
- The need for intrusive tests of bodily fluids such as urine or saliva (unlike alcohol, which can be measured reliably through blood and breath tests).
- The need for different countermeasures for driving impairments due to prescription and over-the-counter drugs than for those due to alcohol and illicit drugs.
- The undetermined accuracy of devices that allow officers to screen suspects for illegal drug use at point of contact.²

As a result of these and other challenges, enforcing drug-impaired driving laws can be difficult. NHTSA notes that drug-impaired driving is often investigated only when a driver is visibly impaired, but their BAC is low. Because drug-impaired driving carries no additional penalties in many states, officers and prosecutors may not probe for drugs when driver BACs are over the legal limit. As a result, few measures have been developed to specifically address drug-impaired driving.

¹ NHTSA. Countermeasures that work—alcohol-impaired driving. Traffic Tech, Technology Transfer Series, November 2021. U.S. Department of Transportation. <https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Aascds%3AUS%3A9f600365-be67-368d-a948-2026239426de&viewer%21megaVerb=group-discover>

² Arnold & Scopatz, 2016; Berning & Smither, 2014; Compton et al., 2009; Compton, 2017; Logan et al., 2016; Smith et al., 2018; Stewart, 2006.

New Hampshire prohibits impaired driving but does not have a per se limit for drug metabolites that is similar to the 0.08 g/dL BAC. To get a conviction, the state generally needs to prove the driver consumed some substance and was impaired by that substance. Proof of impairment might include blood test results, expert testimony, and the observations of the arresting officers. A drugged driving conviction is generally a misdemeanor, and the penalties are identical to those for a drunk driving conviction.³

Focusing on High-Risk Impaired Drivers

The GHSA HRID Report underscores the importance of focusing impaired driving program efforts on HRIDs, noting they are “likely to drive with a BAC of .15g/dL or higher—or after consuming drugs or a combination of alcohol and drugs—and to do so repeatedly as evidenced by having more than one DUI arrest. Whatever the impairing substance, the high-risk impaired driver is highly resistant to changing his/her behavior despite sanctions, treatment or education and poses an elevated crash risk.”

As the report also notes, 66 percent of alcohol-positive drivers involved in fatal crashes in 2018 had blood alcohol concentrations (BAC) equal to or higher than 0.15 g/dL and high-BAC impaired drivers are involved in more than 60 percent of the alcohol-impaired driving deaths each year.

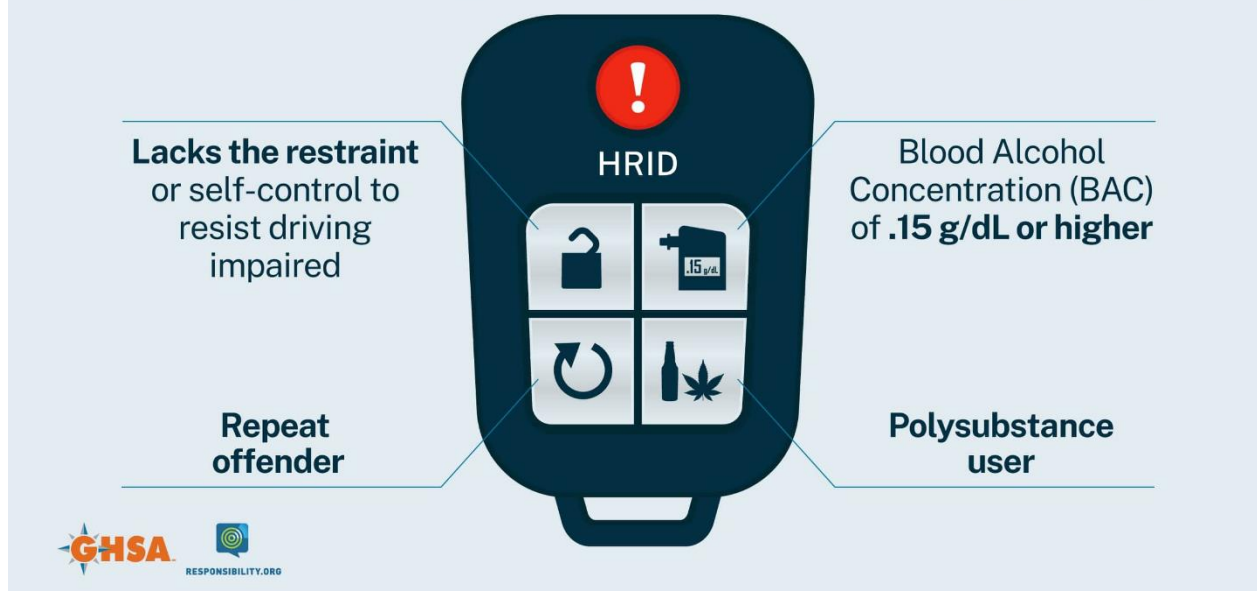
The GHSA reports call for individualized approaches to HRIDs which include the following:

- Identifying all the impairing substances the offender is using
- Identifying the root cause of the offender’s behavior
- Determining and administering the proper treatment and sanctions
- Monitoring and holding the offender accountable so they are less likely to drive impaired in the future

Information on strategies for enhancing programming for HRIDs is contained throughout this document (e.g., specialized training for providers and screening for program participants) and detailed more thoroughly in the GSHA HRID report.

