

# THE DWI COURT REPORTER

A Publication by the  **NCDC**  
NATIONAL CENTER  
FOR DWI COURTS

## NADCP GOES TO NASHVILLE

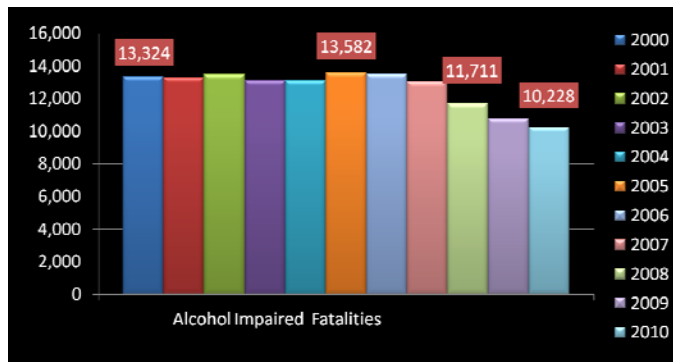
Join the world's largest conference on substance abuse, mental health and the criminal justice system in Music City on May 30-June 2, 2012!

**Register now!**



## NCDC Applauds Reduction in Alcohol-Impaired Driving Fatalities

On December 8, the National Highway Traffic Safety Administration (NHTSA) and the Department of Transportation released the 2010 Highway Fatality figures showing a five percent decline in the number of alcohol impaired traffic fatalities, down from 10,759 in 2009 to 10,228. These numbers have declined by nearly 5,600 since 1991. Alcohol impaired traffic fatalities are defined as crashes that involve a driver or motorcycle rider (operator) with a blood alcohol concentration (BAC) of .08 grams per deciliter (g/dL) or greater.



The encouraging drop is owed to a number of factors including the diligence of law enforcement and the effectiveness of our court system. In addition, awareness groups have become increasingly innovative in promoting the

message of zero tolerance for impaired driving and the importance of designated drivers.

NHTSA is expected to release more comprehensive statistics including numbers on hardcore impaired

*(Continued on page 4)*

### Inside This Issue

**DWI Court—Changing Behavior, Changing Lives** 2

**38 Million American Adults are Binge Drinkers** 2

**NCDC Briefs Kentucky Legislative Task Force** 3

**DWI Court Leadership Award Nominations Being Taken** 4

**DWI Court Enhanced Training: Going Beyond the Guiding Principles** 5

## State of Knowledge: Female Drunk Drivers

By **Robyn Robertson**

There is no doubt that males constitute a significant proportion of the drunk driver problem.<sup>1</sup> However, evidence of a growing number of DWI arrests among females and incremental increases among female drivers testing positive for alcohol in fatal crashes in some jurisdictions in the United States suggest that women are an important part of the problem that is

worthy of our attention and concern. Moreover, available research reveals that female DWI offenders may possess some different characteristics and have different treatment needs. As such, there is a need for greater understanding of this

phenomenon and more defined approaches to prevention, detection, sentencing, supervision, and treatment of this population.



*(Continued on page 6)*

## DWI Court—Changing Behavior, Changing Lives

Washington has 39 counties, but only five DWI courts. In an effort to encourage more counties to start DWI courts, the Washington Traffic Safety Commission created the video, *DWI Court—Changing Behavior, Changing Lives*.

The video is designed to give the viewer a solid understanding of the need for and benefits of DWI Courts. It tells the successful story of those counties in Washington currently operating DWI courts.

Interviews with counselors and clients show the huge difference these Courts make in a DWI offender's life:

“When I first started the DWI Court program I was terrified,” says DWI court graduate,”

There were so many conditions I thought I'd never make it through. I hadn't succeeded at too many things. Before, I wouldn't have had a future. Now the DWI Court program has opened up my future. Whatever goals I want, I know I can achieve. The DWI court program has shown me how.”

Interviews with prosecutors and county officials appeal to the data driven viewer, telling of the benefits DWI courts have, saving resources and changing lives:

“The DWI court program has lowered the recidivism rate, so it's helped the community,” says Spokane County Prosecutor **Brian O'Brian**.

