

STATE OF WASHINGTON

IMPAIRED DRIVING ASSESSMENT

October 3 - 8, 2004

National Highway Traffic
Safety Administration
Technical Assistance Team

Linda Chezem, J.D.
Robert Lillis, Evalumetrics Research
Assistant Chief Greg Manuel
Larry Wort, P.E.
Manu Shah, P.E.

TABLE OF CONTENTS

<u>Subject</u>	<u>Page</u>
ACKNOWLEDGEMENTS	6
INTRODUCTION AND BACKGROUND	7
PRIORITY RECOMMENDATIONS	12
I. STRATEGIC PLANNING AND PROGRAM MANAGEMENT	
1-A: State, Local, and Tribal DUI Task Forces/Commissions	
Advisory.....	14
Status	14
Recommendations.....	15
1-B: Strategic Planning	
Advisory.....	16
Status	16
Recommendations.....	16
1-C: Program Management	
Advisory.....	17
Status	17
Recommendations.....	17
1-D: Data and Records	
Advisory.....	19
Status	19
Recommendations.....	20
1-E: Evaluation	
Advisory.....	22
Status	22
Recommendations.....	22

1-F: Resources	
Advisory.....	23
Status	23
Recommendations.....	23
II. PREVENTION.....	
2-A: Responsible Alcohol Service	
Advisory.....	24
Status	25
Recommendations.....	25
2-B: Transportation Alternatives	
Advisory.....	26
Status	26
Recommendations.....	26
2-C: Public Information and Education	
Advisory.....	27
Status	27
Recommendations.....	28
2-D: Community Based Programs	
2-D-1: Schools	
Advisory.....	29
Status	29
Recommendations.....	31
2-D-2: Employers	
Advisory.....	32
Status	32
Recommendations.....	32
2-D-3: Community Coalitions and Traffic Safety Programs	
Advisory.....	33
Status	33
Recommendations.....	34

III. CRIMINAL JUSTICE SYSTEM	
3-A: Impaired Driving Laws	
Advisory.....	35
Status	36
Recommendations.....	39
3-B: Enforcement	
Advisory.....	40
Status	41
Recommendations.....	43
3-C: Publicity to Enhance General Deterrence	
Advisory.....	44
Status	44
Recommendations.....	45
3-D: Prosecution	
Advisory.....	46
Status	46
Recommendations.....	48
3-E: Adjudication	
Advisory.....	49
Status	49
Recommendations.....	53
3-F: Administrative Sanctions and Driver Licensing Programs	
3-F-1: Administrative License Revocation and Vehicle Sanction	
Advisory.....	54
Status	54
Recommendations.....	55
3-F-2: Programs	
Advisory.....	56
Status	56
Recommendations.....	58

3-F-3: Information and Records System	
Advisory.....	59
Status	59
Recommendations.....	60
IV. ALCOHOL AND OTHER DRUG MISUSE: Screening, Assessment, Treatment and Rehabilitation.....	
4-A: Screening and Assessment	
Advisory.....	62
Status	62
Recommendations.....	64
4-A-1: Criminal Justice System	
Advisory.....	65
Status	65
Recommendations.....	65
4-A-2: Medical or Health Care Settings	
Advisory.....	66
Status	66
Recommendations.....	66
4-B: Treatment and Rehabilitation	
Advisory.....	67
Status	68
Recommendations.....	68
4-C: Monitoring Impaired Drivers	
Advisory.....	69
Status	69
Recommendations.....	69
TEAM CREDENTIALS.....	70
AGENDA.....	77
LIST OF DEFINITIONS	80

ACKNOWLEDGEMENTS

The Technical Assistance Team acknowledges and thanks Steve Lind, Acting Director Washington Traffic Safety Commission (WTSC) for his support and able assistance in making this review possible.

The Team would especially like to recognize the following individuals: Dick Nuse, WTSC Program Manager, Elaine Hagseth, WTSC Assessment & Program Coordinator, Phil Salzberg, WTSC Research Director, and Michelle Nichols, WTSC Executive Assistant. This assessment could not have been successful without the long hours and tremendous amount of hard work they put in.

The Team would also like to thank all other members of the WTSC staff who participated in the assessment, providing valuable information through their expertise and knowledge of the WTSC.

Evelyn Avant, Impaired Driving Division, National Highway Traffic Safety Administration (NHTSA) facilitated the assessment process. Ruth Esteban-Muir, NHTSA Headquarters, and Rosemary Nye, Deputy Regional Administrator, NHTSA Northwest Region, assisted in the facilitation process. The Team would like to thank them for helping to give a national perspective to the assessment process. The Team wishes to commend Wynona McGarr, and Evelyn Behrle, the Administrative Consultants, for their ability to manage the production of the final report in a period of one week, which has been invaluable.

The Team thanks each of the participants in the review for the time and energy invested in preparing and delivering their presentations. Their candor and thoroughness in discussing their activities to target impaired driving in Washington State greatly assisted the Team in conducting a complete review.

The Team believes this report will contribute to Washington State's efforts to enhance the effectiveness of its impaired driving program in preventing injuries, saving lives, and reducing economic costs of motor vehicle crashes on Washington State's roadways.

Although the Team realizes that the assessment is a critique of all impaired driving activities, the Team wishes to commend and encourage all who are involved in the day-to-day functions of reducing impaired driving in Washington State.

INTRODUCTION

In 2003, 42,643 persons were killed and nearly 2.8 million injured in police-reported motor vehicle crashes in the United States. Motor vehicle injuries are the leading cause of death for individuals from age 5 through 27. Motor vehicle crashes are the principal cause of on-the-job fatalities and the leading cause of accidental death in the United States. The economic cost of motor vehicle crashes exceeds \$150 billion annually. Alcohol was involved in approximately 40 percent (17,013) of the total number of traffic fatalities and responsible for nearly 290,000 injuries in 2003.

The mission of the National Highway Traffic Safety Administration (NHTSA) is to reduce deaths, injuries, and economic and property losses resulting from motor vehicle crashes. In its ongoing pursuit to reduce alcohol-related traffic crashes and subsequent fatalities and injuries, NHTSA continues its program of providing Technical Assistance Teams to the States upon request. This approach allows the States to use highway safety funds to support the Team's evaluation of existing and proposed alcohol and other drug – impaired driving control efforts.

NHTSA acts as a facilitator by assembling a team composed of individuals who have demonstrated competence in impaired driving program development and evaluation. Examples of program expertise among team members include the area of criminal justice - prosecution/adjudication, enforcement, engineering, evaluation, prevention, program management, traffic records, and substance abuse treatment/rehabilitation.

The Washington State Traffic Safety Commission requested NHTSA's assistance in assessing Washington State's alcohol and drug impaired driving countermeasures program. NHTSA agreed to facilitate this assessment and met with the Washington State Traffic Safety Commission to define key issues of concern to the State.

