

**DWI/Drug Courts:
Defining a National Strategy**

Judge Karen Freeman-Wilson (Ret.)
Executive Director

C. West Huddleston
Director

March 1999

DWI/Drug Courts: Defining a National Strategy

Prepared by the National Drug Court Institute, the education, research and scholarship affiliate of the National Association of Drug Court Professionals.

Copyright © 1999, National Drug Court Institute; reprinted May 2004

NATIONAL DRUG COURT INSTITUTE

Judge Karen Freeman-Wilson (Ret.), Executive Director
C. West Huddleston, III, Director
4900 Seminary Road, Suite 320
Alexandria, VA 22311
Tel. (703) 575-9400
Fax. (703) 575-9402
www.ndci.org

This document was prepared in cooperation with the American Council on Alcoholism; the National Commission Against Drunk Driving; the National Sheriffs' Association; the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice; and the National Association of Drug Court Professionals.

This document was prepared under Cooperative Agreement Number 1999-DC-VX-K001 from the Bureau of Justice Assistance, U.S. Department of Justice, with the support of the Office of National Drug Control Policy, Executive Office of the President. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position of the U.S. Department of Justice or the Executive Office of the President.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the National Drug Court Institute.

Printed in the United States of America.

Drug courts perform their duties without manifestation, by word or conduct, of bias or prejudice, including, but not limited to, bias or prejudice based upon race, gender, national origin, disability, age, sexual orientation, language or socioeconomic status.

ACKNOWLEDGEMENTS

Wide-scale implementation of courts offering a treatment-based approach to DUI cases could be the next important step in a challenging series of initiatives that have brought about remarkable reductions in both DUI arrests and alcohol-related traffic deaths in the last two decades. In 1987, nearly 24,000 people died in alcohol-related crashes. Ten years later, that number had dropped by a third. DUI/Drug Courts can help us achieve the U.S. Department of Transportation's goal of 11,000 by 2005.

The National Drug Court Institute and the DUI/Drug Court Advisory Panel wish to acknowledge all those who have contributed to this important initiative. Special thanks to the organizations that worked in partnership with NDCI to convene the panel: the American Council on Alcoholism, the National Commission Against Drunk Driving, the National Sheriffs' Association, the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice, and the National Association of Drug Court Professionals.

We also wish to express our gratitude to the jurisdictions who participated in this project, having the vision to lead this important movement: • Bakersfield, California • Bernalillo County, New Mexico • Butte County, California • Dona Ana County, New Mexico • Hancock County, Indiana • Maricopa County, Arizona • Payne County, Oklahoma

Finally, we extend our appreciation to the following organizations and individuals for their participation and interest—
American Automobile Association • American Beverage Institute • American Prosecutors Research Institute •
Ms. Brenda Beach • Center for Substance Abuse Treatment • Century Council • Linda Connelly & Associates, Inc. • Office of
Justice Programs, U.S. Department of Justice • The Distilled Spirits Council of the United States • The General District Court
and the City of Fredericksburg, Virginia • Mr. Paul Gavaghan • Department of Emergency Medicine, George Washington
University Medical Center • Indian Health Service, U.S. Department of Health and Human Services • Health Communications,
Inc. • Join Together • Life Sciences Corporation • MADD of Northern Virginia • Mid-America Research Institute • Mobil
Corporation • National Council on Alcoholism and Drug Dependence • National Criminal Justice Association • National
Highway Traffic Safety Administration, U.S. Department of Transportation • National Institute on Alcohol Abuse and
Alcoholism • National Licensed Beverage Association • National Traffic Law Center • Rappahannock (Virginia) Regional Jail •
Rutgers University Center of Alcohol Studies • National Center for Alcohol Policies • National Center for State Courts •
National Institute of Justice • Office of Demand Reduction, Office of National Drug Control Policy • State Justice Institute •
Therapeutic Communities of America • Office of Tribal Justice, U.S. Department of Justice • Department of Veterans Affairs •
Virginia Alcohol Safety Action Program • Rappahannock Area
• Washington Regional Alcohol Program.

TABLE OF CONTENTS

EXECUTIVE SUMMARY #ii

DUI and Drug Court Practice Compared
Challenges of Establishing DUI/Drug Courts
Recommendations

DUI/DRUG COURTS: DEFINING A NATIONAL STRATEGY

A Nation Still at Risk	1
Drug Courts: A Model for DUI	4
The DUI/Drug Court Mission	5
Comparison of DUI and Drug Court Practice	6
Clearing a Path	10
DUI/Drug Court National Strategy Framework	12

REFERENCES 13

APPENDIX A: ADVISORY PANEL JURISDICTIONS

Bakersfield Municipal Court	17
Bernalillo County Metropolitan Court	20
Butte County Superior Court of California	23
Dona Ana County DWI Drug Court	26
Superior Court No.2 of Hancock County	28
Payne County Drug Court	30

APPENDIX B: REVIA PROJECT

The Butte County ReVia Project	31
--------------------------------	----

APPENDIX C: “SWOT” ANALYSIS OUTCOMES 41

EXECUTIVE SUMMARY

America's drug courts are working. Taking a rehabilitative approach to justice that is based on intensive drug treatment, close supervision, and a demand for offender accountability, drug courts offload nonviolent drug offenders from traditional court systems and place them in programs designed to get them off drugs, reduce recidivism, save money, and slow the revolving door that has come to characterize the nation's criminal justice system.

The positive outcomes for drug courts beg the question: Can the drug court model be applied with equal effectiveness to other populations? More specifically, can it work with drunk drivers?

Stiff criminal penalties, a massive public awareness campaign, and other initiatives spanning nearly two decades have had an impact on drunk driving. In 1987, alcohol-related crashes accounted for 51 percent of all fatalities; a decade later, the percentage is down more than 12 points (Bureau of Justice Statistics, 1998). Arrests for driving while intoxicated or under the influence of alcohol are also on the decline, but unfortunately, the impact of these initiatives has been disproportionately limited to social drinkers. Problem drinkers, i.e., serious, habitual abusers of alcohol, continue to kill people on the highways. Those who are addicted are undeterred by punishment; those who live in denial are unswayed by media campaigns.

Some jurisdictions are already applying the drug court model—or portions of it—to DUI cases. Some operate courts established solely to hear DUI cases. In other jurisdictions, drug court programs have expanded to include DUI cases. In November 1998, practitioners from seven such jurisdictions formed a DUI/Drug Court Advisory Panel to explore and compare the needs of DUI and drug offenders and assess the applicability of the drug court model to repeat DUI offenders. The panel convened at the invitation of the National Drug Court Institute (NDCI), in partnership with the American Council on Alcoholism, the National Commission Against Drunk Driving, the National Sheriffs' Association, the Drug Courts Program Office, U.S. Department of Justice, and the National Association of Drug Court Professionals. The Advisory Panel began by reaching consensus on a draft mission statement for "DUI/Drug Courts." It reads—

“. . . to make offenders accountable for their actions, bringing about a behavioral change that ends DUI recidivism, stops the abuse of alcohol, and protects the public; to treat the victims of DUI offenders in a fair and just way; and to educate the public as to the benefits of DUI courts for the communities they serve.”

DUI and Drug Court Practice Compared

The panel agreed that the typical multiple DUI offender shares some common characteristics with the typical drug offender participating in a drug court program today. Each has a serious substance abuse problem, and each requires treatment, a strong support system, and the ability to come to terms with his or her problem before real change can occur. Some distinctions between the two offender groups also exist. DUI offenders tend to be male, employed, slightly older than drug offenders, and able to draw on emotional resources (family, education, etc.) that are helpful to recovery. They have a "legal orientation" (the substance they ingest is legal), and are often in denial about their addiction. Frequently out of work and unable to support themselves, drug offenders have little financial or emotional support. They have a more realistic perception of their addiction, and they recognize that their actions are illegal. They are nearly as likely to be female as male.

In terms of goals and populations served, a comparison of DUI courts and drug courts also yielded numerous similarities. A comparison of the state of the practice in the two areas, however, revealed several distinctions. Some are to be expected, given differences in public opinion and populations served. Others may be indicators of the benefits of collaboration between the DUI and drug court communities. The distinctions include the following:

- While about half of all drug courts have diversion programs, public perceptions and the nature of the DUI offense place limits on DUI pre-adjudication options.
- Drug courts operate in a nonadversarial, collaborative environment. Maintaining this environment poses a challenge to DUI offenders and their attorneys, who face the pressures of mandatory sentencing laws and public calls for severe penalties.
- Incentives draw drug offenders into drug court programs. Because the incentives that can be offered to DUI offenders are more limited, engaging DUI offenders in a DUI/Drug Court program can be more challenging.
- Although access to treatment sites may be limited for DUI offenders who have lost driving privileges, these offenders have the advantage of an added “rehabilitation service,” i.e., victim-impact panels.
- Drug courts monitor participants more closely than other community-based treatment programs. DUI-offender monitoring calls for even greater coordination, more frequent testing, more innovative technologies, and a high level of personal communication.
- Professional education opportunities, such as those that are available to drug court practitioners, are extremely limited in the DUI court community.
- Gaining community support for DUI courts calls for a higher level of organizational support, different educational approaches, and greater deference to social concerns.

Challenges of Establishing DUI/Drug Courts

The panel felt that even though offender characteristics and the realities of the law and circumstances clearly indicate a need to modify the drug court model for application to DUI cases, drug courts do in fact hold promise for DUI offenders. In order to apply the drug court model to DUI cases, a number of obstacles must be overcome. They include the following:

- Education/Recruitment.** Limited understanding of what DUI courts can achieve and a perception that the DUI courts lack prestige make it difficult to attract practitioners to the field.
- Funding.** Dollars are scarce, and competition for funding prevents agencies from working together toward a common goal.
- The “Soft on Crime” Perception.** Countering the perception that DUI/Drug Courts are soft on crime will require a concentrated, careful, enduring public education effort.
- The Scope of Need.** The need for this model is vast. Any jurisdiction committing to a program will face major challenges in finding funding and qualified practitioners to support it and will have to make difficult choices as to whom to serve.
- Existing DUI Courts.** The vast majority of existing DUI courts are neither patterned after nor do they resemble the drug court model. These programs need to be mapped and assessed.
- Need for a National Strategy.** A national strategy must be formulated to guide efforts to establish and institutionalize DUI/Drug Courts and convince the public that the model can work for DUI offenders.

▪ **Delay Syndrome.** Delaying adjudication is a common defense tactic in traditional DUI courts. This tactic could prevent defendants from entering a DUI/Drug court program quickly and beginning treatment.

Recommendations

The Advisory Panel made two recommendations—

1. Establish DUI courts that are based on the drug court model, or widen the focus of existing drug courts to include DUI cases.
2. With NDCI as coordinator, develop a National DUI/Drug Court Strategy that makes provision for: national standards of practice and an advisory board; practitioner education, publications, and an information repository; DUI/Drug Court mentor sites; and the establishment of one clear public voice to speak on behalf DUI/Drug courts.

DUI/DRUG COURTS: DEFINING A NATIONAL STRATEGY

A Nation Still at Risk

In 1987, more than half of all people killed on our nation's roadways died in alcohol-related crashes. Of the 46,390 traffic deaths that year, almost 24,000 might have been avoided had someone not abused alcohol. Today, those numbers are down. Despite increased traffic loads, fewer people are dying, and fewer deaths can be linked to alcohol. In 1997, alcohol-related fatalities declined to 16,189, or 38.6 percent of total traffic fatalities (NHTSA, 1998).

DUI arrests are also on the decline. Police made 1,467,300 arrests in 1996, one for every 122 licensed drivers; that number is down considerably from an all-time high reached in 1983, when 1,921,100 arrests were made (one for every 80 licensed drivers) (Bureau of Justice Statistics, 1998).

Our roads are safer today for a number of reasons, all of them stemming from an awakening of public and legislative consciousness to the deadly seriousness of drunk driving. Stirred by a massive public awareness campaign that began in the early 1980s, we have taken steps to curb DUI. Stiff penalties, including license suspension and incarceration, are often mandated by law. Enforcement has been stepped up, in the form of sobriety checkpoints and saturation patrols. The minimum drinking age has been raised to 21 in every state. And a different way of thinking has led to a decrease in the per capita rate of alcohol consumption (Fell, 1998).