³ <http://www.gencourt.state.nh.us/rsa/html/xxi/265-a/265-a-mrg.htm>

Defining the High-Risk Impaired Driver (HRID)



Laws, Policies, Formal Agreements, and Partnerships

[The Interstate Driver License Compact](#) is an agreement between New Hampshire and 47 other states in which members agree to enforce a DWI arrest that occurs out of state by honoring the DWI license suspension requirements of the state in which the DWI took place. States that participate in the Interstate Driver's License Compact include common language in state statute to include Article 1-9.

Each participating state determines the DWI enforcement guidelines such as points assessed on a minor offense such as speeding, suspension of license or a major violation such as driving while impaired/driving under the influence.

Some states, for example, require certain elements to be met before an out-of-state DWI conviction will affect an individual's drivers' license:

- The DWI law in the other state must be substantially similar to the DWI laws in the home state. The laws do not have to be identical, but they do have to be close enough that if an offender committed the same DUI acts in both states, the offender could be found guilty in either.
- The description of the DWI conviction must be sufficient to qualify as a conviction under the home state's Interstate Compact agreement. For example, a conviction listed as "Driving-1st" will not qualify as a sufficient description, because the conviction does not explain how the conviction is related to a DWI offense. If, however, the conviction was listed as "Driving While Intoxicated -1st," it would invoke the Interstate Compact because it puts the home state on notice that the conviction is related to a DWI offense.
- The enforcement provisions for DWI offenses in the out-of-state conviction must also be substantially similar to those enforcement provisions in the home state. If an offender's

out-of-state DUI conviction meets the requirements of being substantially the same in substance, interpretation, and enforcement, then the home state's Department of Motor Vehicles will proceed to suspend the license under the Interstate Compact.

Other states, however, do not have such strict requirements and any notice from another state can provide the home state with a basis to suspend a person's driving privilege. The home state's administrative rules will determine what appeal rights a person may have and how they can exercise those rights. Generally, the person must show that the out-of-state DWI conviction was invalid or the offense for which they were convicted is not substantially similar to the offense in their home state.

- [Colorado](#), [Maryland](#), [Nevada](#), [New York](#), and [Pennsylvania](#) do not assess points for minor offenses and apply the Driver License Compact for only major violations.
- States that are members are free to take action on violations reported from a nonmember state as well.
- [Pennsylvania](#) transfers points from another state within the agreement only if it meets certain conditions.
- [New Jersey](#) assigns two points for all out-of-state minor violations, regardless of whether the point values are higher if committed in the home state.

Alcohol

The following interventions and countermeasures have been recognized by NHTSA as promising or effective for addressing alcohol-impaired driving:

- **Administrative license suspension and license revocation (5 Star)** involve immediate driver licensing action when a person fails or refuses a breath test. These laws provide quick and certain penalties. The driver may receive a temporary license and/or may request an administrative hearing review.
- **Open-container laws (3 Star)** prohibit possession of an open alcoholic beverage container and the consumption of alcohol by motor vehicle drivers or passengers.
- **High-BAC (e.g., 0.15 g/dL or higher) sanctions (3 Star)** involve enhanced penalties for offenders with high BACs. To reduce BAC test refusals, some states have stronger penalties for refusing testing than failing testing.

State Successes: Partnerships

New Mexico. From 2005 to 2009, New Mexico launched an enhanced comprehensive impaired driving program aimed at reducing the number of crashes and fatalities caused by impaired driving. The program, which was implemented in six counties, included the creation of an interagency leadership team, as well as statewide media campaigns, increased high visibility enforcement efforts, and prosecutorial training. Program effectiveness was measured using pre- and post-intervention rates of DWI crashes, injuries, fatalities, arrests, and convictions; as well as BAC patterns and public awareness. Evaluation found that:

- Alcohol-involved fatal crashes decreased by 36.5 percent in participating counties compared to a 31.6-percent decrease for the state overall
- Alcohol-impaired fatal crashes decreased by 35.8 percent in participating counties, compared to a 29-percent decrease for the state overall and a 6.9-percent decrease in neighboring states
- New Mexico dropped from having the 7th highest alcohol-related fatality rate in the United States in 2004 to the 19th highest rate in 2009.