The Washington State Impaired Driving Assessment was conducted at the Phoenix Inn, in Olympia WA, from October 3-8, 2004. Under the leadership of Steve Lind, Acting Director, Washington State Traffic Safety Commission, arrangements were made for program experts (see Agenda) to deliver briefings and to provide support materials to the Team on a wide range of topics over a three-day period. The Team interviewed numerous presenters, with several being contacted following their presentations to provide additional informational and clarification.

Washington Background

Location and Geographic Characteristics

Washington, known as the Evergreen state, is located in the farthest northwestern part of the contiguous 48 States. Washington is bordered by the Canadian province of British Columbia on the north, Oregon on the south, Idaho on the east, and the Pacific Ocean on the west. It is 360 miles long and 240 miles wide. Seven percent of Washington lands are covered by water with more than 8,000 lake and ponds spread over the State. Forty percent of the State's 45.9 million acres are owned by federal, state, tribal, and local public entities, with federal lands making up the bulk of public land ownership. Washington has the smallest amount of major public and tribal lands in the 11 western states, and the second lowest overall percentage of public and tribal lands following Montana.

Mostly glaciated mountains and dense forest in the west and grain land in the east, six land areas geographically divide Washington: Olympic Mountains, Coast Range, Puget Sound Lowlands, Cascade Mountains, Columbia Basin, and the Rocky Mountains. Approximately 75 percent of the State's population lives in the Puget Sound Lowlands. Most of the State's cities including Tacoma and the State capitol Olympia are located in the Lowlands. East of the Lowlands, the Cascade Mountains are 700 miles of peaks with several rising more than 10,000 feet above sea level and several mostly inactive volcanoes. The highest point in the State at 14,410 feet, Mount Rainier is located in the Cascades. Mount St. Helens erupted in 1980 and was showing activity during this assessment. With its many geographical features, Washington is strong in tourism drawing outdoor adventurers seeking to kayak, fish, ski, mountain climb, bird and/or whale watch.

Climate

Washington's climate varies from east to west. Winters in western Washington are ordinarily rainy and cool with average temperatures of 32 to 40 degrees Fahrenheit. Summers are mild with an average temperature of 60°F. Slightly cooler along the Pacific Coast, the average annual temperature is 51°F. The Olympic Peninsula is the wettest area of the 48 continental states with annual precipitation up to 160 inches.

The eastern part of the State is predictably cold and snowy in the winter with average temperatures of 20°F to 30°F and hot and dry in the summer with average temperatures of 65°F to 75°F. The western slopes of the Cascade Range receive some of the heaviest snowfall in the country, more than 200 inches annually.

History

Archaeological evidence shows early habitants date back to more than 10,000 years in the State of Washington. Many of today's Native American "Washingtonians" are descendants of those who lived in the Washington region when European explorers first

visited the area. The Chinook, Nisqually, Quinault, and Puyallup hunted deer and fished for salmon and clams. Others, the Cayuse, Colville, Spokane, and Nez Percé, lived east of the Cascades on the plains and valleys.

In the 1700s, Europeans were attracted to the coast for the valuable fur from the sea otter and later the beaver. Explorer Bruno Heceta claimed it for his country of Spain. Britain and Spain concluded the Nootka Sound Agreement, which opened the coast between California and Alaska for trade. The first Americans interested in the Pacific Northwest were merchants who came from Boston as early as the 1780s.

The early 1800s brought the Lewis and Clark expedition that stimulated public interest, and gave the U.S. a second claim to the Northwest. Later 1800s, the railroad connection with the East brought many new settlers to Washington with the completion of the Northern Pacific and Great Northern rail lines. Washington became the 42nd state on November 11, 1889, with Olympia as the state capital, and the only state named for a U.S. President. Washington's population reached more than 350,000.

Wheat growing and cattle raising in eastern Washington and lumbering and fishing in the western portions of the state were the main economic activities. The Boeing Airplane Company, founded during World War I, became the largest private employer in the State during and after World War II. Farmers moved to Washington to plant fruit orchards and wheat fields.

By the mid-20th century, agriculture had made dramatic gains. Construction of huge dams provided irrigation and flood control, as well as cheap electric power, and led to the development of inland ports and increased river shipping.

Population

Although Washington is the smallest of the 11 western states, it has the second highest population in the West and the second highest population density following California. U.S. Census Bureau 2003 estimates 6.1 million people living in Washington State, representing a little more than 3 percent of the nation's population. Approximately 82 percent of Washington's population are white, 6 percent Asian, 3 percent Black or African American, 2 percent American Indian and Alaska Native, and the remaining 7 percent Native Hawaiian, Other Pacific Islander, or other ethnicity. More than 80 percent of the population speaks English proficiently. The population is equally distributed in gender. Average median age is 35. Persons under 18 years old represent 26 percent of the population.

More than 80 percent of its population resides in urban areas. The most populated parts of the State are King, Pierce, and Snohomish counties, located along the eastern side of the Puget Sound and Interstate 5 highway. The median population per square mile in Washington's counties is 35 people. Ferry County has the lowest population rate at 3.3 and the highest is King County at 817 people per square mile. Major military bases and significant installations of all branches of the military are located in Pierce, Kitsap, Island, Spokane, Snohomish, and Yakima counties.

Economy

Since the early 1990s, expansion in the machinery, electronics high technology and biotechnology industries has broadened the manufacturing base, diversifying Washington's economy. Employment has declined in traditional industries like agriculture, lumber and wood products, and mining, while sharp increases have occurred in electronic instruments, machinery, and wholesale and retail trade. Washington's labor force consistently ranks nationally in the top five in terms of education, productivity, and experience. The job growth rate of high-skilled professions reflects the skills and education of its workers. More than 27 percent of the population, 25 years and older, have a bachelor or higher degree of education. The labor force is expected to grow 1.6 percent per year between 2000 and 2012, while the national labor force growth rate is estimated at 1.1 percent.