The success of the movement to stop drinkers from driving is notable, but disproportionately limited to social drinkers and those who are too young to buy alcohol (Bureau of Justice Statistics, 1998). The progress achieved with repeat offenders and heavy drinkers is far less significant. Despite severe penalties, problem drinkers who go untreated continue to drink and drive, tie up our court systems, and kill people on our highways. Of the 38.6 percent of traffic deaths that were alcohol related in 1996, three-quarters involved someone who had a BAC (blood alcohol content) of 0.1 or higher.*

To date it has largely been left to traditionally-styled courts and our prisons to deal with those arrested for DUI (driving under the influence of alcohol) or DWI (driving while intoxicated.)** It has become clear, however, that the traditional process is not working for repeat offenders and other problem drinkers. Punishment, unaccompanied by treatment, is an ineffective deterrent for addicted persons. The outcome for the addicted offender is continued dependence on alcohol; the outcome for the community is continued peril.

The time has come to find a new approach to addressing this very old problem, and the drug court model is a strong contender. In 1998, practitioners from seven jurisdictions in four states formed a DUI/Drug Court Advisory Panel to consider application of drug court-type programs in the DUI arena, weigh the costs and benefits of wide-scale implementation of DUI courts (or DUI/Drug Court combinations), and lay a foundation for constructing a viable National DUI/Drug Court Strategy. Each jurisdiction represented on the panel is already applying the drug court model in some form to DUI cases, and achieving promising outcomes—

- Maricopa County (Phoenix), Arizona operates a federally-funded court that applies drug court principles but focuses solely on DUI cases.
- Dona Ana County (Las Cruces and Mesilla), New Mexico has established three “DWI drug courts” to hear both DUI and more traditional drug court cases; the majority of defendants are charged with DUI offenses.
- The Bernalillo County, New Mexico DWI drug court also works primarily with DUI offenders; 101 of 118 offenders accepted into the program since it began operating in July 1997 were DUI cases.
- Bakersfield, California operates a drug court that has broadened its purview to include DUI cases.
- Payne County (Stillwater), Oklahoma does the same in both its adult and juvenile drug courts.
- Hancock County, Indiana Superior Court remands all DUIs, all alcohol offenses, and most drug cases to the same courtroom. It applies drug court-like principles to DUI cases, but clearly disassociates its DUI and drug programs.
- Butte County, California also applies drug court principles to DUI cases heard in Superior Court. Depending upon need, offenders can be assigned to any of a number of different treatment regimens, including an innovative Naltrexone test program that has been in place since 1996.

The DUI/Drug Court Advisory Panel met in November 1998 in Washington, D.C., at the invitation of the National Drug Court Institute (NDCI), in partnership with the American Council on Alcoholism, the National Commission Against Drunk Driving, the National Sheriffs’ Association, the Drug Courts Program Office, of the U.S. Department of Justice, and the National Association of Drug Court Professionals. For two days, the panelists participated in a series of concentrated exercises designed to draw comparisons between DUI and traditional drug court cases and build a National DUI/Drug Court Strategy. Together, they considered a wide variety of issues and challenges, among them the state of the practice in each area; offender characteristics and treatment needs; public and judicial perceptions; legally mandated incarceration; and the impact of treatment-based programs on public safety and community economics.

Observing the panel’s activities and providing input were representatives of federal and state government, research organizations, and advocacy groups. Among them were the Rutgers University Center of Alcohol Studies, The Distilled

Spirits Council of the United States, the American Automobile Association, the National Highway Traffic Safety Administration (NHTSA), the American Prosecutors Research Institute, the Center for Substance Abuse Treatment, MADD of Northern Virginia, the National Institute of Justice, and the National Center for State Courts.

The panel emerged from the conference having—

- Created a workable DUI/Drug Court “mission”;
- Made a detailed comparison of DUI and drug case needs formulated around the ten key components of drug courts; and
- Identified challenges to overcome in establishing and maintaining successful DUI/drug court programs.

These outcomes are presented on the following pages.

The panel also emerged with recommendations to pursue on a broad scale the establishment of new DUI courts based on the drug court model and/or the expansion of existing drug courts to include DUI cases, and to prepare a national strategy for the implementation of DUI/Drug Courts. Recommendations for points to be considered in preparing a national strategy conclude this report.

Drug Courts: A Model for DUI

A quiet revolution has taken place within our criminal justice system. The first round was fired in 1989, when the Nation’s first drug court was established. Today, some 550 drug courts are operating or being planned in communities across the United States (American University, 1999).

Drug court programs vary from one jurisdiction to another depending upon the resources and needs of the communities they serve. The typical program participant is a nonviolent offender, charged with a drug-related crime. He or she agrees to undergo comprehensive drug abuse treatment, and is subjected to close supervision and frequent drug testing. Sanctions and incentives are employed to keep the offender on track. They are imposed by the judge of the court, who becomes a constant fixture in the life of the offender during his or her stay in the program.

About half of all drug courts are diversion programs. Those who do not graduate face prosecution and sentencing for their original charges. Charges against those who successfully complete the program may be reduced or dropped.

Drug courts represent an innovative judicial experiment in which offenders are held accountable for their actions but afforded the tools they need to break the patterns of drug abuse that so damage their lives and the communities in which they live. Typical drug court goals are to reduce drug use and associated criminal behavior by engaging and retaining drug-involved offenders in programmatic and treatment services; to concentrate drug-case expertise into a single courtroom; to address other defendant needs through clinical assessment and effective case management; and to remove nonviolent drug offenders from traditional courtrooms and jails, freeing these institutions to focus on more serious crimes and criminals.

Early indications are that drug courts are achieving their goals, and that they offer great hope for long-term reduction in drug-related crime. In a critical review of 30 evaluations of two dozen drug court programs, the National Center on Addiction and Substance Abuse at Columbia University (CASA) concluded that drug courts lower recidivism, reduce drug use, and reduce both direct and indirect costs of investigating and adjudicating drug-related crime (Belenko, 1998). They succeed because they manage to engage offenders, and keep them engaged, in their programs. In a 1996 survey conducted by the

Drug Court Clearinghouse and Technical Assistance Project, six reporting jurisdictions reported retention rates from 62 percent to 90 percent (Drug Strategies, 1997).

As mounting evidence proves time and again that drug courts work, the drug court model has been adapted to other criminal justice populations. Domestic violence courts, mental illness courts, and even “deadbeat dad” courts have patterned themselves after drug courts. Perhaps the most important “spinoff” is the application of drug court principles to DUI cases.

The DUI/Drug Court Mission

As a framework on which to build their discussions, the DUI/Drug Court Advisory Panel formulated a working “mission” for the nation’s DUI/Drug Courts. The mission, which was formed by consensus, is “to make offenders accountable for their actions, bringing about a behavioral change that ends DUI recidivism, stops the abuse of alcohol, and protects the public; to treat the victims of DUI offenders in a fair and just way; and to educate the public as to the benefits of DUI courts for the communities they serve.”

The missions of a DUI court, a drug court, and a court that hears both DUI and drug cases are nearly interchangeable. Offender accountability is key in every case, as are the goals to change offender behavior, eliminate substance abuse, end recidivism, and treat victims with fairness and sensitivity.

Distinctions do arise in a couple of areas. First, drug courts must strive to give drug offenders the means to become productive members of society. DUI offenders, on the other hand, are often productive in spite of their alcohol abuse. They already have jobs, families, and homes, and the goal becomes more one of providing the tools they need to keep what they have.

Second, although both courts must endeavor to educate the public about the benefits of these systems for the communities they serve, proving their case can be a greater challenge for the DUI community. The public understands that a part of drug court “justice” is treatment, and many believe that treatment is an effective way to counter drug abuse. Fewer people believe that treatment will solve the DUI problem. It is important to convince the public that the greatest danger today comes from repeat offenders, i.e., people with alcohol addictions who, like drug addicts, require treatment to change their behavior.

Comparison of DUI and Drug Court Practice

The DUI/Drug Court Advisory Panel questioned whether drug courts, or separate DUI courts based on the drug court model, can provide an effective mechanism for treating repeat offenders. In working towards a consensus on this question, the panel unearthed numerous similarities between DUI and drug offenders, and some distinctions as well. A comparison of DUI and drug court practice yielded similar results. It is both the similarities and the distinctions that provide the groundwork for beginning the process of adapting the drug court model for use with DUI offenders.

Characteristics of the DUI and Drug Court Populations

Reduced to their common denominators, the population of a drug court can be defined as persons who have a drug problem, are charged with a drug offense or another offense motivated by a drug problem, and are nonviolent. The DUI court population can be defined as persons charged with a DUI offense and who have indicators of a serious alcohol problem (e.g., prior alcohol arrests or convictions, or high BAC at the time of arrest).

Offenders in both groups share some common personal characteristics. Each offender has a substance abuse problem that is taking control of his or her life. Each requires comprehensive treatment, a strong support system, and the ability to come to terms with his or her problem before real change can occur.

The personal characteristics typical of the two classes of offender differ in some ways. DUI offenders tend to be employed, and to have emotional resources that are helpful to recovery, such as family, education, or religion. Drug offenders are often out of work and unable to support themselves. With the exception of social assistance, they have little in the way of financial or emotional support. DUI offenders have a “legal orientation,” and drug court offenders an “illegal orientation.” That is, because alcohol is legal, DUI offenders see themselves as being on the “right side” of the law, even though they use alcohol in an illegal way. Drug offenders ingest an illegal substance, and have few illusions about the side of the law on which they stand.

The DUI offender who is likely to be a candidate for a DUI court program is a repeat offender—arrested two, three, or more times for an alcohol-related traffic offense. Repeat offenders account for about one-third of the arrests made annually; they are considered good candidates in part because limited resources translate into a limited number of seats in DUI/Drug Court, but also because serious DUI offenders are more likely to be in need of a DUI/Drug Court program. Conversely, a typical drug court defendant (charged with a drug-related offense) may not be facing his or her first offense, but is less likely to be considered a serious offender.

DUI offenders are predominantly male (78 percent) and tend to be slightly older (25-44) than drug offenders (18-44). In fact, while the DUI arrest rates for all age groups have declined in recent years, the declines for persons aged 35-44 are much smaller than those for other groups. For instance, from 1990 to 1996 DUI arrest rates declined 23.5 percent for drivers at age 23 and 18.5 percent for driver’s age 50 or older. Rates for drivers in the 35-39 and 40-44 age groups went down only 7.6 percent and 6.7 percent respectively (Bureau of Justice Statistics, 1998).

Finally, DUI offenders are often in a state of denial about their substance abuse. Their drug-using counterparts, about half of whom are male and half female, tend to have a more realistic perception of their addiction.

DUI Courts Defined: The Key Components

In 1997, the Drug Court Standards Committee of the National Association of Drug Court Professionals, with the support of the Drug Courts Program Office, designated the ten key components of drug courts (NADCP, 1997) and established these components as benchmarks for performance describing “the very best practices, designs, and operations of drug courts.” In their effort to define DUI courts, the DUI/Drug Court Advisory Panel explored the goals of DUI court proponents and the state of DUI courts operating today, and compared them to drug courts in terms of the ten key components. They identified a number of similarities between DUI and drug courts in terms of goals and populations served. Across the board, they also cited numerous differences. In some cases, the differences are necessary responses to distinctions between the two populations. In other cases, the differences point to needs of the DUI court community that can be met by collaborating with the drug court community.

The principal findings follow.

Drug Court Component 1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Treatment is a critical factor in reducing recidivism among both drug and DUI offenders, and so is accountability for crimes committed. The diversion and post-plea programs found in drug courts do not free offenders from taking responsibility for their actions, but they do enable offenders to enter treatment programs with minimal delay. Sentencing laws and public perceptions make these programs workable for drug cases. Timely admission to a DUI/Drug Court program for DUI offenders can be more of a challenge, where mandatory sentencing, a lack of pre-adjudication options, and public perceptions may prove to be obstacles.

Drug Court Component 2: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

All drug court practitioners—judge, prosecutor, defense attorney, treatment specialist, probation officer—work together toward the common goals of reducing recidivism and rehabilitating offenders. It is this collaborative environment that underlies the success of drug court programs. Maintaining a nonadversarial approach can be more challenging in DUI cases, where there is increased pressure to imprison offenders. Defense attorneys in DUI cases often resort to delay tactics in order to keep their clients out of jail. One unfortunate outcome of this tactic is that they are also kept out of treatment.

Drug Court Component 3: Eligible participants are identified early and promptly placed in the drug court program.

Prompt placement in a drug court program and a quick start on treatment are key drug court principles. Drug courts typically offer incentives to encourage offenders to enter a drug court program, e.g., reduced or suspended jail time. In many cases, the ability to make such an offer to a DUI offender has been legislated out of a judge's hands (i.e., mandatory jail time). Incentives are available in DUI cases in some jurisdictions, however, including early driver's license reinstatement and pre-sentence release from jail on the offender's own recognizance.