“It's helped my office. It's helped the public defender's office. It helps the individual. It's been an all-win, no-loss situation.”

*DWI Courts—Changing Behavior, Changing Lives* is available at: <http://vimeo.com/19981496>



## 38 Million American Adults are Binge Drinkers

New estimates show that binge drinking is a bigger problem than previously thought. More than 38 million U.S. adults binge drink, about four times a month, and on average the largest number of drinks consumed is eight. Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men over a short period of time.

As reported in the Center for Disease Control (CDC) [Vital Signs](#), the CDC found that those who were thought less likely to binge drink actually engage in this behavior more often and consume more drinks when they do. While binge drinking is more common among young adults aged 18–34 years, binge drinkers aged 65 years and older report binge drinking more often—an average of five to six times a month. Similarly, while binge drinking is more common among those with household incomes of \$75,000 or more, the largest number of

drinks consumed on an occasion is significantly higher among binge drinkers with household incomes less than \$25,000—an average of eight to nine drinks per occasion, far beyond the amount thought to induce intoxication.

Adult binge drinking is most common in the Midwest, New England, the District of Columbia, Alaska, and Hawaii. On average, however, the number of drinks consumed when binge drinking is highest in the Midwest and southern Mountain states (Arizona, Nevada, New Mexico, and Utah), and in some states—such as Louisiana, Mississippi, and South Carolina—where binge drinking was less common.



**Binge drinking is a dangerous and costly public health problem.**

- Most alcohol-impaired drivers binge drink.
- Most people who binge drink are not alcohol dependent or alcoholics.

(Continued on page 8)

## NCDC Briefs Kentucky Penal Code and Controlled Substance Act Task Force

### *Task Force hears about DWI Courts as solution for repeat drunk driving*

A task force established to provide the Kentucky Interim Joint Committee on Judiciary and the Legislative Research Commission with recommendations for alternatives to incarceration heard testimony in November from **David Wallace**, Director of the National Center for DWI Courts (NCDC) and **Matt Stanton**, Vice President of Corporate Affairs and Corporate Social Responsibility for **Beam Inc.** The **Penal Code and Controlled Substance Act Task Force** was urged to look closely at DWI Courts as a solution for repeat drunk driving and the social and economic devastation it causes.

Nationally, there are over two million drivers with three or more DWI convictions and repeat drunk drivers are overrepresented each year in alcohol-related crashes. In Kentucky, repeat drunk drivers were responsible for 73% of drunk driving fatalities over the last five years. One-third of the 20,000 people arrested in 2009 for drunk driving were repeat offenders. DWI Courts are designed exclusively for drunk drivers with clinical alcohol dependence, most commonly those with repeat DWI convictions or a Blood Alcohol Content (BAC) of .15 or higher at arrest. There are currently over 560 DWI Courts in operation nationwide.

DWI Courts operate similar to the highly successful Drug Courts,

emphasizing accountability through a combination of strict supervision and intensive treatment aimed at permanently changing criminal

behavior. Kentucky is currently home to 89 Drug Courts but no DWI Courts. “Kentucky’s strong Drug Court infrastructure can provide the backbone for the development of a sustainable

DWI Court program,” said David Wallace. “This task force has an opportunity to make a significant impact on Kentucky’s criminal justice system by changing the way hardcore DWI offenders are handled. DWI Courts have demonstrated unparalleled results with this population. They are a proven strategy that saves lives and tax dollars.”

Though DWI Courts have not been in existence as long as Drug Courts, there is a growing body of research supporting their effectiveness at reducing recidivism and saving money. Mr. Wallace testified that recent research concluded that DWI

offenders graduating from three DWI Courts in Georgia were 65% less likely to be re-arrested for a new DWI offense, preventing between 47 and 112 new repeat DWI arrests. Research from Michigan has found that DWI Courts save the criminal justice system time and money compared to traditional courts.