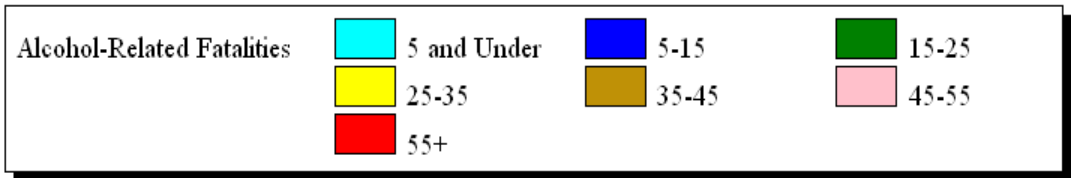
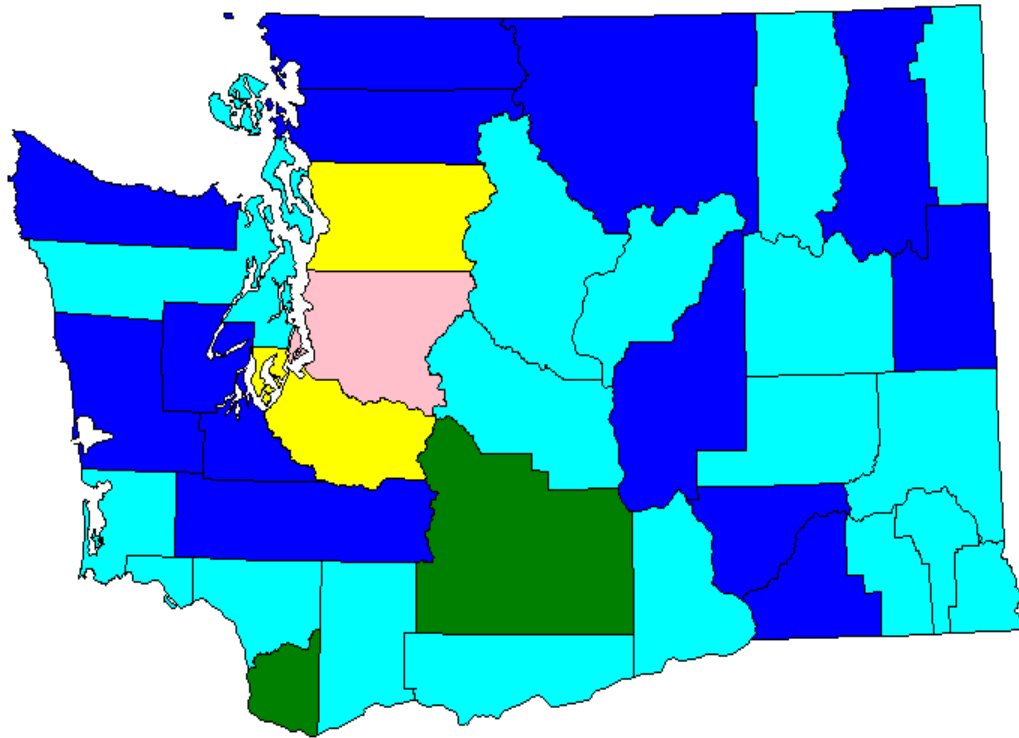
The highest percentage (36%) of Washington's civilian population, 16 years and older, are employed in management, professional, and related occupations, followed by 26 percent in sales and office occupations. Education, health and social services employ the highest percentage of Washington's civilian employees at a little more than 19 percent followed by the manufacturing industry at nearly 13 percent. Seventy-three percent of workers 16 years and older drive alone in a car, truck, or van to work. Less than 5 percent take public transportation. The mean travel time to work is 26 minutes.

Washington has 109 hospitals (95 community general, 6 private, 2 state-owned psychiatric, 4 U.S. military, 4 Veterans Affairs).

Highway Safety

Washington State has a safety belt use rate of 94 percent, one of the highest in the nation. Although the State's fatality rate per 100 million vehicle miles traveled (VMT) has remained below the national average since 1998, fatal crashes, alcohol and non-alcohol related, have remained stable. Each year more than 600 people lose their lives in traffic crashes on Washington roadways. More than 40 percent of the traffic fatalities are alcohol-related. Of the 600 lives lost in 2003 on Washington roadways, 259 were alcohol-related.

Since 1997, Washington's alcohol-related fatality rate has been below the National average. Washington State's number of drinking driver related fatalities has steadily decreased since 1996. In 2002, 262 fatalities were drink driving related compared with 228 in 2003, contributing to a record low fatality rate of 1.09 per 100 million vehicle mile travel for that year. Presently Washington State's alcohol related fatality rate is the same as the National rate of 0.40. The highest percent of alcohol related fatalities occur on collector or local roadways between 9:00 pm and 3:00 a.m.



Source: National Center for Statistics and Analysis, 2002 FARS Annual Report File

PRIORITY RECOMMENDATIONS

Priority recommendations are “bolded” in individual sections.

- Implement procedures in the Department of Transportation to improve the timeliness of collision and injury data.
- Implement a “cradle to grave” citation tracking system, ideally for all traffic citations, but initially for any alcohol/drug related traffic offenses.
- Restructure the entire distribution of DUI fines and costs in order that all fine and cost money in excess of the normal \$101 fine is devoted to impaired driving programs.
- Conduct evaluations of DUI Task Force activities and programs.
- Form a legislative study committee to examine, consider, and recommend a complete statutory scheme that provides impaired driving laws that are sound, rigorous, and easy to enforce and administer.
- Encourage law enforcement agencies/officers who do not support DUI enforcement to stop DUI drivers and turn over their detainees to the Washington State Patrol.
- Develop an outreach and education campaign to reduce incidents of impaired driving among Washington’s ethnic groups.
- Provide Prosecutorial leadership to seek the resources and legislative changes necessary to improve the prosecution of DUI.
- Determine if a unified court system is possible, and if not, seek to develop the DUI court as a way of getting some consistency around the state.
- Use a true zero tolerance for those under age 21 (BAC level 0.00 instead of 0.02). See also section 3A Impaired Driving Laws.
- Engage high level participation of a Tribal representative in all aspects of highway safety in addressing DUI issues on Tribal lands.
- Implement the recommendations made in the Traffic Records Assessment to the extent that they address DUI issues.
- Revise DASA data system to include detailed variables designating specific source of criminal justice clients including DUI, Drug Court and other sources.
- Develop a system of centralized screening, assessment, referral and monitoring of DUI offenders.

- Continue and expand the use of Brief Intervention and Screening in medical settings.

I. STRATEGIC PLANNING AND PROGRAM MANAGEMENT

Effective programs begin with strong leadership, strategic planning, and program management. Efforts should be data driven, focusing on populations, and geographic areas that are most at risk, and science-based, determined through independent evaluation to be likely to achieve success. Programs and activities should be guided by problem identification and carefully managed and monitored for effectiveness. Adequate resources should be devoted to the problem, and costs should be borne, to the extent possible, by impaired drivers.

