DRIVING UNDER THE INFLUENCE

TASK FORCE

April 24, 2007

Final Report

DRIVING UNDER THE INFLUENCE TASK FORCE

FINAL REPORT

Introduction

In August of 2006, the New Jersey Division of Addiction Services (DAS) established the Driving Under the Influence (DUI) Task Force in response to requests from the New Jersey Association of County Alcoholism and Drug Abuse Directors (October, 2005) and the County of Monmouth (November, 2004). DAS indicated its intent to, "…consider the recommendations for future program improvements and possible future rule revisions" for the Intoxicated Driver Program (IDP) and related County Intoxicated Driver Resource Centers (IDRC) in the *New Jersey Register* of October 17, 2005.

At the first DUI Task Force meeting, Acting DAS Director Raquel Mazon Jeffers said, "The goal of the DUI Task Force is to recommend changes that will make a good program even better." She requested the DUI Task Force complete its report by December 31, 2006.

After review of the draft Final Report during March of 2007, the DAS Director recommended a few minor revisions; the Chairperson, after communication with DUI Task Force members, made those revisions and added a few additional items.

The DUI Task Force appreciates the support, cooperation and guidance of DAS Intoxicated Driving Program Chief Joseph Chiappa and his staff.

The Task Force herewith respectfully submits its report toward ***making our State's roads safer by the reduction of driving under the influence (DUI).***

The Report consists of 4 sections:

1. Introduction
2. DUI Task Force Activities
3. Scope of Driving Under the Influence
4. Recommendations

DUI Task Force Activities

The DUI Task Force met five times during the summer/autumn of 2006 in the IDP Conference Room. At its first meeting, the DUI Task Force adopted its mission:

"To identify issues and concerns in the IDP/IDRC system."

Three Task Force subcommittees were established to identify issues related to the IDP/IDRC system: (1) Law/Legislative; (2) Outcome; and (3) Client Services. These subcommittees identified matters for discussion and developed suggestions for consideration by the full DUI Task Force. With the guiding principles of ***transparency***, ***accountability*** and ***quality*** as well as ***"best practices,"*** the DUI Task Force identified concerns and developed several recommendations.

Although the regulations for IDP/IDRC have been adopted and readopted since the establishment of the IDP/IDRC program in 1984, there has not been a thorough review, analysis and evaluation of the IDP/IDRC system since its inception. At the same time, there have been significant changes and upgrades in the addictions field including facility licensure, initiation of new funding streams, private practitioner licensure, establishment of the DUII and more.

It is, therefore, timely for a thorough review of the IDP/IDRC system to take place.

DUI Task Force Membership

Barry W. Johnson	Monmouth County Human Services, ***Chairperson***
Tina Cooke	Sussex County IDRC
Harald Eversheim	Private Practice
Dean LaBollita	Monmouth County IDRC
Sylvia Lippe	Warren/Morris County IDRC
Brenda Pateman	Somerset County IDRC
Kathleen P. Stonaker	Ocean County IDRC
Dave Woolbert	Atlantic County IDRC

DAS Staff Supporting the DUI Task Force

Joseph A. Chiappa	Division of Addiction Services
Sherry R. Dolan	Division of Addiction Services
Court Fisher	Division of Addiction Services
Bonnie E. Schuster	Division of Addiction Services
George Mladenetz	Division of Addiction Services
Linda Constantino	Division of Addiction Services

Scope of Driving Under the Influence

About three out of ten Americans will be involved in an alcohol-related traffic crash during their lifetime (Hon, 2004). Nearly three-quarters of drivers convicted of driving while impaired are either problem drinkers or people with alcoholism (Hon, 2004).

As a result of intoxicated driving, one person is killed every 31 minutes in the United States (46 people each day; in 2005, 16,885 nationwide and 263 in New Jersey). An estimated 254,000 persons were injured in crashes where police reported that alcohol was present – an average of one person injured approximately every 2 minutes (NHTSA, 2006). $16 billion in property damage is caused by alcohol-related traffic crashes every year (Hon, 2004).

Each year, alcohol-related crashes in the U.S. cost about $51 billion (Blincoe, et al., 2000). Approximately a third of DUI offenders will repeat the offense, and a driver with a DUI offense is 4.5 times more likely than the average driver to be involved in an Alcohol-related fatal crash (Voas, 2004).

Repeat offenders tend to have higher rates of alcoholism and alcohol related problems, more frequent non-traffic criminal offenses and more severe mental health problems. More elaborate evaluation of repeat offenders must be undertaken to evaluate the potential for these problems (NJ Legislature, 1998).

Most drinking-driving activities are undetected by and underreported to police. The probability of being arrested while driving drunk has been estimated to be as low as from 1% to one-tenth of 1% (Yu, et al., 2006).