Key lessons learned related to partnerships included the following:

- 1) **Strong leadership is essential.** The Governor was committed to addressing impaired driving and created a DWI Czar position that actively pursued the state's DWI agenda with all stakeholders, including grassroots organizations, law enforcement agencies, local governments, state agencies, legislators, judges, prosecutors and DWI offenders.
- 2) **Program assessment is a key source of data.** New Mexico conducted three impaired driving program assessments that were facilitated by NHTSA. The assessment results led to the development of a comprehensive DWI strategic plan that involved multiple stakeholders and served as a framework for a statewide implementation strategy that helped identify and prioritize DWI issues.
- 3) **Cross-cutting state coordination is key.** A DWI leadership team created a forum for all agencies working on impaired driving to inform others of their work and allowed time and space for coordination. Key stakeholders and decision-making personnel, many of whom had the authority to act or make key decisions within their respective agencies participated in coordination activities and discussions.
- 4) **Agreements and contracts take time to implement.** Planning is often a slow process, and achieving consensus among different agencies and contractual services can take time, especially at the local/county level. It's important to be realistic about when people can be hired and when projects can get started.

Additional lessons learned from New Mexico are provided in other sections of this document.

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Enforcement, Prosecution, and Adjudication

Alcohol

The following interventions and countermeasures have been recognized by NHTSA as promising or effective for addressing alcohol-impaired driving:

- **Publicized Sobriety Checkpoints (5 Star)** involve law enforcement officers randomly stopping vehicles for indicators of impairment.

- **Highly Visible Saturation Patrols (4 Stars)** involve law enforcement officers actively patrolling for impaired drivers. (Research emphasizes the importance of publicizing both sobriety checkpoints and saturation patrols efforts to increase perceived risk of arrest.)
- **Integrated Enforcement Activities (3 Star)** are primarily directed at other offenses associated with impaired drivers (e.g., speeding, seat belt non-use) to provide additional opportunities to detect impaired drivers, especially at night.
- **DUI Courts (5 Star)** provide coordinated approaches to prosecuting, sentencing, monitoring, and treating offenders—usually those with prior offenses or high BACs. The GHSA HRID report notes that DUI courts are the best model for dealing with the HRID population. The report also notes that DUI courts that adhere to the National Center for DWI Court’s Ten Guiding Principles ([THE TEN \(dwicourts.org\)](http://www.dwicourts.org)) have better outcomes in terms of long-term reductions in recidivism, decreases in crashes, and significant cost savings. Research attributes this success to the DUI court’s focus on accountability and behavior change.
- **Diversion Programs (4 Star)** defer sentencing while offenders participate in education or treatment. Charges may be dropped upon completion, resulting in less severe punishments if the person reoffends.
- **Limits on Diversion and Plea Agreements (3 Star)** remove loopholes by putting the charge on offenders’ records and reducing pretrial time and court time. In court-monitoring programs, organizations observe and report on court or administrative hearing activities. This can result in higher conviction rates and stiffer sentences.

Other Drugs

Enforcement of Drug-Impaired Driving (3 Stars) has been the focus of countermeasures for drug-impaired driving. This involves training law enforcement officers to detect and recognize drug impairment in three increasingly detailed levels:

- **Standard Field Sobriety Test (SFST) training** is the foundation of all impaired driving courses. NHTSA developed a first-level, 8-hour course, Drugs That Impair Driving, to provide a general description of drugs, signs that may indicate drug use, and medical conditions that show signs similar to drug use.
- **Advanced Roadside Impaired Driving Enforcement Program (ARIDE)** is a 16-hour, second-level course designed to enable officers to apply information from SFST to make arrests based on probable cause that provides the necessary evidence for prosecution. The program seeks to increase the officers’ overall knowledge of the general manifestations of alcohol and drug impairment and to increase their ability to recognize these indicators in the drivers they encounter during their enforcement duties.
- **Drug Evaluation and Classification (DEC)** program is the highest level of training. It is designed to train officers to become Drug Recognition Experts/Evaluators (DREs) who can identify the signs and symptoms of drug use to determine whether a driver is impaired by drugs and rule out other possible causes. DRE officers are capable of determining which drug category (or categories) may be contributing to a driver’s impairment. DRE training comprises 9 days of classroom instruction, and DRE candidates are required to perform supervised field evaluations to become certified.

While no studies have examined the effectiveness of enforcement in reducing drug-impaired driving or crashes, SFST, ARIDE, and DRE training is generally considered to be as effective as similar efforts to enforce alcohol-impaired driving. The primary costs are law enforcement time and training

(the time required to conduct a DRE evaluation of a driver typically takes 45 minutes to an hour). NHTSA notes that drug-impaired driving enforcement can typically be integrated into other enforcement activities within 3 months, depending on the time and length of training.