Drug Court Component 4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

In many respects, access to a continuum of treatment and related services is as available to DUI offenders as it is to drug offenders, although DUI offenders (who are accustomed to driving their own vehicles but who have lost driving privileges) may find it more difficult to get to treatment sites. In one respect, DUI offenders may have an advantage over drug court offenders in that they have an additional "rehabilitation service," i.e., the opportunity to listen to victim-impact panels and use what they hear to better understand the severity of their actions.

Drug Court Component 5: Abstinence is monitored by frequent alcohol and other drug testing.

Urine testing is by no means a perfect technology, but its relative simplicity and accuracy give practitioners working with abusers of drugs other than alcohol a clear advantage. Administered weekly or twice weekly, urine testing will often detect a drug relapse, but where most drugs can remain in a user's system for several days, alcohol can be undetectable within a few hours after ingestion. Furthermore, the use of alcohol by a DUI offender poses a threat of immediate danger to the public. Therefore, the monitoring of DUI offenders calls for greater coordination, more frequent testing, more innovative technologies, and a high level of personal communication.

Testing technologies employed in DUI courts around the country include state-of-the-art voice recognition and testing (i.e., testing devices that can detect alcohol use via telephone), interlock devices on automobiles, and hand-held testers. Testing is usually random and frequent; some jurisdictions require offenders to call in daily and to submit to testing on demand.

The advantages of personal relationships between practitioners and offenders take on increased meaning when working with alcohol offenders, especially in low-population areas where residents tend to know each other by sight. Court practitioners and law enforcement officers develop an awareness of who is in their programs; they visit with offenders often, and observe their activities both in their homes and around town.

Drug Court Component 6: A coordinated strategy governs drug court responses to participants' compliance.

Even the best treatment programs take time to work, and drug courts recognize that an early relapse is only a slip—it does not signify program failure. Nevertheless, continued use of alcohol or other drugs cannot be condoned, and drug courts utilize a system of sanctions and incentives to foster program compliance.

The law and public opinion narrow the list of sanctions and incentives that can be used in DUI cases and give a judge less flexibility in imposing them. Quicker imposition and the use of more severe sanctions are often mandated by law or demanded by the community. Incentives are also limited. Case dismissal may not be an option, and close supervision and testing are essential for public safety. One effective incentive that can sometimes be utilized is the lessening of driver's license restrictions.

Drug Court Component 7: Ongoing judicial interaction with each drug court participant is essential.

Judicial interaction with offenders is equally important to the success of both drug and DUI programs. In either program, the judge is the focus in both the courtroom and the community, and a direct relationship between judge and offender is central to program success.

In some courts, the judge may have less discretion in levying sanctions and incentives on DUI offenders than he or she would have when working with drug cases. In other courts, the rules of the court leave the judge little discretion in these matters regardless of the offense.

Drug Court Component 8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Coordinated management, monitoring, and evaluation systems are fundamental to the effective operation of drug courts, whether the cases before it are drug-related or DUI offenses. In either case, periodic evaluation is necessary in order to validate a program's effectiveness and improve it over time.

At this time, DUI courts patterned after or resembling the drug court model touch only a fraction of all DUI cases. Most cases are heard in courts where comprehensive treatment and close supervision are not part of the program. Adequate evaluation systems and accurate documentation of evaluation efforts are necessary if the influence of the drug court model on DUI offenders is to be expanded.

Drug Court Component 9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Professional education is as important to DUI court practitioners as it is for those who work with drug offenders, but the state of education for DUI courts is far less developed. No national training or national conference mechanism is in place. Publications that disseminate information to the field do not exist, and cross-training is only in the beginning stages. In addition, no standards have been developed for the field.

Drug Court Component 10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Drug courts are making significant inroads in engaging the community and gaining public support. Becoming a community-based institution is a goal of equal importance to DUI courts, but a greater challenge because DUI cases can garner little "public sympathy." In addition, a single DUI offender relapse could result in a traffic crash and death (and disastrous consequences for a DUI program) while a drug offender's relapse will more likely go unnoticed. Gaining substantial community support for DUI courts and for drug courts that hear DUI cases calls for a higher level of organizational support, different educational approaches, and greater deference to social concerns.

Clearing a Path

The benefits of expanding the scope of drug courts to include DUI cases are clear. The traditional system is a setup for failure when it comes to adjudicating the cases of multiple DUI offenders. When levied, punishment can be severe, but the adversarial process is counterproductive and can limit the accountability of defendants. These defendants are left with inadequate sanctions, limited (or no) treatment or rehabilitation, and little incentive to change. The practitioners in the courtroom derive little satisfaction from their jobs, and have limited opportunity to develop comprehensive expertise in the DUI field.

The drug court model, as applied to DUI cases, is an opportunity to take a proactive approach to justice. It can free traditional courts to concentrate on other cases and close the “revolving door” of a criminal justice system dominated by substance-abusing repeat offenders. It offers practitioners the opportunity to reach more offenders with a program that combines accountability with the hope for change, and the chance to develop specialized knowledge in a specific area of the law. It can provide DUI defendants with the treatment and close supervision that chronic offenders need, and still hold them accountable for their actions.

The need for a DUI/Drug Court system is apparent, as are the advantages the system would offer. Several obstacles, however, lie in the path that leads from the conventional DUI court system to the DUI/Drug Court model. Removal of these obstacles will require meeting challenges in several areas. Among them are the following:

- **Education and Recruitment.** Little information and few educational resources are available to judges and other practitioners on the subject of DUI/Drug Courts, and sitting on the bench of any DUI court, regardless of its structure, is not perceived as either a prestige position or a career builder. Attracting qualified practitioners to DUI court—on either side of the bench—calls for 1) a solid education program and 2) raising the level of satisfaction that comes from being a part of the system.
- **Funding.** As always, funding is scarce, and competition for dollars can prevent agencies from working together toward a common goal. Some jurisdictions have been innovative in finding new funding sources; for instance, one jurisdiction imposed a tax on liquor to fund its program. The offenders themselves are also a valid source of program financial support.
- **The “Soft on Crime” Perception.** This perception is difficult to fight, and will require a concentrated, careful, and enduring public education effort.
- **The Scope of the Need.** To date, specialized DUI courts touch only a tiny percentage of those offenders who could benefit from the drug court model. The scope of the need for this model is vast. Once a jurisdiction commits to a program, it will face major challenges to finding adequate funding and qualified practitioners to support it. It will also need to make difficult decisions about who to help, and who to turn away.
- **Existing DUI Courts.** DUI courts already exist in nearly every jurisdiction in the nation. The vast majority, however, take a “traffic court” approach to adjudication. Accountability is not necessarily a critical component of these courts, and they bear no resemblance to the drug court model. A need exists to inventory and map all existing programs, to determine what is, and is not, working, and to set standards for accountability, effectiveness, and coordination among existing DUI courts.
- **Need for a National Strategy.** No DUI/Drug Court national strategy exists today. Such a strategy is needed in order to increase awareness and convince the public that the drug court model can work for DUI offenders.
- **Delay Syndrome.** Delay tactics are commonly believed to inure to the benefit of a defendant in criminal cases. In DUI cases, however, delay tactics and an adversarial defense can result in a defendant not getting the quality of

treatment and supervision required for rehabilitation and real change. There is a need for consistency in DUI justice and for incentives to proceed without delay.

DUI/Drug Court National Strategy Framework

The DUI/Drug Court Advisory Panel made two recommendations. The first is to establish DUI courts that are based on the drug court model, and/or to expand existing drug courts to include DUI cases. Second, noting the lack of a DUI policy that parallels our national drug court policy, the participants recommended development of a National DUI/Drug Court Strategy, and unanimously approved a motion to move forward with development. In the interests of building on the foundation already in place and avoiding duplication of effort, the panel recommended that NADCP coordinate the formulation of a National DUI/Drug Court Strategy.

The following should be considered key elements the National DUI/Drug Court Strategy.

- Education. Targeted education opportunities for practitioners in the DUI court field is important, and as yet undeveloped. The National DUI/Drug Court Strategy should include a plan for developing ongoing educational opportunities for the field. As a beginning, the National Association of Drug Court Professionals will add a track on DUI Court practice to its next Annual Training Conference, slated for June 1999 in Miami, Florida.
- Publications. A need exists for a newsletter, a bulletin, and/or other mechanisms for the periodic dissemination of news and information to practitioners in the DUI field. The strategy should include a dissemination plan. This monograph is the first step of this dissemination effort.
- Standards. The DUI/Drug Court Advisory Panel to work in concert with NDCI, the National Association of Drug Court Professionals, the American Council on Alcoholism, the National Commission Against Drunk Driving, the National Sheriffs' Association, and the Drug Courts Program Office, U.S. Department of Justice to begin the process of setting standards for DUI/Drug Courts.
- Advisory Board. An advisory board should be established to guide development of a national strategy.
- Information Repository. A clearinghouse for information on state-of-the-art techniques of DUI Court practice and treatment must be established. NADCP may be the appropriate body to serve in that role.
- A Clear Public Voice. It is critical that the DUI/Drug Court community speaks with a clear and unified voice when communicating its needs, mission, and roles to the media and the public. It may be appropriate for NADCP to take the lead in public outreach efforts.

REFERENCES

American University, 1999. AU Drug Court Clearinghouse and Technical Assistance Project.

Belenko, S., 1998. Research on Drug Courts: A Critical Review. New York: The National Center on Addiction and Substance Abuse, Columbia University. Published in the National Drug Court Institute Review, I/1, Summer 1998.

Bureau of Justice Statistics, April 1998. Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime. Prepared for the Assistance Attorney General's National Symposium on Alcohol Abuse and Crime. Washington, D.C.: Office of Justice Programs, Bureau of Justice Statistics, U.S. Department of Justice. Publication No. NCJ 168632.

Drug Strategies, 1997. Cutting Crime: Drug Courts in Action. Washington, D.C.: Drug Strategies.

Fell, James C., 1998. What's New in Alcohol, Drugs and Traffic Safety in the U.S. Shaffer Library of Drug Policy. (Internet: HYPERLINK <http://www.druglibrary.org/schaffer/Misc/driving>) #

National Association of Drug Court Professionals, Drug Court Standards Committee, January 1997. Defining Drug Courts: The Key Components. Washington, DC: Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. Grant No. 96-DC-MX-K001.

National Highway Traffic Safety Administration, 1998. Traffic Safety Facts 1997. Washington, DC: U.S. Department of Transportation. Pub. DOT HS 808 764.

APPENDIX A: ADVISORY PANEL JURISDICTIONS

The Advisory Panel is composed of practitioners from seven jurisdictions that are already applying the drug court model to DUI cases in some way. Descriptions of the programs of each of these jurisdictions follow.

Bakersfield Municipal Court

Bakersfield, California

The Bakersfield Drug Court has accepted multiple drunk driving offenders since its inception in July 1993.

The Bakersfield Drug Court is a post-plea court and has approximately 300 participants. It calls a calendar of approximately 70 participants four days each week. The drug court sees the participants weekly for the first three months of the program, twice a month for the next three months, monthly for two to three months, and then weekly for the last month of the program.

After graduation, participants are required to attend once a month for three months. There are some variations based on individual need from this basic outline. The court has many DUI (alcohol and/or drug) drivers.

Once enrolled in drug court, participants are assessed by drug court staff (certified drug and alcohol abuse specialists) and referred to various community-based treatment providers based on individual needs. In addition to counseling, 12-step, or other self-help meetings, they are also required to submit to urine tests for alcohol and street drugs and to attend drug court hearings. After graduation, the court deletes the fine and works with participants to deal with mandatory minimum sentences. Typically, the court will allow work release, electronic monitoring, or any other acceptable alternative to jail time. The recording of the conviction and state-mandated license restrictions imposed by the state department of motor vehicles (DMV) are not affected by participation in drug court.

To fully understand the process by which the Bakersfield Drug Court handles DUI alcohol cases, it helps to have a basic understanding of California State law.

If there is a grant of probation upon a first conviction for driving under the influence, state law mandates a minimum of 48 hours in jail (which is not normally done in actual custody), a very large fine of approximately \$1,400 and 12 weeks of alcohol awareness classes. The conviction is expensive, but it actually involves no real jail time. There is almost always a driver's license suspension of from four to six months, which is imposed by the California DMV and not by the court.

A second conviction within seven years (if probation is granted) mandates a minimum of 96 hours in custody (again usually not done in actual custody), the same large fine, an 18-month license suspension (requiring the offender to enroll in and complete a 12-month driving-under-the-influence school to have the license reinstated), and the installation of an interlock ignition device on the offender's vehicle. This conviction also involves little or no actual jail time.