1-A: State, Local, and Tribal DUI Task Forces/Commissions

Advisory

States, local subdivisions, and tribal governments should convene Driving While Impaired (DUI) task forces or commissions to foster leadership, commitment, and coordination among all parties interested in impaired driving issues. Task forces and commissions should:

- *Enjoy active support and participation from the highest levels of leadership.*
- *Include members that represent all interested parties, both traditional and non-traditional, such as representatives of government – highway safety, enforcement, criminal justice, public health, driver licensing, and education; business – employers and unions; the military; medical, health care, and treatment; multi-cultural, faith-based, advocacy, and other community groups.*
- *Recommend goals and objectives, provide policy guidance, and identify available resources, based on a wide variety of interests and through leveraging opportunities.*
- *Coordinate programs and activities to ensure that they complement rather than compete with each other.*
- *Operate continuously, based on clear authority and direction established by law.*

Status

Washington State has a model Governor’s Traffic Safety Coordinating Committee, with the Governor as Chair of the Washington Traffic Safety Commission (WTSC). Other members include: the Superintendent of Public Instruction, the Secretary of the Department of Social and Health Services, a Judge representing the judiciary, the Secretary of the Department of Transportation, Chief of Washington State Patrol, the Secretary of the Department of Health, the Director of the Department of Licensing, Mayor of Kent and a representative of the State Association of Counties. Staff of the WTSC serves as the State’s Highway Safety Office with the Director being the Governor’s Representative for Highway Safety.

Washington also has a statewide DUI Advisory Committee entitled “Interagency Alcohol Committee”. Members include representatives from: the Division of Alcohol and Substance Abuse of the Department of Social and Health Services, the Washington Traffic Safety Commission, Edmonds Municipal Court, Administrative Office of the Courts, Washington Association of Prosecuting Attorneys, Drug Evaluation

Classification Program, Superintendent of Public Instruction, Liquor Control Board, Lakeside-Milam Recovery Center, Hearings & Interviews Section of The Department of Licensing, Seattle Police Department, Island County District Court, Kitsap County District Court, Washington State Patrol, Washington Trucking Association, Washington Department of Transportation, Snohomish County Probation Department, and a private consultant.

Twenty-four local DUI task forces are operational in all or part of 27 of the State's 39 counties. Local jurisdictions provide strong support of the task forces by supplying a local match of 75 percent to 90 percent of the total funding. These task forces are generally broad based and reach nearly 95 percent of the State's population.

In addition to these three levels of task forces dealing with DUI issues and funding, the WTSC utilizes input from three additional groups regarding funding for Police Traffic Services. These groups consist of the Washington Association of Sheriffs and Police Chiefs, a Committee of Lieutenants and Deputy Chiefs, and a Committee of Sergeants and Troopers/Patrol Officers.

Recommendation

- Continue to maintain and utilize the various levels of Coordinating Committees and Advisory Groups in addressing DUI issues and making funding recommendations.

1-B: Strategic Planning

Advisory

States should develop and implement an overall plan for short and long-term impaired driving activities. The plan should:

- *Be based on careful problem identification that uses crash, arrest, conviction, driver record, and other available data to identify populations and geographic areas most at risk.*
- *Allocate resources for countermeasures determined to be effective that will impact populations and geographic areas most at risk.*
- *Include short-term objectives and long-range goals.*

Status

Washington has prepared a strategic plan for Highway Safety entitled *Target Zero: A Strategic Plan for Highway Safety 2000*. The plan was prepared in 2000 with a long-range goal of zero traffic fatalities and disabling injuries by the year 2030. It included short-term goals for decreasing impaired driving such as providing “Support for additional local DUI and Traffic Safety Task Force Programs” and long term goals such as promoting “The research and integration of advanced technology in the enforcement of DUI.” This plan, while using 1999 traffic fatality data had to make do with crash and injury data from 1966 and before, as well as incomplete DUI citation disposition data.

Washington has recently had a Traffic Records Assessment completed and implementation of the key recommendations will enhance the State’s ability to base problem identification on more recent and accurate crash data.

Recommendations

- Continue to fund highway safety projects that are designed to meet the objectives and goals of the Benchmark Report and the *Target Zero* strategic plan.

1-C. Program Management

Advisory

States should establish procedures to ensure program activities are implemented as intended. The procedures should provide for systematic monitoring and review of ongoing efforts to:

- *Designate a lead agency responsible for overall program management and operations.*
- *Ensure appropriate data are collected to assess program impact and evaluation.*
- *Measure progress in achieving established goals and objectives.*
- *Detect and correct problems quickly.*

Status

The Washington Traffic Safety Commission (WTSC) staff is the lead agency responsible for overall program management and operations.

Currently the appropriate data are being collected to generally permit substantial program impacts and evaluations to be conducted. However, a significant gap exists in collision and injury data for the years 1997 through 2002. There are current problems with completeness of Emergency Medical Services (EMS) data, as well as consistency in the court data reported to the Department of Licensing. Timeliness of crash data available from the Department of Transportation is not sufficient to permit individual project monitoring with the exception of Fatal Analysis Reporting System (FARS) data which is used primarily to monitor program progress or geographic results of enforcement activity.

The WTSC staff has been able to adjust to current data limitations and measure progress in achieving established goals and objectives contained in the State's strategic plan "*Target Zero: A Strategic Plan for Highway Safety*" and, "*The Washington State Benchmark and Highway Safety Plan*".

The State's system requires grantees to submit quarterly progress reports at a minimum. If appropriate or sufficient accomplishments are in doubt, bi-monthly reports are required to assure adequate monitoring. Frequent telephonic contacts and monthly on site visits permit the WTSC staff to adequately monitor projects.

Recommendations

- Implement those recommendations of the 2003 Traffic Records Assessment that would result in crash data being collected and transmitted to the Department of Transportation electronically.
- **Implement procedures in the Department of Transportation to improve the timeliness of collision and injury data.**

- Implement a statewide uniform EMS data collection system to provide traffic safety personnel the necessary data to evaluate programs designed to determine the impact DUI crashes impose on the various EMS systems, including trauma.

1-D: Data and Records

Advisory

States should establish and maintain records systems to fully support an impaired driving program. States should also use data from other sources, such as the U.S. Census Bureau, Fatality Analysis Reporting System (FARS) and Crash Outcome Data Evaluation System (CODES), to supplement their systems. The State records system should:

- *Permit the State to quantify the:*
 - * *extent of the problem (e.g. alcohol-related crashes and fatalities)*
 - * *impact on various populations (e.g. by age, gender, race, and ethnicity)*
 - * *level of effort dedicated to address the problem (e.g. level of enforcement activities, training, paid and earned media)*
 - * *impact of the effort (e.g. public attitudes, awareness, and behavior change)*
- *Contain electronic records of crashes, arrests, dispositions, driver licensing actions, and other sanctions of DUI offenders.*
- *Permit offenders to be tracked from arrest through disposition and compliance with sanctions.*
- *Be accurate, timely, linked, and readily accessible to persons authorized to receive the information, such as law enforcement, courts, licensing officials, and treatment providers.*

