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REDUCE DWI OFFENSES THROUGH PREVENTION AND TREATMENT

BACKGROUND

According to 2008 data from the Texas Department of Public Safety (DPS), over 94,000 individuals were charged with driving under the influence on Texas roads. However, this number does not fully capture the total number of individuals engaged in drinking and driving during that time. Alcohol is the choice drug of abuse in Texas.¹ In 2009, of the 91,072 individuals admitted to substance abuse treatment programs funded by the Department of State Health Services (DSHS), over 25,000 people, or more than a quarter of the total population admitted, were there for alcohol abuse/dependency.²

PROBLEM

Texas relies on graduated criminal sanctions to address Driving While Intoxicated (DWI) offenses.³ Specifically, convictions for a DWI offense may carry the following penalties:

- *Punitive sanctions* – these include incarceration, probation, fines, and/or community service.
- *Rehabilitative measures* – these include education classes, treatment programs, and victim panels.
- *Incapacitation* – this includes impounding vehicles and license plates, installing ignition interlocks, requiring electronic monitoring, and/or home incarceration.

Regarding efforts to minimize DWI offenses, punitive criminal justice sanctions alone do not effectively address the root causes of alcohol abuse/dependency. Nor do they present opportunities for prevention. Communities must employ effective education, screening, intervention, and treatment strategies if they fully intend to reduce incidences of DWI among their local populations. Likewise, they must implement prevention alternatives that would more effectively reduce cases of DWI and the dangerous consequences that accompany alcohol abuse and dependency. However, many communities lack the resources necessary to do so.

FACTS

- **Those with DWI offenses often have a previous history of alcohol abuse/dependency issues.** Most DWI arrestees have driven many times while intoxicated without ever being caught or arrested.⁴ Nationally, 1.5 million DWI arrests occur each year,⁵ and according to Mothers Against Drunk Driving (MADD), one-third of all those arrested for driving under the influence have re-offended.⁶
- **Participation in treatment and monitoring reduces recidivism more effectively than punitive sanctions.** Individualized treatment programs that incorporate counseling, education, traditional alcoholism treatment, peer/sponsor support programs, and integration of medication, technology, and/or community supervision increase effectiveness in addressing alcohol abuse/dependency. Only limited evidence suggests that incarceration and fines alone have a deterrent effect on individuals who commit DWI offenses; however, research does indicate that criminal justice sanctions used in tandem with specialized treatment and interventions may increase compliance and successful outcomes to reduce recidivism.⁷
- **Preventative measures reduce possible DWI arrests and accidents.** A targeted investment in community-based education, prevention, and intervention programs can save lives.⁸ Founded in 1999, Texas A&M's "Carpool" program, where students can call for a ride home with no questions asked, has to date prevented 168,917 drunk drivers.⁹ This model program has been replicated at eight universities nationally.

SOLUTIONS

➤ Expand education and prevention programs to every college community.

Fifty-eight percent of college students under the age of 21 reported drinking in the past month.¹⁰ Research suggests that many people who drink and drive at such ages are able to change drinking and driving behaviors as they grow older.¹¹ Targeted community screening, education, and prevention programs, including reduction in access to alcohol by minors and safe-ride alternatives for college students, may significantly reduce risks – including DWIs – related to youthful drinking in Texas.¹²

➤ Expand opportunities for alcohol prevention, screening, treatment, and monitoring for at-risk individuals.

Again, one-third of DWI arrestees have been classified as “problem drinkers” who have driven under the influence before and have proven alcohol dependence and abuse issues.¹³ Because of this high rate, policy-makers and local leadership must ensure that, in addition to appropriate, tailored education and prevention programs, incentives are available to encourage participation in and completion of treatment programs. Likewise, leadership must increase opportunities for interventions from community health providers, while also ensuring that those undergoing treatment are continually supervised throughout their programming. Monitoring is an especially critical factor in ensuring treatment effectiveness and recovery.¹⁴

Note: Regarding incentives, evidence suggests that positive reinforcements (incentives and feedback) that are administered four times as often as negative reinforcements (sanctions for non-compliance) are “optimal for promoting behavior changes.”¹⁵ As such, criminal justice supervisors who are monitoring education and treatment participants should employ this 4:1 ratio in efforts to best ensure program efficacy and more effectively reduce the risk of re-offending in the long term.

¹ Jane C. Maxwell, Ph.D., “Substance Abuse Trends in Texas: June 2010,” Gulf Coast Addiction Technology Transfer Center, 5, <http://www.utexas.edu/research/cswr/gcattc/documents/Texas2010TrendsReport.pdf>.

² Jane C. Maxwell, Ph.D., “Substance Abuse Trends in Texas: June 2009,” Gulf Coast Addiction Technology Transfer Center, http://www.utexas.edu/research/cswr/gcattc/documents/Texas2009_002.pdf.

³ Texas Penal Code §49.04 and §49.09. First time conviction of DWI, with no other extenuating factors, is considered a Class B misdemeanor with a minimum confinement of 72 hours. A second time conviction of DWI, again with no extenuating factors, is considered a Class A misdemeanor and carries a minimum confinement of 30 days. A third conviction results in a third degree felony.

⁴ Robert B. Voas, Ph. D. and Deborah A. Fisher, Ph. D., “Court Procedures for Handling Intoxicated Drivers,” National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, <http://pubs.niaaa.nih.gov/publications/arh25-1/32-42.htm>.

⁵ *Ibid.*

⁶ Mothers Against Drunk Driving, “Mandatory Alcohol Assessment/Treatment,” Mothers Against Drunk Driving, <http://www.madd.org/Drunk-Driving/Drunk-Driving/laws/law.aspx?law=10>.

⁷ Voas and Fisher. Authors state that “although the effectiveness of jail sentences is doubtful, the desire to avoid jail is an essential incentive for offenders to comply with sanctions that appear to be more effective, such as treatment interventions.”

⁸ National Institutes of Health (NIH), Fact Sheet, “Alcohol – Related Traffic Deaths,” <http://www.nih.gov/about/researchresultsforthepublic/AlcoholRelatedTrafficDeaths.pdf>.

⁹ CARPOOL History, “About Us,” <http://carpool.tamu.edu/about/history.asp>.

¹⁰ Maxwell, “Substance Abuse ... June 2010.”

¹¹ *Ibid.*

¹² NIH Fact Sheet

¹³ Voas and Fisher.

¹⁴ *Ibid.*

¹⁵ Crime and Justice Institute, “Implementing Evidence-Based Principles in Community Corrections: The Principles of Effective Intervention,” Produced with funds provided by the U.S. Department of Justice, National Institute of Corrections, April 30, 2004, 6.