The mandatory loss of the driver's license for an extended period of time is the sanction most often complained of by the offenders.

In the experience of the Bakersfield Drug Court, first and second offenders seldom request drug court. Once the requirements of drug court are explained and the offender has the opportunity to compare those requirements with the standard sentence, they normally opt to be sentenced. It should be noted that the Drug Court has many first and second offenders, but those persons normally have pled guilty to driving under the influence of a controlled substance, which requires a mandatory minimum of 90 days in jail.

A third conviction for DUI within seven years mandates a minimum four-month jail sentence, a three-year license suspension, the same fine, and other standard conditions of probation. A fourth conviction is a felony in California. The Bakersfield Drug Court, typically sees third offenders.

The Court is very aware that multiple DUI offenders are of great concern to the community in that they are (with considerable justification) perceived to be extremely dangerous. In addition, they tend to be in a much greater state of denial than the typical drug court client, a controlled-substance addict. It has been decided that anyone convicted of DUI with two or more priors must serve 30 days in jail or in a legitimate 24-hour residential treatment facility, during which time they will receive alcohol counseling prior to beginning the standard drug court program.

This required 30-day sentence results in the offender being away from alcohol for 30 days. The participant receives significant counseling during that period and the period of confinement has significant affect upon thought processes with regard to alcohol. Most persons convicted of this offense have never really been to jail (except possibly overnight). A 30-day commitment tends to give them time to think and realize that alcohol has a very real adverse effect on their lives. They tend to be much more willing to accept that they have an alcohol problem and become more focused upon recovery after the commitment. According to the Drug Court Judge, the likelihood of having a multiple offender who is not an alcoholic is very remote.

Upon release from custody the DUI offenders go through the normal intake process for drug court. They are made very aware that if they come to drug court with an odor of alcohol about their person, there is a strong chance they will be taken

into custody on the spot. It is also pointed out that they will be held absolutely accountable for all court-ordered AA meetings, counseling, and any other orders the court sees fit to impose. The rationale behind this is that the half-life of alcohol in the urine is only a few hours. As a result, the only way to monitor program performance is in areas other than urine testing. It is made clear that the court has no choice except to deal with these offenders in a more strict fashion than the typical drug court client.

During the entire drug court process the client is monitored closely, and if the drug court specialist feels the participant is not progressing satisfactorily he or she is immediately referred to the probation officer. If there is any reason to suspect recent use of alcohol the client is also referred to the probation officer for a Breathalyzer test. In the event alcohol is detected, the drug court team staffs the case to determine the course of treatment or sanctions to impose. At that time the court may take the client into custody if it becomes necessary. On average these clients are required to be in drug court two months longer than the typical client.

Analysis of DUI With Priors Referred to Drug Court From May 1, 1996 to April 30, 1998

Although defendants convicted of DUI with priors were referred to Bakersfield Drug Court since December 1993, this analysis only covers cases referred to drug court for May 1, 1996 to April 30, 1998. The tracking system that monitors drug court activities was not implemented until 1996.

During this time frame, 64 misdemeanor DUI and 1 felony DUI with prior were referred to Drug Court. Of the cases referred (does not include active participants)—

- 30 defendants (46 percent) completed the program.
- 5 defendants who completed the program (17 percent) were rearrested.
- 1 defendant was rearrested while in the program.

The length of time defendants were in the program varied from a minimum of 6 months to 24 months. Of the defendants rearrested:

- 33 percent were in the program for 6 months.
- 19 percent were in the program from 7 months to 12 months.
- 17 percent were in the program from 13 months to 18 months.
- 0 percent were in the program from 19 months to 24 months.

It appears that the longer defendants are in the program, the likelihood of rearrest diminishes.

Bernalillo County Metropolitan Court

Bernalillo County, New Mexico

Overview

The Bernalillo County Metropolitan DWI/Drug Court is designed with one main goal in mind: to reduce recidivism.

The DWI/Drug Court is a comprehensive, court-supervised treatment program for alcohol and other drug dependent/addicted defendants. It is a voluntary program, which includes regular contact with the Probation Officer as well as regular court appearances before the DWI/Drug Court Judge. Subsidized treatment, which will be provided by Life Choices, includes both individual and group counseling, random drug and alcohol testing, acupuncture, and wellness education. Participants will also be provided with assistance in furthering their education, employment skills, and job placement. Program length will be determined by each participant's progress.

With the continuing problem of substance abuse in Albuquerque and New Mexico, the DWI/Drug Court possesses the necessary components to have a positive impact on both the victim and the offender through the reduction in the rate of recidivism.

Program Goals & Objectives

In collaboration with local, state, and federal agencies, the Bernalillo County Metropolitan DWI/Drug Court Program's primary focus is to promote the public safety and reduce the recidivism rates for individuals convicted of subsequent DWI offenses as well as other nonviolent misdemeanors with substance abuse problems. The results of addressing these problems include a reduction in drug and alcohol related crimes as well as expensive incarceration costs while returning a productive individual to the community.

Program Structure

The Bernalillo County Metropolitan DWI/Drug Court Program consists of three phases with the first phase being the most intensive and focusing on substance abuse education and prevention. Participants are required to report in person to their probation officer twice per week, provide at least two random drug tests per week, attend treatment at least twice per week, and appear before the DWI/Drug Court Judge twice per month. Participants are also required to attend at least one 12-step meeting per week for the duration of the program. Upon entering the program, participants are required to complete 16 acupuncture sessions as well.

The requirements of Phase II are much the same as Phase I with the exceptions of one less contact per week with the Probation Officer and the participant is required to appear before the DWI/Drug Court Judge once per month. Additional requirements involved in this phase of the program include attending the victim impact panel and completing ten hours of community service.

In Phase III of the program, the participant is required to appear monthly before the DWI/Drug Court Judge and meet with the Probation officer every other week. The participant is also required to complete 20 hours of community service. Community service hours are performed at a nonprofit agency selected by both the participant and the Probation Officer in an attempt to appropriately place the participant in a position of service which is not only going to help repay the community but also to make the participant aware of individuals who could have possibly suffered as a direct result of the participant's crime.

Participants found to have violated conditions of the program will be sanctioned by the DWI/Drug Court Judge as soon as possible. Sanctions include a mandatory appearance before the DWI/Drug Court Judge, a reduction in points and/or incarceration.

Services Provided

- Intensive Supervision

- » Substance Abuse Counseling
- » Random drug testing at least twice per week
- » Acupuncture
- » Regular attendance before the DWI/Drug Court Judge
- » Educational Programs
- » Family and Parenting Skills
- » Employment/Job Development Training
- » Community Service
- » Aftercare Program
- » Mentorship Program

Unique Aspects of the Program

In response to the serious drug and alcohol problem our community faces, the Bernalillo County Metropolitan DWI/Drug Court Program was implemented by Chief Judge J. Michael Kavanaugh in July of 1997.

The Bernalillo County Metropolitan DWI/Drug Court Program is a post-conviction, pre-sentence, voluntary program that utilizes a multifaceted approach. The three-phase program consists of intensive supervision of clients by probation officers, frequent appearances before the DWI/Drug Court Judge, mandatory drug and alcohol counseling, regular attendance at self-help groups (AA, NA, or CA), and random drug testing. Upon program completion, the Program offers aftercare treatment and a mentorship program.

Taking into consideration the number of alcohol-related offenses and the significant costs these violations cause our community, the Bernalillo County Metropolitan DWI/Drug Court Program has become primarily an alcohol based program. Individuals with alcohol problems are required to meet the same strict requirements of the “drug court model” that other substance abusers in the program are mandated to complete. In short, the Bernalillo County Metropolitan DWI/Drug Court Program treats a drug as a drug and an addict as an addict, regardless of the drug of choice.

Butte County Superior Court of California

Butte County, California

Butte County, California has just over 200,000 citizens. It is located in the north central valley of California, approximately 70 miles north of the state capital, Sacramento. The area is predominantly rural. The economy is agriculturally based. The County has five major population areas, distributed in distinct areas of the county. The largest population is found in the Chico Urban Area (90,000). Chico is the home to California State University, Chico.

The abuse of alcohol, and specifically the risk presented by the drinking driver, has long been an issue faced by Butte County. The Court takes a variety of approaches based upon the judge’s assessment of the offender’s situation to address this public safety issue. In assessing each Driving Under the Influence (DUI) offender at the time of sentencing, the judge considers the number of prior DUI conviction, the blood alcohol level, the pattern of alcohol use, and other alcohol-related offenses such as “minor in possession” and “public intoxication.” Based upon these factors, the sentence would then include mandatory attendance at Alcoholics Anonymous (AA) meetings, a test and search clause, frequent court reviews, possible referral to the County’s Alcohol and Drug Services program or residential treatment, and in some cases the ingestion of Antabuse or Naltrexone. The Court mandates AA logs be kept by the defendant and provided to the Court at each review hearing. An intoxication analyzer (breath) is also frequently used in court during review hearings if there is a question about an offender’s compliance. These orders may be made as part of a grant of either formal or informal probation, or as a condition of the defendant’s release on his own recognizance.

In 1996, Butte County Probation and the Butte County Superior Court teamed with members of the community to begin the ReVia Project. ReVia (generic name: Naltrexone) is a medication utilized for many years as a highly effective opiate treatment. Because of this, Naltrexone reduces or stops cravings experienced by alcoholics and allows treatment to be effectively delivered. Initially planned as a 90-day trial project, Naltrexone quickly demonstrated value for a specific population of offender: the repeat drinking driver. Based upon that first series of cases, the ReVia Project was extended. It is now approximately two years out, and the results appear distinctly promising. In some cases, the results have been astounding. A preliminary review of the data reveals that ReVia is far and away the most successful method of dealing with high blood alcohol, repeat drunk drivers.

Essentially, ReVia functions as a tool to aid recovery and treatment. It is not a “stand alone” treatment. While being utilized by these recovering alcoholics, ReVia functions in two manners: (1) it blocks cravings (2) if the offender does drink, there is no pleasure derived from drinking alcohol. Thus, if an alcoholic is sincerely working on behavior changes through treatment, true progress can be made.

Butte County recently received a Local Law Enforcement Block Grant which will be dedicated to crating a “Naltrexone Track” in the County’s existing Drug Court Program. The Probation Department will add an additional officer to the Drug Court staff who will provide intensive supervision and case management. This will combine the strengths of Drug Court, while allowing for the expansion of the Naltrexone caseload.

**All numbers are totals of those who have successfully completed the respective programs.

The Butte County ReVia Project

Hon. Darrell Stevens, Judge of the Butte County Superior Court
Helen Harberts, Chief Probation Officer
Jane E. Pfeifer, Drug Court Program Manager, Superior Court
Ian Redmond, Research Assistant

Acknowledging the generous assistance of Percy Menzies & DuPont Pharmaceuticals

In 1996, Butte County Probation and the Butte County Superior Court teamed with members of the community to begin the ReVia Project. Initially planned as a 90-day trial project, ReVia quickly demonstrated value for a specific population of offender: the repeat drinking driver. Based upon that first series of cases, the ReVia Project was extended. It is now approximately two years out, and the results appear distinctly promising. In some cases, the results have been astounding. A preliminary review of the data reveals that ReVia is far and away the most successful method of dealing with high blood alcohol, repeat drunk drivers.

Butte County was one of three courts in the United States who directed the use of ReVia (generic name: naltrexone) as part of a court ordered treatment model. The model was designed as an expedited case processing system, where identified alcoholics would be moved quickly into the treatment process. Key to this treatment process was ingestion of ReVia (naltrexone).

Alcohol and Crime in Butte County

Butte County, California has just over 200,000 citizens. It is located in the north central valley of California, approximately 70 miles north of the state capitol, Sacramento. The area is predominately rural. The County has five major population areas, distributed in distinct areas of the county. The largest population is found in the Chico Urban Area (90,000). Chico is the home to California State University, Chico. This university has struggled for years with the reputation of being one of the top 10 party schools in the nation. Alcohol use plays a prominent role in the local culture.

In California, the presumptive level for driving under the influence (DUI) is .08. State law mandates jail sentences for DUI cases, with increased penalties for prior convictions, or a higher blood alcohol level upon arrest. A DUI with 3 prior convictions can be charged as a felony, and the defendant faces the California state prison system. Persons who have an extensive list of prior convictions and cannot perform safely in the community are sent to state prison.