State Successes: Enforcement

New Mexico. New Mexico's successful implementation of an enhanced comprehensive impaired driving program, which reduced the number of crashes and fatalities caused by alcohol-impaired driving, included a focus on enforcement, prosecution, and adjudication. Key lessons learned in addition to those reported previously, include the following:

- 1) **Ensure that grantees understand protocols for the project.** New Mexico created a web-based database to help law enforcement, the state, and evaluators track enforcement activities. It was important that all understood the importance of the protocols established for the program.
- 2) **New devices were highly valued and appreciated, especially in rural areas.** The sheriffs' offices in rural areas were willing to try new devices to help in their alcohol-impaired-driving operations. These included digital video flashlights and innovative vehicle signage. Breath-Alcohol Testing (BAT) Mobiles were also highly prized additions for special operations such as sobriety checkpoints and encouraged increased law enforcement participation in these operations.
- 3) **Collaboration is a key component to enforcement operations.** Law enforcement agencies valued the assistance of other law enforcement agencies and non-law enforcement groups in conducting impaired-driving enforcement activities. Law enforcement, especially in rural areas, relied on collaborating with city police departments, federal law enforcement agencies, tribal law enforcement agencies, and other sheriffs' offices. They also valued the assistance that community groups could provide (e.g., mapping capabilities, support at sobriety checkpoints, and talking with the media in support of enforcement operations).
- 4) **Alcohol law enforcement can be a useful partner in impaired-driving operations.** Alcohol law enforcement agencies were important partners in helping reduce impaired driving, because they could conduct specialized enforcement operations in conjunction with impaired-driving operations, including over service operations (ensuring that bars/restaurants did not serve already intoxicated patrons), and compliance checks (ensuring that liquor stores did not sell to minors).
- 5) **An active traffic safety resource prosecutor (TSRP) was helpful in teaching and engaging officers, prosecutors, and judges on DWI issues.** The TSRP was seen as a vital and helpful position both to DWI prosecutors and to law enforcement officers. Both groups reported that they relied on the TSRP for help with cases, training, finding resources, and giving advice on how to proceed with cases.
- 6) **Having a prosecutor based in a sheriff's office had benefits.** The San Juan Sheriff's Office had a prosecutor based in its office. Deputies reported that the prosecutor not only cut down on court time for officers but also saved funds and improved conviction rates in the county.
- 7) **Increased law enforcement efforts had an effect on the judicial system.** When law enforcement agencies plan to increase their enforcement efforts, there should be coordination with the judicial system, including weighing the effect on prosecutors (whether there are enough on staff), weighing the effect on the court docket, and deciding whether prosecutors and judges need increased support (either financial support or training). This can be especially true in smaller counties with fewer resources.
- 8) **Coordinated media campaigns should be used in conjunction with enforcement operations.** The Superblitz and the 100 Days and Nights of Summer campaigns saturated the media airwaves with messages about law enforcement and prevention. These were aired before and during large enforcement operations.

Additional lessons learned from New Mexico are provided in other sections of this document.

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DUI penalties: <https://law.justia.com/codes/new-mexico/2011/chapter66/article8/section66-8-102>

State Successes: DEC and DRE

Arizona. The Arizona DEC program has received national acclaim for its success in identifying drug-impaired drivers by training and certifying law enforcement personnel as DREs. DREs are often called on to differentiate between drug influence and medical and/or mental disorders. Arizona's DRE School is extremely demanding and comprises the following three phases of training:

- **Phase I** consists of a 2-day (16-hour) preschool where students are taught the definition of the term "drug" as it is used in the DEC program and become familiar with the techniques of drug evaluation and the techniques and procedures for evaluating persons suspected of drug impairment.
- **Phase II** consists of a 7-day (56-hour) classroom program where students receive detailed instruction in the techniques of the drug evaluation examination, physiology, the effects of drugs, and legal considerations. Student must also pass a comprehensive written examination before proceeding to Phase III of training.
- **Phase III** consists of field certification and is conducted at periodic intervals for the next 60 to 90 days. During this part of the training, students evaluate subjects suspected of being impaired by drugs other than alcohol under the direction of certified instructors. After conducting, evaluating, and documenting the results of at least 12 drug evaluations, and completing a comprehensive written examination, the student is certified as a DRE.

The International Association of Chiefs of Police (IACP) is the regulating and credentialing organization for the DEC program. DRE certification is valid for 2 years.

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County-Level Successes: DUI Court

San Joaquin County, CA requires all repeat DUI offenders to participate in a DUI Monitoring Court program which is supported through a grant from the state's Office of Traffic Safety. All repeat offenders are screened by the court using the DUI-RANT to determine their risk and need level. Those found to be low-risk, or high-risk with low needs, are assigned to the Accountability Track of the Court while those who are high-risk/high-needs are assigned to the Court's Treatment Track.

Accountability Track offenders do not have the same level of supervision and treatment as their high-risk and high-needs counterparts but are required to come to court at months 1, 6, and 12 to report on their progress in completing probation. High-risk/high-needs offenders, are more frequently monitored. This includes testing four times daily using an ignition interlock device or portable breath test, or constant monitoring by a transdermal device to ensure they are not using alcohol and/ or other drugs. They also undergo assessment, using the [Computerized Assessment Referral System \(CARS\)](#), by a member of the court's multidisciplinary team, with the results used to develop and monitor offenders' individualized treatment plans.