Status

The Washington Traffic Safety Commission (WTSC) uses safety data to effectively set performance goals and targets. The State is able to compile the data elements that allow assessment of Impaired Driving. The sources for these data elements are Department of Licensing (DOL), Washington State Department of Transportation (WSDOT), FARS, Washington Association of Sheriffs and Police Chiefs (WASPC), and Administrative Office of the Courts (AOC); all of which are major players in the State's highway safety efforts. The exposure measures include crashes, population, registered vehicles and licensed drivers as well as DUI crashes, arrests, filings, convictions, and license suspensions. A very ambitious target for zero fatalities has been set in the *Target Zero: A Strategic Plan for Highway Safety 2000*. The 2003 Highway Safety Annual Plan documents the lowest traffic fatalities in decades and the fatality rate per 100 million vehicle miles of travel as the lowest ever recorded in Washington State. The most significant accomplishment in 2003 was reaching a statewide safety belt use rate of 95 percent. However, the report identifies three significant challenges:

- Reducing Impaired Driving
- Maintaining 95 percent safety belt use
- Improving traffic records system

Washington State's Supreme Court ruling on Sobriety Checkpoints and the current case pending on mandatory safety belt use has compounded these challenges.

To this end, the State Traffic Records Committee (TRC) has taken an active role in trying to help accomplish improvements in traffic records. Additionally, the state has just recently completed a Traffic Records Assessment that includes some 50 recommendations for improvements to the State's traffic records system. However, the fatality records have not been able to capture complete data that includes tribal lands. The State also has not been able to capture driver history files from Canada.

As of 2002 the State has regained the ability to accumulate data on alcohol-related crashes and injuries even though the timeliness of that data needs to be improved. The Washington Uniform Citation form provides for collection of "race" data, but not "ethnicity". The Washington Police Traffic Collision Report form does not provide for the collection of either "race" or "ethnicity" data. The WTSC staff has "level of effort" data collected via funded activities. "Impact of effort", especially public attitudes, awareness and behavior changes does not appear to be systematically collected/maintained recently. Although most records of crashes, arrests, driver licensing actions and some disposition records are maintained in an electronic format, those records for the most part are not linked. Also timeliness and completeness of some data elements need improvement. There is no citation tracking system. Last point of alcohol service for DUI arrest reports is not as complete as it could be for greater use by the Washington State Liquor Control Board's Enforcement Division.

The TRC has recently embarked on a development of a strategic traffic records plan that has identified seven major goals. The list of goals needs to be all-inclusive to also address the need for "cradle to grave" citation tracking system.

While we did not have any direct testimony from representatives of tribal government, we were informed that one tribal jurisdiction had only reported one of its 20 fatalities to the state's FARS. It does not appear that the state's records capture all of the safety data generated by tribal governments. Also, the recent increase in economic activities on tribal lands has generated additional traffic due to casino, and associated resort activities.

Recommendations

- Provide for the collection of "race" and "ethnicity" in records of crashes, arrests, dispositions, driver licensing actions, and trauma.
- **Implement a "cradle to grave" citation tracking system, ideally for all traffic citations, but initially for any alcohol/drug related traffic offenses.**
- Expedite implementation of those recommendations contained in the Traffic Records Assessment that pertain to electronic linking of databases.
- Increase the percentage of DUI arrest reports that include the last point of alcohol service for DUI arrest reports.

- Include tribal governments in state highway safety planning activities to help accomplish the State's goal of "zero" fatalities.
- Seek the participation of British Columbia, Canada as part of the State's Traffic Records Committee.

1-E: Evaluation

Advisory

States should routinely evaluate all impaired driving programs and activities to determine effectiveness and ensure that resources are allocated appropriately. The evaluation should be:

- *Planned before programs are initiated to ensure appropriate data are available and adequate resources are allocated.*
- *Designed to use available traffic records and other injury data.*
- *Used to determine whether goals and objectives have been met and to guide future programs and activities.*
- *Organized and completed at State and local levels.*
- *Reported regularly to project and program managers and policy makers.*

Status

Evaluation plans built into programs and major projects are based on the knowledge of what data is available from which agency and generally what the data limitations are.

The evaluation plans are designed to utilize fatality data, injury data and other data, such as seat belt use rates, helmet use rates and alcohol involvement which may be indicators of traffic safety program successes.

The evaluation plans are used to determine the progress in meeting the goals and objectives contained in the Benchmark Report and the State's strategic plan. While evaluation plans are designed by the WTSC staff for substantial input at the local levels, the unreliable reporting of data from Tribal and other local governments leaves some serious questions as to the effectiveness of projects or programs involving those geographic areas.

The projects funded by the Washington Traffic Safety Commission (WTSC) staff require reporting on a quarterly basis as a minimum and on a bi-monthly basis if there is a concern for lack of progress on the part of the grantee.

Recommendations

- Appoint a committee of persons with representation from each recognized Tribe to work with the WTSC staff to improve Traffic Records data submission.
- Provide assistance to local governments in order that they understand the importance of and have the resources for collection and timely submission of Traffic Record data.

1-F: Resources

Advisory

States should allocate sufficient funding, staffing, and other resources to support impaired driving programs. Programs should seek to be self-sufficient and costs should be borne by impaired drivers. The ultimate goal is for State impaired driving programs to be fully supported by impaired drivers and to avoid dependence on other funding sources. States should allocate funding, staffing, and other resources to impaired driving programs that are:

- *Adequate to meet program needs and proportional to the impaired driving problem.*
- *Steady and derived from dedicated sources, which may include public or private funds.*
- *Financially self-sufficient and, to the extent possible, paid by the impaired drivers themselves. Some States achieve financial self-sufficiency using fines, fees, assessments, surcharges, or taxes. Revenue collected from these sources should be used for impaired driving programs rather than returned to the State Treasury or General Fund.*

Status

No statewide self-sufficiency plan exists for the DUI system. In some portions of the state, specific self-pay services are available to the offender.

The State has qualified for all available Federal Highway Safety Funds and uses Section 402, 410, and 157 funds for alcohol counter measure projects.

Traffic fine money is generally split 62 percent to the local courts and 38 percent to the State. However these fines are not dedicated to alcohol counter measure programs. Substantial portions of these fines go to the general funds of the municipality, county, or State.

Recommendation

- **Restructure the entire distribution of DUI fines and costs in order that all fine and cost money in excess of the normal \$101 fine is devoted to impaired driving programs.**

II. PREVENTION

Prevention programs seek to reduce impaired driving through approaches commonly associated with public health – altering social norms, changing risky or dangerous behaviors, and creating safe environments. Prevention programs promote activities that educate the public on the effects of alcohol and other drugs, limit availability, and discourage those impaired by alcohol and other drugs from driving. Prevention programs may include responsible alcohol service practices, transportation alternatives, public information and education, and community-based programs carried out in schools, at work sites, in medical and health care facilities, and by community coalitions. Programs should prevent underage drinking for persons under 21 years of age. They should prevent over-service and impaired driving by persons 21 or older. Prevention efforts should be directed toward populations at greatest risk. They should use programs and activities that are science-based and determined to be effective.