Arrests in Butte County for driving under the influence, and alcohol related fatalities have been unacceptably high. During 1996-1997, 25 people died in DUI cases. To address this issue, focused efforts of the California Highway Patrol, and the local police included increased patrol strategies, public education, DUI checkpoints and specialized training in early detection of drivers under the influence. The Chico Police Department developed the powerful nationally honored "Every 15 Minutes" intervention program. Utilizing members of the entire community, this program teaches high school students about the community wide impact which follows the choice to drive after drinking. It is noted that "Every 15 Minutes" someone is killed or injured by a person who chooses to drive after drinking. The Chico Police have also received special funding to address alcohol outlets. Using enforcement and educational strategies, they have reduced the level of excess consumption, and sales of package liquor to underage drinkers.

Many of these efforts have paid off. There is increased awareness regarding the issue of alcohol abuse and driving. However, there remains a core group of addicted drivers who continue to pose grave danger to the public, and occupy a significant portion of the community resources through health care, emergency services, police, court, jail and probation criminal justice costs. For these offenders, Butte County has created the ReVia Project.

ReVia in General

ReVia is a medication utilized for many years as a highly effective opiate treatment (referred to as an opioid receptor antagonist). Recently, it was determined that the brain pathways utilized by alcohol and opiates may be the same. Because of this, ReVia reduces or stops the cravings experienced by alcoholics during treatment. It is these cravings (physiological reactions which are triggered by behavioral cues) which interfere with an alcoholic's ability to complete a treatment program. While on ReVia, they can maintain sobriety long enough to successfully establish a pattern of behavior modification. At the end of 180 days, the client is examined for reduced use of ReVia.

Essentially, ReVia functions as a tool to aid recovery and treatment. It is not a "stand alone" treatment. While being utilized by these recovering alcoholics, ReVia functions in two manners: (1) it blocks cravings (2) there is no pleasure derived from drinking alcohol when the addict "tests" the medication. There is no "buzz" and no reward for drinking. Thus, if an alcoholic is sincerely working on behavior changes through treatment, true progress can be made.

In contrast to the results for traditional treatment and the utilization of Antabuse, the ingestion of ReVia suppresses the desire of alcohol (and the pleasure from consumption). Therefore, it allows traditional methods of substance abuse treatment to take hold. We have found that utilization of ReVia as part of the probationary terms and conditions blocks the cravings and allows the behavioral modification to take effect. The Court and Probation have adopted a high intensity probation model to deal with repeat DUI cases. Based on the theory that the power of criminal justice system can be used as a therapeutic tool, the terms of probation are used as a "bottoming out" process to encourage sobriety. Strict accountability is required. The model is quite similar to that of Drug Court.

ReVia can be given with Antabuse, but we have not found that to be necessary. No physical or psychological dependency is attributed to the use of ReVia during the treatment period. DuPont Merck conducted a 12-week, double blind, placebo based trial of ReVia. When combined with traditional therapy, ReVia was significantly more successful (61%) than the placebo with the same therapy (22%) in preventing relapse. (Archives of General Psychiatry, 1992; 49:881-887) Further, those who did drink, did so on fewer days than the placebo group (2 and 6 days respectively) over the same 12 week period.

Persons who drink alcohol while taking ReVia can become intoxicated. ReVia does not interfere with the absorption of alcohol-it only interferes with the pleasure and cravings. Persons who are given ReVia must be screened through a liver panel prior to issuance of a prescription and administration of the medication. There are specific physical conditions that are not compatible with the administration of ReVia.

Additionally, it cannot be given to active opiate addicts. ReVia can be extremely dangerous if administered unknowingly to an active heroin or opiate addict. It is absolutely critical to make certain that the client is not using opiates, or has had a specified period of abstinence prior to the administration of opiates.

ReVia can seem expensive: up to \$535.00 per month. However, compared to the cost of alcohol, or a jail bed, it is quite inexpensive. Some defendants have had assistance with the costs from their families. Also, purchasing a supply one-week at a time assists with "sticker shock". The cost of a one-month supply will frighten many clients. It is easier to have them obtain a smaller amount.

We have learned that close physical monitoring by a physician will allow us to address any side effects which may occur without having to drop the person from the project. The "standard" dosage needs to vary slightly with the unique physiology of the probationer.

As always, public safety remains the #1 priority. Field visits to the homes of ReVia clients have been helpful. There have been occasions when arrests have been necessary. Terminations have resulted from new criminal charges (such as a child endangerment case) during the project, and for medical reasons.

ReVia: A Natural Outgrowth of Butte County Drug Court

Butte County has utilized a Drug Court for the past three years. The Drug Court has been quite successful and has wide spread community support. It was recently recognized as one of eight COPS mentor Drug Courts by the National Association of Drug Court Professionals (NADCP). The judge who partnered with Probation to create the ReVia Project is the presiding Judge of the Butte County Drug Court.

The next step for the ReVia Project is stabilized funding, and creation of a specialized ReVia track within the Butte County Drug Court. Upon review, it is believed that improved outcomes could be achieved by moving ReVia directly into a Drug Court format. Within the next few months, ReVia will be fully incorporated into the Butte County Drug Court program. Under the Drug Court design, weekly contacts and expectations on ReVia clients will increase, and the intensity of treatment will increase client accountability even further. More frequent testing will occur, but perhaps more importantly, ReVia clients will experience the immediate sanctions, excellent camaraderie, support and frequent praise which distinguishes Drug Court. This will reduce isolation, and assist in long term reinforcement for recovery.

Outcomes

Comparisons with such a small group can be difficult. Small fluctuations can change the results dramatically, thus, more study is needed. However, the preliminary data between the two closest demographic groups shows that ReVia is far more effective than Antabuse and standard probation with AA terms and conditions. Of particular interest, ReVia has the lowest recidivism rate, the longest period of time prior to recidivism, and the lowest rate of persons “at warrant”.

Probation and Court records were reviewed to provide data on ReVia clients. Every participant studied was tracked through the records of the Department of Motor Vehicles, city police, and court records to verify if any persons re-offended. Re-offense was defined as any new criminal offense other than an infraction. The Butte County study has one advantage over previous studies on ReVia. Other studies covered a 4 to 12 week cycle, with monitoring for 6 months after ingestion. Butte County studied participants for an average of 29 weeks of ingestion and an average of 10 months since completion. Some offenders have now been tracked for almost 2 years.

No initial interviews were done on offenders to document their drinking patterns prior to acceptance. Random anecdotal information from clients includes admissions of drinking $\frac{3}{4}$ of a quart of whiskey per day, being drunk every day for 15 years, etc.

Four distinct groups were studied:

- ReVia
- Antabuse
- AA/NA informal court probation
- AA/NA formal probation (generally more prior convictions and felony convictions)

Only one judge participates in the ReVia Project at this time. Other judges in the county have dealt with DUI offenders during this time period and used other sentencing options. Antabuse and AA standard DUI cases are not sent to Probation for formal supervision.

In order to evaluate ReVia, every DUI file in the Chico court for the past 2-1/2 years was reviewed. Those with prior DUI convictions that were ordered to ingest Antabuse, or attend AA were selected. Certain demographics were kept consistent: all studied cases were heard during the same time period ReVia was being used. All cases were heard in the same jurisdiction as the ReVia cases, and all cases involved the same age range as ReVia participants (20-56 years old).

The populations in the Antabuse and ReVia study were closest. ReVia participants were slightly older than Antabuse (average age 35 and 31 respectively). There were similarities in length of program (7.2 months-6.8 months), similar number of prior convictions (.03 difference on average), and similar blood alcohol levels (average difference: .02BAC).

However a significant difference appeared in the length of time between completion of their program, and re-offense. ReVia recidivists committed new crimes 11 months after completion. On Antabuse, re-offense occurred within one month. Moreover, 75% of the Antabuse new crimes were drug/alcohol related. 25% of the ReVia crimes were drug/alcohol related. It is clear that utilization of Antabuse did not impact the addictive behavior to the degree ReVia did.

Behind all of the statistics and summaries, there is one simple and sterling clear fact: ReVia works on this group of offenders far better than any other supervision model. It is obvious in dealing with this client base. Over the progression of

weeks: they look better, walk better, smile more, and are restored. Many ReVia graduates resemble Drug Court graduates: stable employment & better health.

Like Drug Court, this is a reality-based model. Relapse is expected and Drug Court must plan for setbacks and recognize that public safety sometimes calls for incapacitation through incarceration. Using this model Butte County has had more success than anything else we have tried. We can improve our outcomes through additional modifications. Our recidivism rate in Drug Court hovers between 10-11%. By moving into the Drug Court program as a new track, we hope to drop our recidivism rate to a similar level... or better.

Protocol

Court process summary: (Formal Protocol is given to each participant with maps to the medical facilities, and waiver forms.)

- 1 Upon conviction or plea, the Court places the defendant on formal supervised probation.
- 2 The defendant is mandated to contact a physician immediately, to receive an examination and a prescription for ReVia. Ingestion is initiated and a log signed by the pharmacist or physician.
- 3 The defendant reports forthwith to Probation to be seen by specific probation officers to present proof of the prescription and ingestion to the probation officer.
- 4 The defendant is directed to participate in alcohol treatment programs ordered by the Court, or Probation; to return every two weeks at a minimum, to submit to urine testing, search and seizure, abstention from all use or possession of alcohol, controlled substances, or entry into places where alcohol is sold or is a primary focus of business. Reviews before the court occur every 7 weeks, or as directed by the probation officer.
- 5 Probation officers conduct field searches, and are expected to arrest ReVia clients who are violating the protocol and presenting a danger to the public.
- 6 After 24 weeks, the Court examines the status of the probationer to determine if the supervision level will be reduced.

Community Partnership

This is a community based, and supported project. Due to funding constraints, the local Drug and Alcohol Agency declined to participate. Butte County does not have the financial capability of supporting this project. Probation carved out a small amount of time in a supervision unit to try this project on a pilot basis. More recently, it was moved into the already burdened Drug Court division.

Because of the unique requirements of the medical protocol, we turned to the local community. A local hospital, the Enloe Medical Center, agreed to accept shipments of ReVia. (The Court cannot accept and distribute a prescription drug.) Their pharmacy has been instrumental in assisting with distribution of the medication to clients. Other local physicians and pharmacists in other cities of the county have assisted Probation and the Court by volunteering to observe ingestion of the medication. These pharmacists personally observe the ingestion, sign the log of the offender, and keep a separate log to document and compare. Customary safeguards are taken to protect against false ingestion attempts.

Clients were directed toward their own physicians and insurance companies for funding of liver panels and prescriptions whenever possible. A local immediate care clinic also volunteered to assist, offering lower cost screening, explanations about

ReVia to clients, and to observe ingestion on a walk-in basis. DuPont generously assisted with informational support, and temporarily made a limited amount of the medication available to the truly indigent. They also provided assistance with gathering the statistics on the outcomes of this project.

Evaluation and Future Adjustments

The visual presentation of a ReVia case is profound. The project has had 15-year alcoholics successfully returned to stable sobriety. The changes in the physical appearance and attitude of these offenders is stunning in the level of contrast between before and after. While ReVia is not the “silver bullet” which will cure alcoholism, it is far and away the most effective tool used in Butte County to assist with treatment and reduce the extraordinary level of danger presented by the drinking driver.

It is believed that the utilization of ReVia (naltrexone) will be useful in a number of other contexts. The Court also orders ReVia treatment in domestic violence cases. It has obvious applications in the public inebriate, self-medicating mentally ill and homeless populations which plague most American cities. Most importantly, it offers real hope of control to an extremely dangerous population: the repeat drinking driver.

ReVia Project Protocol

1. Each defendant assigned to ingest ReVia through the Court’s DuPont ReVia project will be placed on formal supervised probation.
2. At the time the defendant is sentenced by the Court, s/he will be provided with a form of ReVia Log and ordered to:
 - (a.) Immediately report to a physician for an examination and issuance of a prescription for ReVia (sometimes referred to as Naltrexone).
 - (b.) Show the physician the probation order so the physician is aware the defendant is a part of the Court’s ReVia project, and further provide the Log form to the physician for his/her signature and insertion of the date of the issuance of the prescription.
 - (c.) Upon issuance of the prescription for ReVia, the defendant will report, with the prescription form to a Probation Officer, or their designee, at the Butte County Probation Department, on the first Wednesday at 2 p.m. following the Court appearance. The defendant will be indoctrinated and then directed by the probation officer to report to the pharmacy at Enloe Hospital Outpatient Center, to have the prescription filled, and to begin the ReVia regimen. The Probation Department will provide the name of the referred defendant to Enloe Hospital Outpatient Pharmacy.
 - (d.) The defendant is to provide the Enloe Pharmacist, or his designee, the original of the prescription. The Pharmacist, or his designee, will then date and sign the log each time the defendant appears for ingestion of ReVia. The original of log will be kept at Enloe Hospital.
 - (e.) The pharmacy will be available for dispensing of ReVia and for logging in the ingestion by the defendant on Mondays, Wednesdays, Fridays, and Saturdays from 12:30 p.m. to 6:30 p.m.
 - (f.) Ingest ReVia three times per week, at Enloe Hospital Outpatient Center Monday, Wednesday, and Friday, and/or as directed by the Probation Officer.
 - (g.) The ReVia must be ingested at the Enloe Pharmacy unless the probation officer or their designee has approved another site for the ingestion upon prior request of the defendant.