The DUI Court, follows the research-based best practices, which include:

- Identifying eligible participants and getting them into the program swiftly.
- Including representatives from a range of collaborating agencies on the court team, who work with each HRID.
- Having a judge that is assigned indefinitely to the program and who spends the appropriate length of time with participants during court appearances.
- Using the appropriate length of jail time as a sanction for program violations (less than 1 week).
- Having a program length of at least 12 months.
- Requiring participants to have abstained from alcohol and other drug use for 120 days before successfully exiting the program.
- Regularly using and reporting program statistics and conducting process and outcome evaluation.
- Monitoring treatment using the DWI Court model for high-risk and high-treatment-needs clients with team staffing.

Outcomes from the program showed that, compared to a control group of convicted, repeat DUI offenders, San Joaquin DUI participants had 32 percent fewer new DWI convictions and more than 50 percent fewer DUI crashes. San Joaquin participants also were much more likely to comply with court, probation and DMV requirements and regain their driver's licenses. In addition, DUI filings in the county fell from 3,300 in 2009 to 1,100 in 2016.

Source: [GHSA_HRIDReport_Jan21Update.pdf\(Shared\) - Adobe cloud storage](#), pages 22–23

DWI and SUD Treatment, Monitoring, and Control

The GHSA HRID report notes DWI is “the most inconsistently supervised offense in the nation.” This is due to the fact that supervision and monitoring of impaired drivers are typically handled by state and local community supervision (probation or parole) authorities who are generalists that do not work exclusively with impaired driving offenders and have large, blended cases. The report also notes that the use of generic risk and screening instruments that are not validated for the DWI population and do not capture DWI criminogenic risk factors creates challenges in creating an

Innovative Countermeasures: Green Labs, Toxicology

In 2022, GHSA and Responsibility.org awarded grants to states to fund proven and innovative countermeasures to enhance their ability to deter, detect, and treat alcohol- and drug-impaired drivers. Funded projects include the following:

- **The creation of “green labs” in Maryland and Connecticut** which involve giving volunteers a controlled dose of cannabis (and in some cases a combination of cannabis and alcohol so that law enforcement officers can perform a series of sobriety tests with the volunteers to witness the impairing effects of these substances. This training is intended to help officers better detect cannabis at the roadside, resulting in more impaired and dangerous drivers being removed from roadways before they hurt or kill themselves or others. Public outreach informing drivers of officers’ ability to detect varying forms of drug-impaired driving will be used to help maximize the impact of this initiative.
- **A first-of-its-kind on-call toxicology program in Louisiana** which will hire a forensic toxicologist to provide expert analysis and court testimony on drug-impaired driving cases in areas of the state that currently have limited access or funding challenges. Because drug-impaired driving cases are more complex and challenging than alcohol-impaired driving cases, many cases are pled down or dismissed due to a lack of toxicology support, putting dangerous drivers back on the road rather than in treatment and monitoring programs.
- **Equipment to expand the range of impairing drugs tested by toxicology labs in Illinois and Louisiana.** Illinois will expand its ability to test drivers arrested for impairment by synthetic opioids, which are becoming more widespread across the state. Louisiana will purchase equipment to allow their lab to test every impaired driving blood sample submitted for analysis for a wider array of drugs, including inhalants.

Source: <https://www.ghsa.org/resources/news-releases/FAAR/Grants22>

appropriately individualized treatment plan. Providing training to community supervision officers that addresses unique DWI issues is critical, and resources are available. As the report notes, free training and assistance on DWI community supervision (particularly for the highest risk offenders) and the use of validated risk and needs assessments and alcohol and other drug monitoring technologies are available through the American Probation and Parole Association (appa-net.org).

Alcohol

The following interventions and countermeasures have been recognized by NHTSA as promising or effective for addressing alcohol-impaired driving, although some of them could be adapted to drug-impaired driving as well:

- **Alcohol Problem Assessment and Treatment (5 Star)** assesses the likelihood of recidivism and provides counseling, education, and treatment. Research indicates this strategy works best with other sanctions and close monitoring.
- **Alcohol Ignition Interlock Devices (IID) (5 Star)** are installed on offenders’ vehicles to prevent vehicles from starting unless the drivers provide breath samples below a BAC threshold (typically 0.02 g/dL). Research indicates these devices have significantly reduced recidivism.
- **Vehicle and License Plate Sanctions (4 Star)** are intended to prevent DWI offenders from driving. They include special license plates or license plate or vehicle impoundment, immobilization, or forfeiture.
- **DWI Offender Monitoring (4 Star)** includes intensive supervision, home confinement with

electronic monitoring, and dedicated detention facilities.

- **Lower BAC limits (i.e., 0.02 or 0.04) for Repeat Offenders (4 Star)** have been enacted with success in some states.