2-A: Responsible Alcohol Service

Advisory

States should promote policies and practices that prevent underage drinking by persons under 21 years of age and over-service to persons 21 and older. States should:

- *Adopt and enforce programs to prevent sales or service of alcoholic beverages to persons under the age of 21. Conduct compliance checks and “Cops in Shops” activities and support the proper use of technology in alcohol retail establishments, particularly those catering to youth, to verify proper and recognize false identification.*
- *Adopt and enforce alcohol beverage control regulations to prevent over-service. Prohibit service to visibly intoxicated patrons, restrict alcohol sales promotions (such as “happy hours”), limit hours of sale, establish conditions on the locations of establishments to limit impaired driving (e.g., zoning restrictions) and require beer keg registration.*
- *Provide adequate resources (including funds, staff, and training) to enforce alcohol beverage control regulations. Coordinate with traditional State, county, municipal, and tribal law enforcement agencies to determine where impaired drivers had their last drink and use this information to monitor compliance with regulations.*
- *Promote responsible alcohol service programs, written policies, and training.*
- *Encourage alcohol sales and service establishments to display educational information to discourage impaired driving and to actively promote designated driver and alternative transportation programs.*
- *Provide that commercial establishments and social hosts may be held responsible for damages caused by a patron or guest who was served alcohol when underage or visibly intoxicated (dram shop or social host liability.)*

Status

Recent estimates of per capita consumption of alcohol by residents of Washington State were 2.16 gallons of ethanol per capita compared to the 2.21 national average consumption.

Washington has a comprehensive set of alcohol control laws. Distilled Spirits are sold in State operated stores while beer and wine are widely available in grocery, convenience and other types of retail outlets.

Alcohol may not be sold between the hours of 2 a.m. and 6 a.m. In addition, Washington statutes prohibit sales of alcohol to intoxicated individuals and to minors under 21 years of age. Washington prohibits open containers of alcohol in motor vehicles, prohibits disguising alcoholic beverage containers, and requires registration of all beer containers over four gallons.

The DUI arrest report includes a space for reporting the location of last drink. While only 20 percent of citations arrest reports have this information, it is used to target outlets for compliance checks. Washington State Liquor Control Board conducts aggressive compliance checks.

Washington does not restrict alcohol promotions such as Happy Hours, two-for-one or Ladies Nights.

Washington has limited Dram Shop liability and limited social host liability.

Washington State requires all alcohol servers to complete training approved by WLCB. Over 170,000 servers have been trained.

Recommendations

- Enact legislation for social host liability holding individuals liable for damages caused by impaired individuals to whom alcohol was provided.
- Enact legislation restricting alcohol promotions such as Happy Hours.

2-B: Transportation Alternatives

Advisory

States should promote alternative transportation programs that enable drinkers 21 and older to reach their destinations without driving. States should:

- *Actively promote designated driver and safe ride programs, especially during high-risk times, such as holidays or special events.*
- *Encourage the formation of public and private partnerships to financially support alternative transportation programs.*

Status

Some local DUI Task Forces promote safe rides program. One locality uses towing services to take impaired bar patrons and their vehicles home. Private towing service donates its services. Local beer distributors help to offset cost of printing DUI campaign materials. No evaluations have been conducted and it is not possible, based on data available during the assessment, to determine if the programs result in unintended effects related to over-consumption of alcohol. In at least one case it was noted that one driver had used the free service on more than one occasion in a short period of time.

Recommendations

- Assure that all alternative transportation programs are designed in such a way that they do not promote, enable or allow excessive drinking by drivers or passengers.

2-C: Public Information and Education

Advisory

States should develop and implement public information and education (PI&E) programs directed at underage drinking, impaired driving, and reducing the risk of injury, death, and the resulting medical, legal, social, and other costs. PI&E programs should be culturally relevant, and appropriate to the audience. States should:

- *Focus PI&E efforts on increasing knowledge and awareness, changing attitudes, and modifying behavior.*
- *Develop and implement a year round PI&E plan that includes:*
 - * *Messages coordinated with National campaigns*
 - * *Special emphasis during holiday periods and other high risk times throughout the year, such as New Year's, 4th of July, Labor Day, Halloween, prom, and graduation*
 - * *Appropriate use of messages that emphasize underage drinking, impaired driving enforcement, and personal responsibility, including use of designated drivers and alternative transportation*
 - * *Information about legal, health, cost, and other consequences of underage drinking, and impaired driving*
 - * *Messages that are culturally relevant and linguistically appropriate*
 - * *Paid, earned, and donated media*
- *Direct PI&E efforts at populations and geographic areas at highest risk or with emerging problems (such as youth, young adults, repeat, and high BAC offenders, and drivers who use prescription or over-the-counter drugs that cause impairment).*
- *Use creativity to encourage earned media coverage, using a variety of messages or "hooks" (such as inviting reporters to "ride-along" with law enforcement officers, conducting "happy hour" checkpoints, or observing under-cover liquor law enforcement operations).*
- *Encourage communities, businesses, and others to financially support and participate in PI&E efforts to extend their reach, particularly to populations and in geographic areas at highest risk.*

Status

The Washington Traffic Safety Commission (WTSC) has developed creative and comprehensive Public Information and Education (PI&E) materials and campaigns. PI&E campaigns are developed by reviewing demonstrated effective approaches in other states and at the national level and adapting themes to target issues and populations.

One campaign features the theme, "Drive Hammered...Get Nailed." Video and audio spots as well as print materials featured actor Eric Estrada, best known for his starring role as a police officer on the television series CHiPS.

Focus groups indicated that consequence messages were not effective because drivers believe they will not be detected. This led to development of the "Stopped then Popped"

campaign emphasizing that a stop for an expired registration tag could lead to a DUI arrest.

WTSC emphasizes radio for PI&E messages. Working with a media purchase consulting firm it has been possible to leverage limited media purchase dollars.

Several local DUI task forces have been successful in obtaining local media coverage for school and/or community prevention activities.

Washington Department of Social & Health Services, Division of Alcohol and Substance Abuse (DASA) has a communications and media program providing materials and assistance to communities throughout the State. DASA implements statewide PI&E campaigns such as the Partnership for Drug Free Washington, which is allied with the national Partnership for a Drug Free America program.

WTSC, DASA and other Washington State agencies participate in the Washington State Substance Abuse Prevention System, a collective agreement between State agencies to work together on substance abuse prevention issues and initiatives.

DASA operates the Washington State Alcohol/Drug Clearinghouse to provide a variety of materials and information to Washington residents. Materials are available in non-English versions. Between 2001-2003, the Clearinghouse distributed over 900,000 resource items.