The National Center for DWI Courts is the only national training and advocacy organization for DWI Courts and was founded through a partnership between NADCP and Beam, Inc in 2007. In the years since, the number of DWI Courts has increased by 170%.

Communities in the Commonwealth of Kentucky have embraced the Drug Court model and it is hoped that the task force will consider extending this model to tackle the problem of hardcore drunk driving in Kentucky.

DWI Courts are supported by a wide range of national organizations and Federal agencies, including the

**National Transportation Safety Board (NTSB)**.

NTSB submitted a written statement to the panel, further highlighting the effectiveness of DWI Courts and the

importance of implementing a comprehensive strategy to reduce drunk driving.



**Kentucky State Capitol**

**“Kentucky’s strong Drug Court infrastructure can provide the backbone for the development of a sustainable DWI Court program,” said NCDC Director David Wallace.**



## DWI Court Leadership Award Nominations Being Taken

The NCDC is now taking applications for the [2012 National DWI Court Leadership Award](#). This award shines a spotlight of commendation on an individual and/or organization who through their tireless efforts have saved countless lives and made communities a safer place. The nominee must meet the eligibility requirements listed below. The qualifications of the nominee must be outlined in letters of nomination from three (3) different DWI Court professionals.

### Eligibility requirements and guidelines

The nomination must meet the following four criteria to be considered:

- The person and/or organization contributed to the advancement of the nation's DWI Court effort, and demonstrated significant personal leadership and exemplary performance through both specific results and public recognition at the local, regional, state, or national level; and
- The person is living and has not won before; and
- The person and/or organization must be named in a letter of nomination from three separate DWI Court practitioners, articulating how the nominee meets the foregoing criteria; and

- The person nominated and the nominating individuals must be current members of NADCP.

These three individuals should be well acquainted with the person being nominated for the award. They should be able to articulate in writing why the nominee should receive the award. They should also be ready to discuss their nominee with the Director of the National Center for DWI Courts.

### Important Dates

Nominations should be submitted to the Director of the National Center for DWI Courts no later than **March 19, 2012**. The winner will be announced

*(Continued on page 8)*

## NCDC Applauds Reduction in Alcohol-Impaired Driving Fatalities

*(Continued from page 1)*

drivers early this year, however there remains concern that hardcore impaired drivers, those with a BAC of .15 or higher or a previous DWI conviction, will continue to pose a significant threat to public safety. The group is traditionally overrepresented in traffic fatalities. In 2009 hardcore impaired drivers were involved in 70 percent of all fatal alcohol impaired crashes. Across the nation there remain more than two million impaired drivers with three or more DWI convictions and 400,000 with five or more.

**2010 Highway Fatality figures show a five percent decline in the number of alcohol-impaired traffic fatalities, down from 10,759 in 2009 to 10,228.**

“The National Center for DWI Courts applauds the reduction in alcohol impaired driving fatalities” said **David Wallace**, Director of the National

Center for DWI Courts, “however we believe that more must be done to ensure that hardcore impaired drivers do not continue to

pose such an overwhelming danger on our roads. Clearly, traditional sanctions do not work for this population; we must look to DWI Courts as a solution designed specifically to permanently change their behavior.”

DWI Courts protect public safety by using the highly successful Drug Court model, which blends accountability and long-term treatment to address the root cause of repeat and high BAC impaired driving: alcohol and other substance dependency. Participants are intensely supervised, regularly and randomly tested for alcohol use, required to appear weekly in court, and receive incentives for doing well and sanctions for not living up to their obligations.

There are now more than 560 DWI Courts in the United States. Their growth has been due, in part, to their success at reducing recidivism among hardcore impaired drivers and saving valuable criminal justice resources.