3. Each probation order shall provide that the defendant is to:

(a.) Follow all orders and directions of the probation officer (paragraph C.1. (a) of the Court's standard conditions of probation.

(b.) Commence and continue a drug, alcohol, or other program (including attendance at NA/AA meetings), as directed by the probation officer (paragraph C.2 (a) of the Court's standard conditions of probation.

(c.) Totally refrain from the use, possession, etc. of alcohol and controlled substances, and submit to a search and test for the same, all as provided in paragraphs D.1, 4. And 5. Of the Court's standard conditions of probation.

(d.) Appear in court for his/her first review on a date 7 weeks from the date of sentencing, or as directed by the probation officer.

4. At the 7 week review, the Court will be provided with a progress report from the Probation Officer and a recommendation as to whether or not the defendant should be continued on the ReVia program for the balance of the recommended three month regimen. If the defendant is continued on the program, at the 7-week review, a further review will be scheduled for a date which is 3 months from the date of the original sentencing.

5. The defendant will report to the probation officer, or her designee, every two weeks at the beginning of the program. Such reporting requirement will be at the discretion of the Probation Officer.

6. Each defendant is responsible for, and shall pay for, all medical expenses incurred for the cost of obtaining the prescription for ReVia. The drug itself is available through Medi-Cal, private insurance, or at your own expense. All laboratory tests and physician or clinic expenses will be paid by the defendant at the time s/he obtains the prescription for ReVia.

7. The Court is informed that most physicians (and certainly Chico Immediate Care) will require each defendant to be examined every 30 days for a new prescription.

8. Each defendant, of course, is free to consult any physician of his or her own choice. Defendants are to be informed that if they do not have another physician or clinic they wish to visit, the Court has discussed the ReVia project with Chico Immediate Care Medical Center, and that such clinic is familiar with the Court's requirements. Any physician with any questions should contact Officer Lopez, at the Probation Department.

9. A review will be scheduled for a date three months from the date of sentencing. At the time of this review, the Probation Officer will report to the Court on the defendant's performance of the terms of probation, and will provide the Court with a recommendation as to what further programs the officer believes are appropriate.

10. At the subsequent three-month review, the Probation Officer will provide the Court with a progress report and recommendation for future treatment. Specifically, the Probation Officer will make his/her recommendation for possible requirement of inpatient/outpatient treatment, counseling, continuation of the ReVia project, Antabuse, AA, NA, etc: and whether the defendant should, then, be terminated from Formal Probation and placed on informal court probation.

11. The Court will expect COMPLETE AND FULL compliance with all terms of probation and directions of the probation officer by each defendant. The Probation Officer will be expected to institute a violation of probation proceeding pursuant to PC Section 1203.2 and to take any non-complying defendant into custody as the Probation Officer in his/her discretion (and as authorized by law) deems appropriate. Any defendant placed in custody for a violation will be produced in court at 12:30 p.m. on the next Wednesday following the date the defendant is placed into custody. If the defendant has not been taken into custody, she/he will be ordered to appear on the next Wednesday at 8:30 a.m. for further proceedings and action as deemed

appropriate. If the defendant is on probation pursuant to an order made by the Oroville Court, the defendant will be produced in court at the next available date and time.

12. A copy of this protocol will be provided to each defendant placed in the ReVia Project.

Dona Ana County DWI Drug Court

Dona Ana County, New Mexico

Established in February 1995, the Dona Ana County DWI Drug Court began operation with the participation of three courts—the municipal courts in Las Cruces and Mesilla, and the Magistrate Court in Dona Ana County—and 35 DWI offenders. Two years later, the Third Judicial District Court joined the initiative. The program was supported by funds received from the state excise tax on liquor.

The Third Judicial District recently established a written protocol for the operation of a drug court program. Each provider and court working with the drug court must adhere to this protocol, which outlines general policies and procedures. A county advisory committee meets monthly to review reports and accept questions and comments regarding the program. With the award of funds from the Office of Justice Programs a new advisory committee will comprise those individuals more directly involved in the drug court program, namely: district attorney, district court judge, public defender, treatment provider, adult probation, law enforcement, program coordinator, and other agency representatives interested in the drug court initiative.

Within its first three years of operation, the drug court program screened and assessed more than 800 individuals who had alcohol offenses, primarily DWI. About 44 percent, or 352 of those individuals screened were appropriate for the drug court. To date 140 individuals have graduated from this year-long, outpatient treatment program, with family members becoming an important part of the program. The retention rate for offenders continues at 70 percent. Initial outcomes indicate that, after an 18-month period, the recidivism rate among those who graduated from the program was 5.7 percent.

Once admitted into the program, the offender enters into an intensive, four-phase treatment program. Advancement from one phase to the next is dependent upon completion of the phase requirements and final approval of the judge. AA meetings are required throughout the year. Participants appear before the judge once each month for their duration in the program. If the participant is totally compliant, the program can be completed within 12 months. Drug testing is an important component of the DWI Drug Court because, although the offense may be DWI, about 35 percent of those offenders who enter the program because of a DWI also use other drugs. Drug testing is done at least twice each week for the first two months and randomly thereafter.

The Dona Ana DWI Drug Court

Dona Ana County has implemented a Drug Court focused on DWI offenders. The Drug Court, which began in Sunland Park in February 1995 and in Las Cruces in April, 1995, works with individuals who have been arrested on charges of aggravated and multiple DWI who have not been convicted of a violent crime. Upon arraignment, offenders are screened using the Substance Abuse Subtle Screening Inventory (SASSI) and the MAST. Based on the results of the standardized screening, a personal interview, a personal statement written by the offender and practical considerations such as travel distance to the outpatient treatment program, offenders are recommended for entry into the program. The Drug Court is a 24 week, three-phase treatment program with one-year of aftercare follow-up. To date, 167 clients have entered the Drug Court program. Sixteen individuals have graduated from the Las Cruces program and 8 have graduated from the Sunland Park program.

Dona Ana County provided information to the SAEU on 94 individuals who entered the Drug Court Program from February 1995 to October 1996. There were six individuals excluded from the analysis due to insufficient information such as social security number, date of birth, admission or discharge date. Thus, there was information on 88 individuals available for analysis from Dona Ana County's Drug Court program. Figure 1 below shows a comparison of the re-arrest rate among the Dona Ana County Drug Court Treatment Group and the CTS Group comprised of all 1991 DWI arrestees in New Mexico.

Cumulative Re-Arrest Rates After Entry to Treatment Drug Court Treatment Group vs CTS Group*

*CTS Group includes all 1991 DWI arrestees

Figure 1. From a report prepared by the New Mexico Department of Health, Division of Epidemiology

Superior Court No. 2 DUI Court

Hancock County, Indiana

The Superior Court #2 of Hancock County Indiana is a court of general jurisdiction. By local Rule all DUI's, alcohol offenses and most drug cases are filed in Superior Court #2.

The Honorable Richard D. Culver is the presiding judge of Superior 2. In addition to his general probation department he is assisted by three full time Alcohol and Drug certified Probation Officers. These ADA Officers specialize in supervising the alcohol and drug offender caseload. This caseload is managed with a recognition that addiction is a disease. In dealing with the addicted offender the Court receives input from the ADA department, the offender, the defense attorney, and the prosecuting attorney. Ultimately the Court must design an appropriate sentence, choosing from a menu of alternative programs the one that best promotes rehabilitation while also preserving public safety.

The public safety alternatives include jail sentences, electronic home detention, probation, and ignition interlock. The rehabilitation alternatives include abstinence, AA, outpatient substance abuse counseling, inpatient treatment and a jail intervention program that provides counseling for those in custody. The Court also refers offenders to a sober life program that includes counseling and antabuse.

The goal of each sentence is to impose a fair penalty for the defendant, protect society from relapse, and provide treatment to break the cycle of recidivism. The Court attempts to structure an individual program for each offender. The most successful cases appear to be those in which the offender receives positive or negative reinforcement within close proximity to the conduct. Specifically, an offender may be sentenced to home detention for up to one year or until three negative drug tests and counseling are accomplished.

The Court is also serviced by a warrant officer who attempts to arrest any offender within 48 hours of a reported positive drug test. Once the offender is returned to Court, the sentencing program is re-evaluated to determine whether increased supervision or treatment is needed.

The Court's program is designed to impress upon the offender personal accountability. The Police, offenders, their families, defense attorneys and prosecutors have supported the Court's attempt to return offenders to their careers and their families drug and alcohol free.

Maricopa County DUI Court

Maricopa County, Arizona

The Maricopa County DUI Court (Phoenix, AZ) is funded by the National Highway Traffic Safety Administration. The primary objective of the program is to reduce drinking and driving behavior in defendants who have a history of such behavior. An impact study is now being conducted by Mid-America Research. After entering a plea of guilty, DUI defendants are randomly placed (1) on standard probation (control group), or (2) in DUI Court (experimental group). One out of every two defendants is placed in DUI Court.

Judge David R. Cole presides over the DUI Court. Program participants are required to appear in court at least once per month. During each session, the participant enters into a contract with Judge Cole. The contract details the participant's obligations (including abstinence from alcohol, substance abuse counseling, and/or treatment, attending Alcoholics Anonymous meetings, reporting to the probation office, attending the DUI Victim Impact Panel program, etc.) between the time the contract is signed and the next court session. Rewards for compliance with the contract include promotion to the next "path."

When a defendant is placed in the program, the sentencing judge imposes a 60-day "deferred" jail term. This term is in addition to any mandatory incarceration that may apply. Its purpose is to encourage participants to comply with their contracts. Those who comply are eligible for reduction in the jail term. In addition to imposition of some portion of the deferred jail term, sanctions for non-compliance include community service hours, retention on the present path, removal from the program, and revocation of probation.

The program can be completed in as little as one year. After graduation, participants will be placed on "record only" (minimum supervision) probation for one year. Participants do not have to pay probation supervision fees until they have graduated.

The first DUI Court session was held March 18, 1998. Three defendants appeared in court that day. Since then, approximately 20 sessions have taken place. The average number of defendants appearing during the past several sessions is 20.

We anticipate that the enhanced supervision (including frequent alcohol testing), in conjunction with the emphasis on individual accountability and treatment will positively affect the defendants, their families, and the community. We will consider our efforts to have been well spent if just one fatality is prevented.