Washington State has an increasing population of non-English speaking ethnic groups. Many of these individuals seek driver's licenses. Some localities have developed programs to assist non-English speaking individuals in applying for driver's licenses.

Recommendations

- Provide culturally appropriate PI&E materials for non-English speaking and other ethnic sub-populations at the time of license application or renewal.
- Coordinate impaired driving messages and campaigns with PI&E efforts of the Washington State Substance Abuse Prevention System.

2-D: Community-Based Programs

Community-based programs implement prevention strategies at the local level through a variety of settings, including in partnerships involving traffic safety, schools, employers, medical and health care professionals, and community coalitions and traffic safety programs.

2-D-1: Schools

Advisory

School-based prevention programs, elementary school through college and trade school, can play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant, and coordinated with drug prevention and health promotion programs. States should:

- *Implement K-12 traffic safety education, with appropriate emphasis on underage drinking and impaired driving, as part of a comprehensive health education program.*
- *Promote alcohol- and drug-free events throughout the year, with particular emphasis on high-risk times, such as homecoming, spring break, prom and graduation.*
- *Establish and support student organizations that promote traffic safety and responsible decisions; encourage statewide coordination among these groups.*
- *Provide training to school personnel (such as resource officers, health care providers, counselors, health educators, and coaches) to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs (Drug Impairment Training for Education Professionals).*
- *Encourage colleges, universities, and trade schools to establish and enforce policies to reduce alcohol, other drug, and traffic safety problems on campus, and to work with local businesses and law enforcement agencies to reduce such problems in neighboring communities.*

Status

There is no requirement for a K-12 safety curriculum though there is a requirement for health education and impaired driving issues are integrated into many of the school-based prevention initiatives.

Local DUI task forces sponsor numerous school and community-based events throughout the year. These include speakers, mock crashes, simulator Go-Kart, Fatal Vision goggles and the Drinking & Drug Ends All Dreams (DEAD) project where students are selected by the "Grim Reaper" and dress in long robes and painted faces for the remainder of the school day. Many of these activities involved student input and participation and result in positive feedback from students and parents. However, few of these activities have been evaluated nor have such programs been shown to be effective when conducted in isolation.

There are approximately 70 Students Against Destructive Decisions (SADD) chapters in Washington State. Most schools in the State do not use the Drug Abuse Resistance Education (DARE) program.

In 1998, the Washington Department of Social & Health Services, Division of Alcohol and Substance Abuse (DASA) received a \$8.9 million State Incentive Grant (SIG) from the Federal Center for Substance Abuse Prevention (CSAP). As part of the SIG project the Washington Traffic Safety Commission (WTSC) joined with DASA and other Washington State agencies in the Washington State Substance Abuse Prevention System, a collective agreement between State agencies to work together on substance abuse prevention issues and initiatives. The Office of Superintendent of Public Instruction administers the Healthy Youth Survey with more than 130,000 students in middle and high schools. The 2002 survey indicated that 3.8 percent of 6th graders, 17.8 percent of 8th graders, 29.3 percent of 10th graders and 42.8 percent of 12th graders reported recent alcohol use. These proportions were all less than those reported in the previous survey in 2000.

Washington State's prevention programs have been developed from the Risk and Protective Framework of Prevention. Under this framework, science-based prevention initiatives are selected based on needs assessment and are implemented in order to reduce specific risk factors and/or increase specific protective factors. Proven programs consistent with this framework will change the risk profile of target populations leading to reduced substance abuse and related behaviors including impaired driving, as well as violence, school dropouts and teen pregnancy.

DASA also administers the Reducing Underage Drinking Initiative (RUaD) with block grants from the Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) totaling \$2,160,000 since 1998. Under this initiative DASA provided 13 grants to communities to conduct science-based prevention initiatives such as Project Northland, to enhance enforcement through compliance programs like Cops-in-Shops and to provide intervention programs on college campuses.

The Washington State Patrol (WSP) offers the Drug Impaired Training for Education Professionals (DITEP) program to train teachers and school nurses to recognize signs of substance use, drug paraphernalia, and slang. DITEP is a national program developed by the National Highway Traffic Safety Administration (NHTSA) and the International Association of Chiefs of Police (IACP) and is based on the Drug Evaluation and Classification (DEC) law enforcement program. Over 500 school staff has been trained to date.

The University of Washington facilitates the College Coalition to provide development, implementation and continuation of substance abuse prevention programs at college and university campuses. The coalition meets six times a year, sponsors the Pacific Northwest Conference on Collegiate Wellness and supports the Washington State Prevention Summit.

A study conducted by the Washington State Institute for Public Policy concluded that "...some prevention and early intervention programs for youth can give taxpayers a good return for their dollar." However, the report also concluded, "many currently funded prevention and early intervention programs in the State have not been vigorously evaluated."

Recommendations

- Coordinate impaired driving prevention efforts with statewide substance abuse prevention activities.
- Evaluate school and community-based impaired driving prevention activities individually, and within the context of broader prevention efforts.
- Designate a WTSC staff person to serve as liaison to the University of Washington. College Coalition to assist campuses in incorporating impaired driving issues for campus prevention programs.

2-D-2. Employers

Advisory

States should provide information and technical assistance to employers and encourage them to offer programs to reduce underage drinking and impaired driving by their employees and their families. These programs should include:

- *Model policies to address underage drinking, impaired driving and other traffic safety issues, including safety belt use and speeding.*
- *Employee awareness and education programs.*
- *Management training to recognize alcohol and drug use and abuse, and appropriate responses.*
- *Screening and brief intervention, assessment and treatment programs for employees, as appropriate, such as through an employee assistance program.*
- *Underage drinking and impaired driving prevention programs for youthful employees and programs that address use of prescription or over-the-counter drugs that cause impairment.*

Status

Private vendors provide comprehensive employer programs in many workplaces. One provider conducts "Impairment Free Workplace" programs with over 450 employers serving over 12,000 employees. These programs emphasize drug testing and provide education and policy development in areas such as impaired driving. They also encourage and provide employee assistance program (EAP) intervention and treatment services. About half of these employers have employees using commercial drivers. These programs are not comprehensive safety programs.

Some larger corporations have their own employee assistance programs and workplace safety programs.

There is no coordinated workplace traffic safety program.

Recommendation

- Convene an advisory group of employers to assist WTSC in implementing workplace traffic safety programs.