## DWI Court Enhanced Training: Going beyond the Guiding Principles and Key Components

By: **Brenidy Rice**

The Colorado Judicial Department State Court Administrator's Office planned and hosted a DWI Court Enhanced Training. This was the first training of its kind in Colorado as it focused solely on DWI Courts and almost every Colorado DWI Court team was represented. **The conference was made possible through technical assistance (TA) from the National Center for DWI Courts (NCDC) and a grant from the Colorado Department of Transportation (CDOT).**

This was an advanced training that focused on how to successfully operate a DWI Court through a coordinated team effort and the unique elements required in treating the multiple DWI offender. There were nine DWI Court teams present at the training with almost 100 people attending including the DWI Court Judge, Prosecutor, Public Defender/Defense Counsel, Coordinator, Treatment, Researcher/Evaluator, Law Enforcement and Probation.

The need for this type of training became apparent after the DWI Courts were surveyed

around the state. The survey included questions about adhering to the key components and guiding principles, current operations and needs. The results of the survey overwhelmingly showed a need and desire for DWI Court-specific training. This need was further emphasized after observing



and meeting with several DWI Court teams around the State.

The enhanced areas of focus presented at the conference were the treatment continuum for the multiple DWI offender, overcoming barriers to effective treatment, community supervision, drug testing, advanced psychopharmacology, operating in rural areas and effective teamwork and planning.

Overall, evaluation scores indicated the program relayed pertinent and applicable information to participants. However, feedback clearly indicated the need to include basic information about DWI Courts to more effectively build the foundation for the advanced material. The important lesson from

this experience is presentation of building block material such as the 10 key guiding principles, basic DWI Court program structure and research on the efficacy of DWI Courts cannot be reviewed too many times. Several comments also indicated the networking opportunities were invaluable and many participants requested more scheduled opportunities to connect with colleagues from other DWI Courts. In planning the conference, the value of connecting with other practitioners was determined to be important and a

networking lunch was integrated into the program. However, it was

apparent this time was not long enough and perhaps a scheduled, facilitated, breakout discussion with each of the team member roles would have added value to the experience.

Participant feedback also indicated team-building sessions were important to the training. Frequently, teams do not have time to get together without other agendas to work on functioning as a

team, build trust and address any underlying issues. This training provided the opportunity to learn about and apply team dynamics to one's own team, in addition to participating in a unique team-building program that involved playing musical instruments as a group. Although this required many people to go outside of their comfort zone, the response was overwhelmingly positive.

DWI Courts present unique challenges and require targeted, multi-discipline cross training in order to build a program that is effective. The 2011 DWI Court training proved to be a good start to providing research-based, DWI-specific information to all teams with the hope of expanding and deepening the knowledge this training can provide in the future.

**Editor's Note:** Ms. Rice is the Colorado DWI Court State Coordinator and as such provides statewide coordination of Problem Solving Courts including strategic planning, sustainability, training and technical assistance for local programs.



**Jon Crowder leading a team-building activity using an egg shaker.**

## State of Knowledge: Female Drunk Drivers

(Continued from page 1)

To address this gap, [the Traffic Injury Research Foundation \(TIRF\)](#) has released a new report entitled “State of Knowledge: Female Drunk Drivers” under funding from [The Century Council](#). The report describes the magnitude of the female drunk driver problem, the characteristics of these offenders, the current involvement of female drivers testing positive for alcohol in fatal crashes, and what is known about effective strategies to manage this population.

### Magnitude of the problem

Data from a number of different sources reveal that a relatively small percentage of females self-report drinking and driving (10-20%) and that this number has been stable for many years.<sup>2</sup> However, there is growing data to suggest that DWI arrests for women have risen nationally, especially in some jurisdictions, in the last three decades.<sup>3</sup> To illustrate, in 1980, just



9% of those arrested for DWI were female; this percentage rose to nearly 15% by 1996 and 20% by 2004. The number of female DWI arrests has risen nationally by 28.8% between 1998 and 2007.<sup>4</sup>

An examination of alcohol crash data from the U.S. Fatality Analysis Reporting System (FARS) indicates that the involvement of female drivers in alcohol impaired road crashes has remained fairly stable with incremental increases.

Females accounted for 12% of alcohol impaired drivers in the 1980s, 13% in the 1990s, and 14% in the 2000s.