DUI With Priors Referred to Drug Court

Type of Case	Referrals	Completions	Rearrested
Misdemeanor	64	29	4
Felony	1	1	1
TOTAL	65	30	5

Bernalillo County Metropolitan Court DWI/Drug Court Statistics

Total Screened		201
Total Participants in the Program Aug. 1997 – November 1998		118
Active Participants		55
DWI Cases:	52	
Cases Other Than DWI:	3	
Discharges or Dropouts		24
DWI Cases:	10	
Cases Other Than DWI:	14	
Current Participants		55
Phase I:	23	
Phase II:	17	
Phase III:	15	
Number of Rearrests for Graduates	3	
Rearrest 1: Start Date: 11/3/97 End Date: 5/27/98 Charge: 8/20/98 Revoke License		
Rearrest 2: Start Date: 9/26/97 End Date: 3/4/98 Charge: 10/10/98 DWI		
Rearrest 3: Start Date: 8/13/97 End Date: 4/1/98 Charge: 9/25/98 Revoke License		
Graduates		39
DWI Cases:	36	
Cases Other Than DWI:	3	

Treatment

Month	Intake Assessments	Acupuncture	Group Therapy	Individual Therapy	UDS	IOP
Jul-97	2	4	2	0	5	0
Aug-97	7	29	33	8	40	0
Sep-97	5	12	74	6	82	0
Oct-97	14	52	120	7	142	0
Nov-97	7	32	182	9	188	0
Dec-97	4	67	233	20	246	3
Jan-98	4	46	231	13	254	2
Feb-98	11	87	235	32	254	0
Mar-98	6	154	298	23	294	1
Apr-98	1	95	264	16	306	23
May-98	4	51	247	13	291	31
Jun-98	15	128	240	7	300	48
Jul-98	13	241	320	42	397	44
Aug-98	7	128	357	21	360	16
Sep-98	12	147	401	21	385	5
TOTALS	112	1273	3237	238	3544	173

Formal Probation

Out of 17 repeat DUI offenders:

3 have re-offended	17.65%
1 is out on warrant	5.88%
Average priors:	3.06
Average B.A.	NA

AA

Out of 51 repeat DUI offenders:

8 have re-offended	15.69%
7 are out on warrant	13.73%
Average priors:	1.14
Average B. A.	1.1753

Antabuse**

Out of 17 repeat DUI offenders:

4 have re-offended	23.53%
Age Range:	22-48
Ave. Age:	29.6
Male:	94%
Female:	6%
White:	65%
Hispanic:	35%
3 are out on warrant	17.64%
Average priors:	1.29
Average B.A.	.1866
Average duration in the program:	6.8 months
Average time since completion (7-98):	6 months
Average time from completion to re-offense:	1 month

ReVia**

Out of 31 repeat DUI offenders:

4 have re-offended	12.9%
Ave. Range:	20-56
Ave. Age:	34.7
Male:	77%
Female:	23%
White:	93.5%
Hispanic:	6.6%
No one is out on warrant	0%
Average priors:	1.32
Average B.A.:	.206
Average duration in program:	7.2 months
Average time since completion (7-98):	10 months
Average time since completion to re-offense:	11 months

APPENDIX B: RE VIA PROJECT

The Butte County ReVia Project

Hon. Darrell Stevens, Judge of the Butte County Superior Court
Helen Harberts, Chief Probation Officer
Jane E. Pfeifer, Drug Court Program Manager, Superior Court
Ian Redmond, Research Assistant

Acknowledging the generous assistance of Percy Menzies & DuPont Pharmaceuticals

In 1996, Butte County Probation and the Butte County Superior Court teamed with members of the community to begin the ReVia Project. Initially planned as a 90-day trial project, ReVia quickly demonstrated value for a specific population of offender: the repeat drinking driver. Based upon that first series of cases, the ReVia Project was extended. It is now approximately two years out, and the results appear distinctly promising. In some cases, the results have been astounding. A preliminary review of the data reveals that ReVia is far and away the most successful method of dealing with high blood alcohol, repeat drunk drivers.

Butte County was one of three courts in the United States who directed the use of ReVia (generic name: naltrexone) as part of a court ordered treatment model. The model was designed as an expedited case processing system, where identified alcoholics would be moved quickly into the treatment process. Key to this treatment process was ingestion of ReVia (naltrexone).

Alcohol and Crime in Butte County

Butte County, California has just over 200,000 citizens. It is located in the north central valley of California, approximately 70 miles north of the state capitol, Sacramento. The area is predominately rural. The County has five major population areas, distributed in distinct areas of the county. The largest population is found in the Chico Urban Area (90,000). Chico is the home to California State University, Chico. This university has struggled for years with the reputation of being one of the top 10 party schools in the nation. Alcohol use plays a prominent role in the local culture.

In California, the presumptive level for driving under the influence (DUI) is .08. State law mandates jail sentences for DUI cases, with increased penalties for prior convictions, or a higher blood alcohol level upon arrest. A DUI with 3 prior convictions can be charged as a felony, and the defendant faces the California state prison system. Persons who have an extensive list of prior convictions and cannot perform safely in the community are sent to state prison.

Arrests in Butte County for driving under the influence, and alcohol related fatalities have been unacceptably high. During 1996-1997, 25 people died in DUI cases. To address this issue, focused efforts of the California Highway Patrol, and the local police included increased patrol strategies, public education, DUI checkpoints and specialized training in early detection of drivers under the influence. The Chico Police Department developed the powerful nationally honored "Every 15 Minutes" intervention program. Utilizing members of the entire community, this program teaches high school students about the community wide impact which follows the choice to drive after drinking. It is noted that "Every 15 Minutes" someone is killed or injured by a person who chooses to drive after drinking. The Chico Police have also received special funding to address alcohol outlets. Using enforcement and educational strategies, they have reduced the level of excess consumption, and sales of package liquor to underage drinkers.

Many of these efforts have paid off. There is increased awareness regarding the issue of alcohol abuse and driving. However, there remains a core group of addicted drivers who continue to pose grave danger to the public, and occupy a significant portion of the community resources through health care, emergency services, police, court, jail and probation criminal justice costs. For these offenders, Butte County has created the ReVia Project.

ReVia in General

ReVia is a medication utilized for many years as a highly effective opiate treatment (referred to as an opioid receptor antagonist). Recently, it was determined that the brain pathways utilized by alcohol and opiates may be the same. Because of this, ReVia reduces or stops the cravings experienced by alcoholics during treatment. It is these cravings (physiological reactions which are triggered by behavioral cues) which interfere with an alcoholic's ability to complete a treatment program. While on ReVia, they can maintain sobriety long enough to successfully establish a pattern of behavior modification. At the end of 180 days, the client is examined for reduced use of ReVia.

Essentially, ReVia functions as a tool to aid recovery and treatment. It is not a "stand alone" treatment. While being utilized by these recovering alcoholics, ReVia functions in two manners: (1) it blocks cravings (2) there is no pleasure derived from drinking alcohol when the addict "tests" the medication. There is no "buzz" and no reward for drinking. Thus, if an alcoholic is sincerely working on behavior changes through treatment, true progress can be made.

In contrast to the results for traditional treatment and the utilization of Antabuse, the ingestion of ReVia suppresses the desire of alcohol (and the pleasure from consumption). Therefore, it allows traditional methods of substance abuse treatment to take hold. We have found that utilization of ReVia as part of the probationary terms and conditions blocks the cravings and allows the behavioral modification to take effect. The Court and Probation have adopted a high intensity probation model to deal with repeat DUI cases. Based on the theory that the power of criminal justice system can be used as a therapeutic tool, the terms of probation are used as a "bottoming out" process to encourage sobriety. Strict accountability is required. The model is quite similar to that of Drug Court.

ReVia can be given with Antabuse, but we have not found that to be necessary. No physical or psychological dependency is attributed to the use of ReVia during the treatment period. DuPont Merck conducted a 12-week, double blind, placebo based trial of ReVia. When combined with traditional therapy, ReVia was significantly more successful (61%) than the placebo with the same therapy (22%) in preventing relapse. (Archives of General Psychiatry, 1992; 49:881-887) Further, those who did drink, did so on fewer days than the placebo group (2 and 6 days respectively) over the same 12 week period.

Persons who drink alcohol while taking ReVia can become intoxicated. ReVia does not interfere with the absorption of alcohol-it only interferes with the pleasure and cravings. Persons who are given ReVia must be screened through a liver panel prior to issuance of a prescription and administration of the medication. There are specific physical conditions that are not compatible with the administration of ReVia.

Additionally, it cannot be given to active opiate addicts. ReVia can be extremely dangerous if administered unknowingly to an active heroin or opiate addict. It is absolutely critical to make certain that the client is not using opiates, or has had a specified period of abstinence prior to the administration of opiates.

ReVia can seem expensive: up to \$535.00 per month. However, compared to the cost of alcohol, or a jail bed, it is quite inexpensive. Some defendants have had assistance with the costs from their families. Also, purchasing a supply one-week at a time assists with "sticker shock". The cost of a one-month supply will frighten many clients. It is easier to have them obtain a smaller amount.

We have learned that close physical monitoring by a physician will allow us to address any side effects which may occur without having to drop the person from the project. The "standard" dosage needs to vary slightly with the unique physiology of the probationer.

As always, public safety remains the #1 priority. Field visits to the homes of ReVia clients have been helpful. There have been occasions when arrests have been necessary. Terminations have resulted from new criminal charges (such as a child endangerment case) during the project, and for medical reasons.

ReVia: A Natural Outgrowth of Butte County Drug Court

Butte County has utilized a Drug Court for the past three years. The Drug Court has been quite successful and has wide spread community support. It was recently recognized as one of eight COPS mentor Drug Courts by the National Association of Drug Court Professionals (NADCP). The judge who partnered with Probation to create the ReVia Project is the presiding Judge of the Butte County Drug Court.

The next step for the ReVia Project is stabilized funding, and creation of a specialized ReVia track within the Butte County Drug Court. Upon review, it is believed that improved outcomes could be achieved by moving ReVia directly into a Drug Court format. Within the next few months, ReVia will be fully incorporated into the Butte County Drug Court program. Under the Drug Court design, weekly contacts and expectations on ReVia clients will increase, and the intensity of treatment will increase client accountability even further. More frequent testing will occur, but perhaps more importantly, ReVia clients will experience the immediate sanctions, excellent camaraderie, support and frequent praise which distinguishes Drug Court. This will reduce isolation, and assist in long term reinforcement for recovery.

Outcomes

Comparisons with such a small group can be difficult. Small fluctuations can change the results dramatically, thus, more study is needed. However, the preliminary data between the two closest demographic groups shows that ReVia is far more effective than Antabuse and standard probation with AA terms and conditions. Of particular interest, ReVia has the lowest recidivism rate, the longest period of time prior to recidivism, and the lowest rate of persons "at warrant".

Probation and Court records were reviewed to provide data on ReVia clients. Every participant studied was tracked through the records of the Department of Motor Vehicles, city police, and court records to verify if any persons re-offended. Re-offense was defined as any new criminal offense other than an infraction. The Butte County study has one advantage over previous studies on ReVia. Other studies covered a 4 to 12 week cycle, with monitoring for 6 months after ingestion. Butte County studied participants for an average of 29 weeks of ingestion and an average of 10 months since completion. Some offenders have now been tracked for almost 2 years.

No initial interviews were done on offenders to document their drinking patterns prior to acceptance. Random anecdotal information from clients includes admissions of drinking $\frac{3}{4}$ of a quart of whiskey per day, being drunk every day for 15 years, etc.

Four distinct groups were studied:

- ReVia
- Antabuse
- AA/NA informal court probation

- AA/NA formal probation (generally more prior convictions and felony convictions)

Only one judge participates in the ReVia Project at this time. Other judges in the county have dealt with DUI offenders during this time period and used other sentencing options. Antabuse and AA standard DUI cases are not sent to Probation for formal supervision.

In order to evaluate ReVia, every DUI file in the Chico court for the past 2-1/2 years was reviewed. Those with prior DUI convictions that were ordered to ingest Antabuse, or attend AA were selected. Certain demographics were kept consistent: all studied cases were heard during the same time period ReVia was being used. All cases were heard in the same jurisdiction as the ReVia cases, and all cases involved the same age range as ReVia participants (20-56 years old).

The populations in the Antabuse and ReVia study were closest. ReVia participants were slightly older than Antabuse (average age 35 and 31 respectively). There were similarities in length of program (7.2 months-6.8 months), similar number of prior convictions (.03 difference on average), and similar blood alcohol levels (average difference: .02BAC).

However a significant difference appeared in the length of time between completion of their program, and re-offense. ReVia recidivists committed new crimes 11 months after completion. On Antabuse, re-offense occurred within one month. Moreover, 75% of the Antabuse new crimes were drug/alcohol related. 25% of the ReVia crimes were drug/alcohol related. It is clear that utilization of Antabuse did not impact the addictive behavior to the degree ReVia did.

Behind all of the statistics and summaries, there is one simple and sterling clear fact: ReVia works on this group of offenders far better than any other supervision model. It is obvious in dealing with this client base. Over the progression of weeks: they look better, walk better, smile more, and are restored. Many ReVia graduates resemble Drug Court graduates: stable employment & better health.

Like Drug Court, this is a reality-based model. Relapse is expected and Drug Court must plan for setbacks and recognize that public safety sometimes calls for incapacitation through incarceration. Using this model Butte County has had more success than anything else we have tried. We can improve our outcomes through additional modifications. Our recidivism rate in Drug Court hovers between 10-11%. By moving into the Drug Court program as a new track, we hope to drop our recidivism rate to a similar level... or better.

Protocol

Court process summary: (Formal Protocol is given to each participant with maps to the medical facilities, and waiver forms.)