State Successes: Screening and Assessment for SUD

New Jersey. Any person convicted of an alcohol- and/or drug-related traffic/driving offense, if court ordered, must participate in a program at an Intoxicated Driver Resource Center (IDRC). New Jersey has an IDRC in each county for first- and third-time offenders and regional IDRC 48-hour centers for second-time offenders. During the program, offenders receive mandatory alcohol and highway safety education training. IDRC also screens each offender for any possible addiction problems and determines the need for a full addiction assessment. If the assessment finds that treatment is needed, the offender must successfully complete treatment and be monitored by the IDRC during the duration of the clinically determined length of treatment. IDRC reports noncompliance with education and/or treatment to the courts and the Intoxicated Driving Program (IDP). IDP makes a recommendation to the New Jersey Motor Vehicle Commission for suspension or restoration based on the offender's successful completion of IDRC conviction requirements. Satisfactory participation in IDRC is a step toward restoring a driver's license. Failure to comply results in further license suspension and possible jail time.

Contact: dona.sinton@dhs.nj.gov

Website: http://www.state.nj.us/humanservices/dmhas/resources/services/treatment/sa_idp.html

State Successes: Alternative Sanctions

Arizona. Arizona has found alcohol automobile impoundment, IIDs, electronically monitored house arrest, and intensive probation with treatment to be especially effective at reducing repeat offenses.

- **Automobile impoundment.** Arizona estimates that impounding vehicles after conviction for DWI or driving while suspended can decrease recidivism by 38 percent and DUI crashes by about 4 percent.
- **IIDs.** Arizona estimates that attaching an interlock to a car for a year after its operator is convicted of DWI reduces recidivism by 75 percent and alcohol-related fatalities by 7 percent. Arizona uses this system for drivers convicted of extreme DWI and for second-offense convictions.
- **Electronically Monitored House Arrest.** This intervention involves attaching a device to the wrist or ankle of a person convicted of DWI which relays a continuous signal to a computer and may require the offender to relay a breath test when prompted by a random phone call. Arizona estimates that this program decreases recidivism by 31 percent and DWI crashes by about 3 percent.
- **Intensive Probation Supervision with Treatment.** Arizona estimates that addressing repeat offenders' drinking habits and providing intensive individual counseling and monitoring reduces recidivism by 48 percent and DWI crashes by 4 percent.

Innovative Countermeasures: Assessing and Sentencing Offenders

Projects funded in 2022 by GHSA and Responsibility.org to enhance states' ability to deter, detect, and treat alcohol- and drug-impaired drivers included the following:

- **Training case managers to screen and assess impaired driving offenders and judges to use the findings to make better sentencing decisions in Nevada.** Nevada will train judges and case managers to use the [CARS](#) tool which can identify SUD and an array of mental health issues, leading to personalized treatment recommendations and more individualized sentencing decisions for defendants to reduce recidivism.

Prevention, Intervention, Underage Drinking and Driving, and Media Outreach

Alcohol

The following interventions and countermeasures have been recognized by NHTSA as promising or effective for addressing alcohol-impaired driving, although they could be adapted to address drug-impaired driving as well:

- **Alcohol Screening and Brief Interventions (5 Stars)** can be used in emergency rooms, primary care visits, or social service settings. Screening tools comprising just a few questions can assess people's alcohol-related use and lead to treatment referrals when appropriate.
- **Mass Media Campaigns (3 Stars)** consist of paid or earned communication and outreach activities using a variety of media (e.g., radio, television, print, social) to deter or prevent certain behaviors and educate about impaired-driving risks.
- **Alternative Transportation (3 Stars)** includes options to avoid driving after events where drinking occurs, such as ride service programs.

The following interventions and countermeasures have been recognized by NHTSA as promising or effective for addressing alcohol-impaired driving for underage persons:

- **Minimum drinking age 21 Laws (5 Stars)** reduce drinking, driving after drinking, and alcohol-impaired crashes and injuries among youth.
- **Zero tolerance laws (3 Stars)** set a maximum BAC of 0.02 g/dL or less for drivers under 21 years old.
- **Alcohol vendor compliance checks (3 Stars)** involve law enforcement compliance checks where officers watch as underage people attempt to purchase alcohol. The checks monitor whether clerks are checking IDs and include citations if a sale is made.

State Successes: Media Campaigns and Hotlines

New Mexico. New Mexico's successful implementation of an enhanced comprehensive impaired driving program, which reduced the number of crashes and fatalities caused by alcohol-impaired driving, included a focus on media and a hotline for reporting impaired drivers. Key lessons learned in addition to those reported previously, include the following:

- 1) **Coordinated media campaigns should be used in conjunction with enforcement operations.** The Superblitz and the 100 Days and Nights of Summer campaigns saturated the media airwaves with messages about law enforcement and prevention. These were aired before and during large enforcement operations. (This is also noted in the Enforcement section of this document.)
- 2) **The use of a hotline to report impaired drivers can be an effective tool for the public.** The DrunkBusters hotline received much media attention. Signs placed along freeways and highways throughout the state were constant public reminders that individuals could report potential impaired drivers directly to law enforcement officials.