Since 2006, the percent of women drivers who tested positive for any amount of alcohol in fatal crashes has averaged 16% and in 2008 there were 1,837 fatalities in crashes involving a alcohol impaired female driver.<sup>5</sup> Of interest, it has been argued that the incremental increases in female drunk drivers in crashes is due to sharper declines in male compared to female rates of DWI from the 1980s to the 1990s.<sup>6</sup>

### Characteristics of Female Offenders

For the most part, the profile of female drunk driving offenders differs somewhat from that of male drunk driving offenders, yet they also share some common characteristics.

- A substantial proportion of female drunk drivers experience alcohol problems; furthermore the gravity and complexity of those problems is not insignificant.<sup>7</sup> Females tend to develop substance abuse problems older than men do. They also tend to develop them faster than men and require medical intervention on average four years earlier.<sup>8</sup>

**Research indicates that there is a need to treat a significant part of the female drunk driver population for mental health problems.**

- The average age of a female drunk driver is 31, although this fact is drawn from older research.<sup>9</sup> Generally, rates of involvement in alcohol related motor vehicle

crashes decrease with age, and the population of greatest concern is often young females.<sup>10</sup> In particular, the increasing involvement of young women with alcohol, in combination with their inexperience with driving and their

growing propensity for risky driving,<sup>11</sup> warrants attention and further research.

- Research indicates that there is a need to treat a significant part of the female drunk driver population for mental health problems. Female DWI offenders have significantly higher psychiatric co-morbidity relative to their male counterparts.<sup>12</sup> Diagnoses of anxiety, depression and post-traumatic stress disorder (PTSD) are common among female impaired driving offenders. The use of drugs also appears to be somewhat common among female impaired drivers.<sup>13</sup>
- Many female DWI offenders who were admitted to addiction treatment had multiple factors that contributed to their alcohol consumption including a history of alcoholism within the family, experience with abuse, anxiety and depression, and family and personal relationships that encouraged heavy drinking.<sup>14</sup>

(Continued on page 7)



## State of Knowledge: Female Drunk Drivers

(Continued from page 6)

### Effective Programs and Practices

Little is known about the effectiveness of programs and interventions for convicted female drunk drivers, although data illustrate that women account for 15-25% of DWI offenders in traditional drunk driving programs such as alcohol monitoring and DWI courts. Available research mainly focuses on treatment effectiveness among substance abusing females.



Once in treatment, there is little general difference between males and females in terms of effectiveness, including program retention, completion and outcomes.<sup>15</sup>

A review of studies examining substance abusing women in treatment found that certain characteristics are associated with better outcomes in terms of treatment retention and completion for both men and women. These characteristics include lower levels of psychiatric symptoms, higher income, being employed, having higher levels of education, and social supports, as well as having personal and social stability.<sup>16</sup> However, many of these predictors vary by gender and have been found to be associated with women's retention in substance abuse treatment.<sup>17</sup>

Features of effective programs include:

- Access to substance abuse treatment could be enhanced by providing childcare and family services to women, including transportation.<sup>18</sup>
- Customized treatment to address each person's particular needs.<sup>19</sup>
- Individual counseling should be offered to women when possible.<sup>20</sup>
- Women-only programs should be made available when possible, and when not, the option of women-only groups should be offered.<sup>21</sup>
- Programs which address the needs of different sub-groups of offenders may be more beneficial than gender-specific programs alone.<sup>22</sup>

### Conclusion

In summary, female drunk drivers are a problem that is worthy of our attention and concern, and more research about what works with female drunk drivers in relation to the effectiveness of traditional sanctions is needed. Much of the available research about this population is outdated, and renewed efforts to examine this population can do much to inform the development of effective programs and practices targeted towards the risks and needs of this population. In particular, greater understanding of what particular components of treatment produce better outcomes and what specific features contribute to change<sup>23</sup> can inform efforts to address this problem.