- 1 Upon conviction or plea, the Court places the defendant on formal supervised probation.
- 2 The defendant is mandated to contact a physician immediately, to receive an examination and a prescription for ReVia. Ingestion is initiated and a log signed by the pharmacist or physician.
- 3 The defendant reports forthwith to Probation to be seen by specific probation officers to present proof of the prescription and ingestion to the probation officer.
- 4 The defendant is directed to participate in alcohol treatment programs as ordered by the Court, or Probation; to return every two weeks at a minimum, to submit to urine testing, search and seizure, abstention from all use or possession of alcohol, controlled substances, or entry into places where alcohol is sold or is a primary focus of business. Reviews before the court occur every 7 weeks, or as directed by the probation officer.
- 5 Probation officers conduct field searches, and are expected to arrest ReVia clients who are violating the protocol and presenting a danger to the public.

6 After 24 weeks, the Court examines the status of the probationer to determine if the supervision level will be reduced.

Community Partnership

This is a community based, and supported project. Due to funding constraints, the local Drug and Alcohol Agency declined to participate. Butte County does not have the financial capability of supporting this project. Probation carved out a small amount of time in a supervision unit to try this project on a pilot basis. More recently, it was moved into the already burdened Drug Court division.

Because of the unique requirements of the medical protocol, we turned to the local community. A local hospital, the Enloe Medical Center, agreed to accept shipments of ReVia. (The Court cannot accept and distribute a prescription drug.) Their pharmacy has been instrumental in assisting with distribution of the medication to clients. Other local physicians and pharmacists in other cities of the county have assisted Probation and the Court by volunteering to observe ingestion of the medication. These pharmacists personally observe the ingestion, sign the log of the offender, and keep a separate log to document and compare. Customary safeguards are taken to protect against false ingestion attempts.

Clients were directed toward their own physicians and insurance companies for funding of liver panels and prescriptions whenever possible. A local immediate care clinic also volunteered to assist, offering lower cost screening, explanations about ReVia to clients, and to observe ingestion on a walk-in basis. DuPont generously assisted with informational support, and temporarily made a limited amount of the medication available to the truly indigent. They also provided assistance with gathering the statistics on the outcomes of this project.

Evaluation and Future Adjustments

The visual presentation of a ReVia case is profound. The project has had 15-year alcoholics successfully returned to stable sobriety. The changes in the physical appearance and attitude of these offenders is stunning in the level of contrast between before and after. While ReVia is not the “silver bullet” which will cure alcoholism, it is far and away the most effective tool used in Butte County to assist with treatment and reduce the extraordinary level of danger presented by the drinking driver.

It is believed that the utilization of ReVia (naltrexone) will be useful in a number of other contexts. The Court also orders ReVia treatment in domestic violence cases. It has obvious applications in the public inebriate, self-medicating mentally ill and homeless populations which plague most American cities. Most importantly, it offers real hope of control to an extremely dangerous population: the repeat drinking driver.

ReVia Project Protocol

1. Each defendant assigned to ingest ReVia through the Court’s DuPont ReVia project will be placed on formal supervised probation.
2. At the time the defendant is sentenced by the Court, s/he will be provided with a form of ReVia Log and ordered to:
 - (a.) Immediately report to a physician for an examination and issuance of a prescription for ReVia (sometimes referred to as Naltrexone).
 - (b.) Show the physician the probation order so the physician is aware the defendant is a part of the Court’s ReVia project, and further provide the Log form to the physician for his/her signature and insertion of the date of the issuance of the prescription.

(c.) Upon issuance of the prescription for ReVia, the defendant will report, with the prescription form to a Probation Officer, or their designee, at the Butte County Probation Department, on the first Wednesday at 2 p.m. following the Court appearance. The defendant will be indoctrinated and then directed by the probation officer to report to the pharmacy at Enloe Hospital Outpatient Center, to have the prescription filled, and to begin the ReVia regimen. The Probation Department will provide the name of the referred defendant to Enloe Hospital Outpatient Pharmacy.

(d.) The defendant is to provide the Enloe Pharmacist, or his designee, the original of the prescription. The Pharmacist, or his designee, will then date and sign the log each time the defendant appears for ingestion of ReVia. The original of log will be kept at Enloe Hospital.

(e.) The pharmacy will be available for dispensing of ReVia and for logging in the ingestion by the defendant on Mondays, Wednesdays, Fridays, and Saturdays from 12:30 p.m. to 6:30 p.m.

(f.) Ingest ReVia three times per week, at Enloe Hospital Outpatient Center Monday, Wednesday, and Friday, and/or as directed by the Probation Officer.

(g.) The ReVia must be ingested at the Enloe Pharmacy unless the probation officer or their designee has approved another site for the ingestion upon prior request of the defendant.

3. Each probation order shall provide that the defendant is to:

(a.) Follow all orders and directions of the probation officer (paragraph C.1. (a) of the Court's standard conditions of probation.

(b.) Commence and continue a drug, alcohol, or other program (including attendance at NA/AA meetings), as directed by the probation officer (paragraph C.2 (a) of the Court's standard conditions of probation.

(c.) Totally refrain from the use, possession, etc. of alcohol and controlled substances, and submit to a search and test for the same, all as provided in paragraphs D.1, 4. And 5. Of the Court's standard conditions of probation.

(d.) Appear in court for his/her first review on a date 7 weeks from the date of sentencing, or as directed by the probation officer.

4. At the 7 week review, the Court will be provided with a progress report from the Probation Officer and a recommendation as to whether or not the defendant should be continued on the ReVia program for the balance of recommended three month regimen. If the defendant is continued on the program, at the 7-week review, a further review will be scheduled for a date which is 3 months from the date of the original sentencing.

5. The defendant will report to the probation officer, or her designee, every two weeks at the beginning of the program. Such reporting requirement will be at the discretion of the Probation Officer.

6. Each defendant is responsible for, and shall pay for, all medical expenses incurred for the cost of obtaining the prescription for ReVia. The drug itself is available through Medi-Cal, private insurance, or at your own expense. All laboratory tests and physician or clinic expenses will be paid by the defendant at the time s/he obtains the prescription for ReVia.

7. The Court is informed that most physicians (and certainly Chico Immediate Care) will require each defendant to be examined every 30 days for a new prescription.

8. Each defendant, of course, is free to consult any physician of his or her own choice. Defendants are to be informed that if they do not have another physician or clinic they wish to visit, the Court has discussed the ReVia project with Chico

Immediate Care Medical Center, and that such clinic is familiar with the Court's requirements. Any physician with any questions should contact Officer Lopez, at the Probation Department.

9. A review will be scheduled for a date three months from the date of sentencing. At the time of this review, the Probation Officer will report to the Court on the defendant's performance of the terms of probation, and will provide the Court with a recommendation as to what further programs the officer believes are appropriate.

10. At the subsequent three-month review, the Probation Officer will provide the Court with a progress report and recommendation for future treatment. Specifically, the Probation Officer will make his/her recommendation for possible requirement of inpatient/outpatient treatment, counseling, continuation of the ReVia project, Antabuse, AA, NA, etc: and whether the defendant should, then, be terminated from Formal Probation and placed on informal court probation.

11. The Court will expect COMPLETE AND FULL compliance with all terms of probation and directions of the probation officer by each defendant. The Probation Officer will be expected to institute a violation of probation proceeding pursuant to PC Section 1203.2 and to take any non-complying defendant into custody as the Probation Officer in his/her discretion (and as authorized by law) deems appropriate. Any defendant placed in custody for a violation will be produced in court at 12:30 p.m. on the next Wednesday following the date the defendant is placed into custody. If the defendant has not been taken into custody, she/he will be ordered to appear on the next Wednesday at 8:30 a.m. for further proceedings and action as deemed appropriate. If the defendant is on probation pursuant to an order made by the Oroville Court, the defendant will be produced in court at the next available date and time.

12. A copy of this protocol will be provided to each defendant placed in the ReVia Project.

APPENDIX C: "SWOT" ANALYSIS OUTCOMES

In the final hours of the meeting, the members of the DUI/Drug Court Advisory Panel and their observers formed small groups to perform "SWOT" analysis of six subjects related to DUI/Drug Courts. For each subject the assigned teams identified Strengths ("S"), Weaknesses ("W"), Opportunities ("O"), and Threats ("T") as the subject related to DUI/Drug Courts.

The subjects were—

- Law Enforcement

- » Juvenile and University-Aged Offenders
- » Treatment
- » Community and Public Safety
- » Non-DUI Crime Associated With Alcohol
- » Driving Under the Influence of Other Drugs

The outcomes follow:

Law Enforcement

Strengths

- » Community Policing
- » Frequency of contact
- » Flexibility in sentencing
- » Power/respect of the judge
- » Technology of drug test kits
- » Training-SFST, DRE
- » Existing resources-sharing info, media ties

Weaknesses

- » Jurisdictional
- » Turf issues/loss of control
- » Lack of standards/consistency
- » Funding
- » Paperwork
- » Limited by jurisdictions cap guidelines

Opportunities

- » Alternatives to standard incarceration
- » Education/intervention
- » Positive community response

Threats

- » Privatization

- Critical incident/bad PR potential
- Lack of vigilance

Juvenile and University-Aged Offenders

Strengths

- True alcoholics tend to start drinking in early teens; early intervention key
- Family involvement
- Use of university resources
- Easy to identify heavy alcohol users
- Affords a coordinated community effort
- If involved in treatment early, later DUIs can be prevented

Weaknesses

- Tremendous denial
- 12 step programs have limited effect on juveniles
- Lack of appreciation and internalization of the long term effects of alcohol
- Resources and funding
- Lack of outcome data
- Public apathy and ignorance toward teenage drinking
- Minimization by parents (also a threat)

Opportunities

- Need to develop a profile to identify teens that are potential alcohol abusers.
- To identify the correlation between alcohol and other drugs – i.e., identification of gateway drugs
- Evaluation opportunities – outcome, need, process
- Opportunity for law enforcement involved by citing offenders to a treatment program
- To come up with new and innovative programs for teens and young adults

Threats

- » Labeling/stigmatizing the teen/young adult as an alcoholic by parents and friends
- » Without separation of group by age, treatment of all may be affected
- » Treatment may not be taken as seriously
- » Need to re-evaluate what's needed for aftercare
- » Failure to early identify problem will intensify problem later

Treatment

Strengths

- » Addiction – treatment teaches change, models and tools
- » Risk/needs assessment tools
- » Communications – court/treatment
- » Relationships
- » Judge
- » Frequency of contact
- » Accountability of participant and staff
- » Informality/breaking down barriers
- » Resources/coordinating
- » Mutual education

Weaknesses

- » Perceived lack of professionalism
- » Poor definition of success; vague concept
- » Lack of standardization and protocols
- » Lack of communication between research and practitioners
- » Lack of treatment providers
- » What works with alcohol offenders/limited data

Opportunities

- » Legislative opportunities for increased funding

- » Drug court model proving to be effective
- » Opportunity for treating serious offender
- » Dollar savings on corrections, welfare

Threats

- » Politics
- » Alcohol-defense bar (need for education)
- » Beverage industry
- » High-profile failures

Community and Public Safety

Strengths

- » Ability to educate the public
- » Ability to motivate
- » Potential source of financing

Weaknesses

- » Lack of credibility, especially for the alcohol industry
- » Support of alcohol industry could damage campaign for wide support
- » Inertia

Opportunities

- » Money
- » Marketing to public
- » Educating public
- » Resources to assist DUI court
- » Treatment for DUI as a medical benefit
- » To take a fresh look at the issue
- » Credible voice

Threats

- Lack of funding
- Power to kill by divided interests
- Lack of coordination
- Any number of persons/organizations can sink the idea

Non-DUI Crime Associated With Alcohol

Strengths

- Offenders need treatment
- Public has expectation of problem resolution
- Can solve other collateral problems

Weaknesses

- Offenders may not be able to pay for treatment
- Not always a public safety concern
- Punishments may be too intense/severe for crime
- Alcohol used as an excuse for bad behavior
- Doesn't necessarily involve victim(s)

Opportunities

- Recognizes that offenders need treatment (not just DUI)
- Makes treatment available where it otherwise would not be

Threats

- Better alternatives exist
- Public support for DUI but not for non-DUI
- Opposition from alcohol industry
- Perception of criminalizing a legal substance

Driving Under the Influence of Other Drugs

Strengths

- » Easier to break through general state of denial
- » Easier to bring parents and family members into the process
- » Easier to detect violations, and so have stronger enforcement mechanisms

Weaknesses

- » Need to educate police for on-site detection because drugs evade breath-test detection
- » Drugs evade passive enforcement, e.g., ignition interlock
- » Prescription use and abuse; increased denial when drugs are legal and/or have doctor's approval

Opportunities

- » Creation of dialog between medical and legal professions
- » Education of public

Threats

- » Dwindling treatment resources
- » Outside political pressure against treatment and for jail time