State Successes: Social Media Interventions

Michigan. A 2022 University of Michigan randomized controlled trial of social media interventions for risky drinking among adolescents and emerging adults ages 16–24 found there were significant effects of an incentivized social media intervention on drug use and drug-impaired driving. The study randomized participants into three groups:

- Social media intervention plus incentives for engagement
- Social media intervention only
- Attention only placebo control

Over 8 weeks, bachelor's- and master's-level coaches trained in motivational interviewing (MI) and cognitive behavioral therapy facilitated online interactions with those in the intervention groups. This included posting manualized content (housed in shared drives for coaches to access during shifts) and interacting with participants in closed Facebook groups. While there was no prespecified formula for responding to participant posts or comments, coaches were trained to reply using MI strategies in writing, including enhancements such as emojis, gifs, or other images. The coaches were supervised by licensed clinical supervisors in weekly individual and group sessions. Participants had to agree to a User Safety Agreement which prohibited posting opportunities to engage in alcohol or other drug use (e.g., parties, selling drugs), offensive material, or advertisements. The primary outcomes measured included past 3-month alcohol use and consequences over 3-, 6-, and 12-month follow-ups. The secondary outcomes measured included other drug use, consequences, and impaired driving. While there were no significant differences between interventions and the control group on alcohol-related outcomes, the incentivized group reduced other drug use, consequences, and cannabis-impaired driving.

Example redacted participant and e-coach interaction

Initial E-Coach Post: *RIP Mac Miller. Mixing substances can be super dangerous (link to article about cause of death). How do you make sure you and your friends aren't at risk of alcohol poisoning or overdose?*

Participant C: *Fentanyl is mixed in with college drugs without ppl knowing. Some of my friends used coke or MDMA in capsules and fentanyl is just another white powder...it can't be seen. So, they don't mess with those types of drugs cause it is easily fatal when mixed. Unless you have good drug testing kits, the only way to avoid OD is not doing it at all.*

E-Coach: *Exactly! A recent study found that about ½ of overdose deaths that are related to opioids involve fentanyl and like you said, many people use it without being aware because street dealers often add it to other drugs like cocaine and it's hard to detect it without testing. You know how dangerous (and potentially lethal) mixing substances can be and it's so awesome you and your friends just stay away altogether, and don't risk it. Here's the article (link) I found, if you want to read more, just thought I'd share.*

Participant D: *My EMT friend says there have been a ton of calls recently from people OD'ing on drugs laced with fentanyl and most people say it was accidental.*

E-Coach: *That's super scary. You know the prevalence is going up and there's no way you can really know until it's too late. Shout out to you for prioritizing your safety and health!*

Source: Bonar EE, Bauermeister JA, Blow FC, et al. A randomized controlled trial of social media interventions for risky drinking among adolescents and emerging adults. *Drug & Alcohol Dependence*. 2022;237: N.PAG. doi: 10.1016/j.drugalcdep.2022.109532

Data Collection

The GHSA HRID report notes all states collect data on crashes, vehicles, drivers, roadways, citations and adjudication, emergency medical services, and injury surveillance, but methods for data collection and sharing between agencies varies by state. In an individualized justice approach, comprehensive, statewide DWI tracking system could be used by a multidisciplinary team to analyze an impaired driving offender's complete history (e.g., arrests, convictions, reduced charges, toxicology reports, screening and assessment results, use of an IID or other monitoring devices, probation, prescribed and completed treatment).

NHTSA introduced this concept of a comprehensive impaired driving data system in 1997 with the publication of *Driving While Intoxicated Tracking Systems. Volume 1, Design & Operation* ([bts.gov](#)) which led to the Model Impaired Driving Records Information System (MIDRIS) ([Microsoft Word - 7644 ModellImpairedDrivingRecords_06-30-11_v4.docx \(nhtsa.gov\)](#)). MIDRIS provides guidance for developing a system that allows states to generate transmit, track, store, update, link, manage, analyze, and report information on impaired driving offenders and citations. Key components include the following:

- Statewide coverage involving driver's licensing, law enforcement, and all courts that adjudicate impaired-driving cases
- Real-time electronic access to license history, vehicle registration status, criminal history, and warrants
- An electronic citation system used by law enforcement at the roadside or police station
- A citation tracking system that accepts electronic citation data from law enforcement and provides real-time tracking and accountability from citation issuance through adjudication and the imposition and completion of court and administrative sanctions (use of a unique identifier or offender citation number is recommended for online stakeholder access)
- Electronic transmission of data from law enforcement and the courts to the licensing agency allowing for immediate and automatic imposition of administrative sanctions (if applicable) and the recording of convictions on the driver's license
- Electronic reports to the courts and the licensing agency by probation, treatment, or correctional agencies, including information on compliance with court or administrative sanctions
- Linkage of an incident- or case-based tracking system and driver or offender-based system that includes treatment and probation data resulting in a complete offender record
- Timely access by all stakeholders, including the State Highway Safety Office, to statistical reports that inform agency operations, problem identification, policy development, and management of the impaired driving program system and countermeasure evaluation
- Flexibility to include additional data and technological innovations
- Conformity with national standards such as the American National Standards Institute and National Information Exchange Model