To access the executive summary or full report on Female Drunk Drivers, click [here](#), or contact Sara Oglestone, Manager of Marketing and Communications at [sarao@tirf.ca](mailto:sarao@tirf.ca) or 1(877) 238-5235.

*Editor's Note: Ms. Robyn Robertson is President and CEO of the Traffic Injury Research Foundation (TIRF), a charitable, independent road safety institute. TIRF is a world leader in research, safety programs, and policy development.*

### Endnotes

1. Argeriou et al. 1986; Jones and Lacey 2001; Zador et al. 2000; Mayhew et al. 2003.
2. Drew et al. 2010; Royal 2003; Schwartz and Rookey 2008; Wilsnack et al. 1984.
3. NHTSA 2009a; Schwartz and Steffensmeier 2007.
4. Lapham et al. 2000; Schwartz and Rookey 2008.
5. NHTSA 2009a.
6. Schwartz and Rookey 2008.
7. White and Hennessey 2006.
8. Green 2006; McMurrin et al. 2011.
9. Shore and McCoy 1987.
10. Peck et al. 2008.
11. Lynskey et al. 2007; Tsai et al. 2010.
12. Maxwell and Freeman 2007.
13. Maxwell and Freeman 2007; SAMHSA 2005.
14. White and Hennessey 2006.
15. Greenfield et al. 2007.
16. Greenfield et al. 2007.
17. Greenfield et al. 2007.
18. Green 2006.
19. Freeman et al 2011.
20. Sun 2006.
21. Grella and Greenwell 2004.
22. Tsai et al. 2010.
23. Sun 2006.



## DWI Court Leadership Award Nominations Being Taken

(Continued from page 4)

### Making Your Community A Safer Place

1029 North Royal Street  
Suite 201  
Alexandria, Virginia 22314  
Phone: 703-575-9400  
Fax: 703-575-9402  
E-mail: [dwallace@dwicourts.org](mailto:dwallace@dwicourts.org)

during the NADCP 18th Annual Training Conference, May 30-June 2, 2012, in Nashville, TN.

A nomination can be made on the nomination form found on the NCDC website at: [www.dwicourts.org/learn/national-dwi-court-leadership-award](http://www.dwicourts.org/learn/national-dwi-court-leadership-award) or in a separate letter. Submissions can be faxed to David Wallace, Director of the NCDC at (703) 575-9402, sent by email to [dwallace@dwicourts.org](mailto:dwallace@dwicourts.org), or by mail to the NCDC at 1029 North Royal Street, Suite 201, Alexandria, VA 22314.



The Center is supported by a charitable contribution from Beam, Inc.

**Note: Some applications received the last two years were not submitted by NADCP members and thus were not considered.** For the application to be considered, please be sure that all three of the individuals submitting the application and the person nominated are current members.



## 38 Million American Adults are Binge Drinkers

(Continued from page 2)

- More than half of the alcohol adults drink is while binge drinking.
- More than 90% of the alcohol youth drink is while binge drinking.

### Binge drinking costs everyone.

- Drinking too much, including binge drinking, causes more than 80,000 deaths in the United States each year.
- Drinking too much, including binge drinking, cost the United States \$223.5 billion in 2006, or \$1.90 per drink, from losses in productivity, health care, crime and other expenses.
- Binge drinking cost federal, state, and local governments about 62 cents per drink in 2006, while federal and state



income from taxes on alcohol totaled only about 12 cents per drink.

- Drinking too much contributes to more than 54 different injuries and diseases, including car crashes, violence and sexually transmitted diseases. Over time, binge drinking also can lead to liver disease, certain cancers, heart disease, stroke, and many other chronic health problems.

- The chance of getting sick and dying from alcohol problems increases significantly for those who binge drink frequently and drink more alcohol when they do it.

Editor's Note: *This article was obtained from [CDC's Vital Signs](http://www.cdc.gov/vitalsigns). For more information on this and other similar topics go to: [www.cdc.gov/vitalsigns/BingeDrinking/index.html](http://www.cdc.gov/vitalsigns/BingeDrinking/index.html).*