"New findings indicate that because first-time most DWI offenders also have high rates of other substance use disorders as well as other psychiatric disorders, intervention programs may need to provide enhanced services to help this more severe subtype of DWI offender." (Ball, et al., 2007)

In its Final Report (December 11, 1998), the New Jersey Senate Task Force on Alcohol Related Motor Vehicle Accidents and Fatalities stated, "Medical Insurance: Health care institutions, trauma

centers in particular, should not be denied payment by insurance companies for care they are required to deliver to seriously injured victims, solely on the basis of alcohol being implicated as a causative factor."

> *This care must be delivered by law, and trauma centers serve a disproportionate number of seriously injured victims involved in such crashes.*
>
> *The requirement of trauma centers to treat seriously injured crash victims, without a requirement of the insurance companies to reimburse, has had a negative effect on the system to manage the severely injured in New Jersey.*
>
> *Appropriate and necessary rehabilitation and follow-up care is almost impossible to arrange without this financial coverage.*
>
> *Individuals involved in such a situation must find a method of payment to get such care, even if they were not intoxicated or at fault*
> .
> *Nonpayment causes hospitals NOT to obtain BAC (Blood Alcohol Concentration).*
>
> *Police do not obtain BAC samples from victims taken to hospitals with any regularity.*

It seems that although we have come a long way toward being able to more effectively assess and treat DUI offenders, we still have a long way to go before being able to eradicate the intensity and scope of this problem. "The challenges ahead are going to require more innovative efforts by both the treatment community and the legal and grass-roots community in order to continue to reduce the tragic consequences of this crime." (Cavaiola & Wuth 2002).

Recommendations

Immediate

1. **IDP Staffing:** Using fees collected from clients (not tax dollars), the NJ Intoxicated Driving Program (IDP) shall be ***fully and adequately staffed*** in order to (1) provide clients with appropriate and sufficient service per statutory requirements and (2) provide Intoxicated Driver Resource Centers with proper and suitable support. The IDP should be given a waiver from the current hiring freeze in order to accomplish the recommendations. With adequately staffed IDP

   A. *The length of time between conviction and scheduling in an IDRC should be shortened from the current average of four (4) months to two (2) months. "Finding ways to reduce the long delays between a DUI arrest and the initiation of treatment can help establish a stronger connection between the reason for arrest and the need for intervention in the minds of offenders" (Hon, 2004).*
   B. *Use of State overtime pay for IDP staff may be reduced from the current average of 25 hours per week to less than 10 hours per week.*
   C. *The IDP will be better able to promote the use of the DUII Program, thereby reducing recidivism.*
   D. *The current staffing pattern causes long delays in obtaining information to address issues related to offenses and DUI concerns..*
   E. *Establish a permanent, full-time research unit at IDP*

2. **48-Hour IDRCs** – Until such time as current DUI law concerning 48-Hour IDRCs is changed: by December 31, 2007, the New Jersey Department of Human Services and each County Government shall sign a Memorandum of Understanding (per State Regulations: Chapter 162, 10:162-1.3) concerning the designation and establishment of regional "48-Hour" IDRC programs; such Memorandum of Understanding should address several matters including:

   A. *A transparent process leading to "designation" of "48-Hour IDRC" programs to include a timeframe for such designation and expiration of same.*
   B. *In order to assure ongoing accountability, monitoring and site inspection procedures should involve both the IDP and Counties.*
   C. *In order to assure quality of programming, DAS and County should approve each "48-Hour IDRC" covering:*
      Standards of Practice and Curriculum
      Residential Facility Issues
      Policy/Procedure re: persons under 18 years old
      Staffing and Credentials of Staff

   D. *County 12-Hour IDRCs should no longer monitor 48-Hr. IDRC clients in treatment unless reimbursed for same.*

3. **Detainment:** Since DAS and County IDRCs should not be in the "detainment" business, the State and County governments should explore revision of the current DUI law toward other processes and procedures for the elimination of detainment as currently stipulated and practiced.

4. **DUI Task Force**: Expand the scope and membership of the DUI Task Force (via appointment by Governor or his designee) to address the recommendations herein that are related to IDP and IDRC, other specific proposals for revisions to IDP and IDRC regulations and procedures as well as other rules and guidelines culminating in a final report to be submitted to the Commissioner of Human Services no later than June 30, 2008. IDP funds shall provide the necessary financial and other support for the work of the expanded Task Force. Tasks of the Task Force shall include but not be limited to:

A. Conduct a thorough professional review and analysis of the DUI laws, regulations and treatment/intervention systems of all States in the USA, comparing them with New Jersey's current laws, regulations, guidelines and practices toward using "best practices" in New Jersey. Perhaps a State RFP could be issued for same; academic institutions and/or others might respond.