As the report notes, while most states have implemented some of these components, few have fully linked them to create an integrated system that tracks the history of an impaired driver from "roadside to release." While data privacy issues, such as meeting the provisions of the Health Insurance Portability and Accountability Act (HIPAA), would require informed consent to link an impaired driver's treatment records to a state data system, GHSA notes that obtaining this consent would also protect those entities using and sharing the information to help the offender and protect the public. Finally,

the GHSA notes that driver's license numbers could serve as the unique identifies needed to build an integrated impaired driver data system.

Integrated and Comprehensive Statewide Impaired Driving Management

State Successes: Comprehensive Statewide Impaired Driving Program

Virginia. The GHSA cites the Virginia Alcohol Safety Action Program ([VASAP](#)) as an exceptionally comprehensive and unique state effort to manage impaired driving. VASAP regulates the IID program, DWI education, and treatment in collaboration with the courts through a network of 24 local, self-sufficient Alcohol Safety Action Programs (ASAP) located throughout the Commonwealth. The ASAPs work collaboratively with other disciplines to decrease the incidence of DWI and reduce alcohol and drug-related fatalities and serious injuries. Key strategies include:

- Helping law enforcement obtain the tools and training they need to detect and apprehend DWI offenders.
- Working with prosecutors and the courts to ensure all offenders convicted of a first or second DWI are referred to an ASAP for supervision and monitoring, and that appropriate revocation procedures are administered in the event of a violation.
- Screening offenders to determine the appropriate level of education and/or treatment services needed and providing and/or remanding them to these services.
- Conducting prevention programs and activities to educate the public about the danger and cost of impaired driving.
- Periodically evaluating and certifying the ASAPs to ensure they are effectively and efficiently serving communities.

Once an offender is placed on probation by the court, they are ordered to report to the local ASAP office within 15 days. Each offender is screened by an ASAP case manager and classified as either education (no apparent SUD) or treatment assessment (apparent SUD or potential for one).

- Individuals classified as education are required to complete a 10-week intensive education course.
- Offenders classified as treatment assessment are referred to a VASAP-approved, licensed treatment provider for an assessment to determine if there is a need for treatment.
 - If no treatment is recommended by the assessor, the offender is referred to the intensive education program.
 - If treatment is recommended, the offender is required to complete an individualized treatment program along with a 4-week ASAP treatment education class.

Offenders who fail to meet the requirements of ASAP probation may be returned to court as noncompliant and previously suspended fines and jail sentences may be imposed. In addition to education and/or treatment, all first-time offenders seeking a restricted driver's license and all second and subsequent offenders must install an IID. VASAP oversees all IID regulations, the vendors, reporting, service center inspections, customer service, out-of-state transfers, and reciprocity. The ASAPs monitor all IID calibration reports and offender photos, checking for violations as well as illegal circumventions.

Virginia also has one of the strictest IID laws in the nation, with all offenders required to have at least 6 continuous months of no IID violations at the end of program participation before being eligible to remove the device. If there is any violation before reaching this milestone, the 6-month period starts over. All IID information and data are managed and tracked through the state's Traffic Records Electronic Data System which includes an IID module.

Virginia, continued

No state tax dollars are used to fund the ASAPs. Instead, each offender is charged a one-time \$400 participation fee. (Treatment costs are assessed by providers.) ASAP makes payment plans available and works with offenders who are showing good faith by making regular payments. VASAP policy dictates that no offender may be dropped from the program for nonpayment of the fee until after the fifth week of intervention.

While completion is the goal, after receiving at least 5 weeks of education and/or treatment, those who are noncompliant may be dropped from supervision. In cases of noncompliance for other causes (e.g., committing subsequent offenses while under supervision), the ASAP typically continues to provide monitoring and intervention until the noncompliance hearing.

VASAP's case management information system (Engenuity) was developed with funding from the Division of Motor Vehicles/Virginia Highway Safety Office and allows offender information to be shared among ASAPs. These data are also accessed by the Commission that oversees VASAP and used to make program changes to serve the offenders' education, treatment, and supervision needs.

VASAP serves approximately 70,000 offenders annually, and evaluation demonstrates it is positively impacting recidivism rates. Among people who successfully completed VASAP, just 2.8 percent and 5.1 percent, respectively, recidivate after 12 months and 24 months compared to the national recidivism rate of 30 percent for all motorists convicted of a DWI.

Article 2: Driving Motor Vehicle, Etc., While Intoxicated:

<https://law.lis.virginia.gov/vacodefull/title18.2/chapter7/article2/>

VASAP: <https://law.lis.virginia.gov/vacode/18.2-271.2/>