"There is little or no data on the effectiveness of existing New Jersey programs for the drunk driving offender" (Senate Task Force on Alcohol related Motor Vehicle Accidents and Fatalities". (Final Report, December 11, 1998)

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"Any person convicted of a second violation of driving under the influence within five years should receive a mandatory minimum jail sentence of 10 days and license revocation for not less than one year" (Presidential Commission on Drunk Driving, 1983).

B. Develop, through use of "best practices" an outcome-based structure for 12-Hour and 48-Hour IDRCs that will be implemented as soon as possible.

Such "best practices" should consider:

Types and length of interventions
Review of pre-screening and screening instruments
Involvement of family members
Measuring recidivism rates
Involvement of Victim Impact Panels
Consideration of Interlock/Immobilization devices
Follow-up with clients (3 months, 6 months, 1 year, other)

Measuring progress of all IDRC clients (not just those in treatment)
Adapting all IDRC/IDP forms to revised standards and procedures
Specialized curricula aimed for seniors, disabled, underage, etc.
Continuity and congruency among all IDRCs
Staffing and Credentials of IDRC staff

Recommended Expanded DUI Task Force Timeline

Establish expanded ***DUI Task Force*** by	6/30/2007
DUI Task Force submits final report	6/30/2008
DAS resolves/revises more immediate priorities: (language, etc)	as needed
DAS develops new IDRC Regulations	7/1/2008-9/30/2009
New regulations ready for informal comment	10/1/2008
Finalize proposed new regulations	9/30/2009
Formal process begins: Proposed New Regulations	10/1/2009
Old Regulations expire	9/22/2010
New Regulations begin	9/23/2010

5. **Driving Under the Influence Initiative (D.U.I.I.)** Broaden client base and extend the time of eligibility for persons who qualify for assistance for the Driving Under the Influence Initiative, as requested of DAS by IDP, in order to encourage more intoxicated drivers, especially non-complaint ones, to enter treatment,.
6. **N.J. Law Revision Commission**: Immediately inform the New Jersey Law Revision Commission and the Attorney General that current State Law as well as regulations and other rules concerning intoxicated driving need to be reviewed, revised and updated.
7. **Information Sharing among IDP, IDRCs and IDRC Affiliated Agencies/Providers:**

   Develop requisite technological tools and procedures to allow for secure electronic exchange of information among IDP, IDRCs and IDRC Affiliated Agencies/providers.

Intermediate

1. **IDP/IDRC Regulations**: Review and revise all current IDP/IDRC rules and regulations for clarification, standardized language and uniformity with DAS licensure and other rules and regulations not later than December 31, 2007.

> *As an example: the word "evaluation" that now appears in the current IDP/IDRC regulations needs definition as well as clarification for use by IDRCs, IDP and IDRC Affiliates.*
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> .
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> *The rules governing practice of licensed and/or certified alcohol and drug counseling in New Jersey ["Alcohol and Drug Counselor Committee: 13:34C-1.1 et seq] do not contain the word "evaluation."*
>
> *In order to avoid potential liability and other legal problems as well as provide clarification for screeners, counselors and other staff, "evaluation" should be eliminated and appropriately replaced with another word.*
>
> *County governments, counselors, screeners, IDP, IDRCs and other agency staff should be "held-harmless" relative to the use of the term "evaluation" (and other terms in the current IDP/IDRC regulations while revisions/clarification of these words takes place.*

5. **New Jersey Drunk Driving Commission**: ***Re-establish*** the New Jersey Drunk Driving Commission (similar to the Governor's Mental Health Task Force) whose tasks shall include, among other things, review and comment to the Legislature and/or Executive regarding all legislative bills and/or Executive Orders and other actions related to intoxicated driving.

> *The Senate Task Force on Alcohol Related Motor Vehicle Accidents and Fatalities recommended: "A permanent commission should be created to study the efficacy of legislative changes. This could be similar to the State Commission on Drunk Driving which studied the problem of drunk driving from the mid-1980's through the early 1990's. Senate Task Force on Alcohol Related Motor Vehicles Accidents and Fatalities (Final Report, December 11, 1998).*

A. Survey law enforcement officials, addictions professionals, highway safety advocates, municipal court personnel and other professionals concerning their ideas, recommendations and experiences relative to New Jersey intoxicated driving law and regulations and the IDP/IDRC system.

B. Establish a stronger networking relationship between municipal courts, prosecutor's office, and IDRCs.

Long-Term

1. **Non-Compliance List:** Significantly reduce the current IDP/IDRC "non-compliance" list (now estimated at approximately 100,000 offenders) through aggressive, proactive and cooperative efforts among municipal police, municipal courts and IDRC.

2. **Recidivism:** Reduce recidivism of intoxicated drivers by implementation of best practices identified by the DUI Task Force and the New Jersey Drunk Driving Commission.

SOURCES

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