2-D-3: Community Coalitions and Traffic Safety Programs

Advisory

Community coalitions and traffic safety programs provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level, and may include representatives of government - highway safety, enforcement, criminal justice, public health, driver licensing, and education, business – employers and unions, the military, medical, health care, and treatment communities, and multi-cultural, faith-based, advocacy, and other community groups. States should:

- *Encourage communities to establish community coalitions or traffic safety programs, comprised of a wide variety of community members and leaders.*
- *Provide information and technical information to these groups, including data concerning the problem in the community and information identifying science-based underage drinking and impaired driving programs.*
- *Encourage these groups to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving, including designated driver and alternative transportation programs for persons 21 or older.*
- *Encourage professionals, such as prosecutors, judges, nurses, doctors, emergency medical personnel, law enforcement officers, and treatment professionals, to serve as community spokespeople to educate the public about the consequences of underage drinking and impaired driving.*

Status

There are currently 24 DUI Task Forces serving 27 counties in Washington. These Task Forces conduct a variety of prevention activities. These include collaboration with law enforcement, PI&E in support of enforcement as well as school and community-based activities. DUI Task Forces have expanded their duties and activities to include occupant protection, bicycle and pedestrian safety and other area of safety. The Washington Traffic Safety Commission (WTSC) invested approximately \$1.4 million over the past two years and localities provided a minimum 75 percent match with local resources.

Some DUI Task Forces are conducting Corridor Safety Programs. These programs target stretches of highway with high incidence of crashes and look for low cost/near-term solutions in enforcement, education, engineering and Emergency Medical Services. Task Forces set up a steering committee and prepare a draft action plan. They then implement programs using PI&E to support enforcement efforts.

DUI Task Forces also use the theme of “Night of 1,000 Stars” to make the point that approximately 1,000 law enforcement officers are on patrol on any given night.

DUI Task Forces coordinate their efforts with the military when present and others are pursuing ways of providing impaired driving and other safety messages to the growing Hispanic population, especially the migrant population, who seek driver licenses in Washington.

Some DUI Task Forces provide support and coordination with statewide campaigns such as the “*Drive Hammered-Get Nailed*” PI&E campaign.

Vigorous evaluations of DUI Task Force initiatives have not been conducted, but a study by Washington State University indicated that counties with DUI Task Forces had significantly lower rates of DUI-related deaths, injuries and crashes.

At least one local task force in an area with significant migrant farm worker population has implemented the “*El Protector*” program. This bilingual/bicultural program provides public education through dialogue with the Hispanic community.

Recommendations

- Implement “*El Protector*” program in areas with significant Hispanic population.
- **Conduct evaluations of DUI Task Force activities and programs.**
- Implement culturally appropriate prevention programs in other ethnic communities.

III. CRIMINAL JUSTICE SYSTEM

Each State should use various components of its criminal justice system – laws, enforcement, prosecution, adjudication, criminal and administrative sanctions, and associated publicity - to achieve both specific and general deterrence.

Specific deterrence seeks to increase the probability that impaired drivers will be detected, arrested, prosecuted, and subject to swift, sure, and appropriate sanctions. Using these measures, the criminal justice system seeks to reduce future recidivism. General deterrence seeks to increase the perception that impaired drivers will face these consequences, so people who might otherwise be tempted to do so will choose not to drive impaired.

A multidisciplinary approach and close coordination among all components of the criminal justice system are needed to make the system work effectively. In addition, coordination among law enforcement agencies, on the State, county, municipal, and tribal levels, is needed to create and sustain both specific and general deterrence.

3-A. Impaired Driving Laws

Advisory

Impaired driving laws should be sound, rigorous, and easy to enforce and administer. The laws should clearly: define the offenses; contain provisions that facilitate effective enforcement; and establish effective consequences. The offenses should include:

- *Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treating both offenses with similar consequences.*
- *A blood alcohol concentration (BAC) limit of 0.08, making it illegal “per se” to operate a vehicle at or above this level without having to prove impairment.*
- *Zero Tolerance for underage drivers, making it illegal “per se” for persons under age 21 to drive with any measurable amount of alcohol (e.g., 0.02 or greater).*
- *High BAC (e.g., 0.16 or greater), with enhanced sanctions above the standard impaired driving offense.*
- *Repeat offender, with increasing sanctions for each subsequent offense.*
- *Test refusal, with sanctions comparable to or stricter than a high BAC offense.*
- *Driving with a license suspended or revoked for impaired driving, vehicular homicide or causing personal injury while driving impaired as separate offenses, with additional sanctions.*
- *Open container, which prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way.*
- *Primary safety belt requirements, which do not require that officers observe or cite the driver for another offense.*

Provisions to enhance effective enforcement should:

- *Authorize law enforcement to conduct sobriety checkpoints, in which vehicles are stopped on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs.*
- *Authorize law enforcement to use passive alcohol sensors to improve detection of alcohol in drivers.*
- *Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidential breath tests, and screening and confirmatory tests for alcohol or other impairing drugs.*
- *Require mandatory BAC testing of drivers involved in fatal and serious injury-producing crashes.*

Effective penalties should include:

- *Administrative license suspension or revocation (ALR), for failing or refusing to submit to a BAC or other drug test.*
- *Prompt and certain administrative license suspension of at least 90 days for first offenders determined by chemical test(s) to be at or above the State's "per se" level.*
- *Enhanced penalties for test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, vehicular homicide or causing personal injury while driving impaired, including: longer license suspension or revocation; installation of ignition interlock; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and threat of imprisonment.*
- *Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring.*
- *Driver license suspension for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs.*

Status

The Revised Code of Washington (RCW) and local ordinances, contain the statutory provisions for impaired driving in the State of Washington. Many sections have been added and amended over the years with some accretions not consistent with other parts of the law. In addition, court decisions in cases and court rules have produced certain effects impacting the status of the legislative framework around impaired driving. As a result of the passage of time and the normal accretions of law by amendment and courts, the law is confusing and complex and in the eyes of some, contradictory. The Supreme Court of the State of Washington has held that sobriety checkpoints are unconstitutional under the Constitution of the State of Washington as a privacy violation. Other cases have caused the Department of Toxicology to amend its administrative rules for the breath testing program. The local ordinances that are permitted by the state for DUI add an additional layer of complexity. There was a report of the need to revisit the statutes and revise for consistency and clarity. It might be that a legislative study commission could review the situation and devise an appropriate remedy. It is clear that there is a very mixed message given by the deferred prosecution statute as the prosecutors and municipal attorneys have increased their use of a non-statutory deferred process within their offices. The totality of

the legal structure and statutes for the offense of impaired driving decreases the clarity and consistency of the statutory framework and message about impaired driving. The state statute for driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), treats both offenses with similar consequences. The other drugs are on the radar screen, but the detection and prosecution could benefit from statutory enhancement encouraging the use of blood testing when appropriate.

While the state appears to have many of the recommended statutes in place, there are clear problems with the following:

- The Washington Supreme Court has a case attacking the safety belt law and it is under advisement.
- Law enforcement is prohibited by the Court's decision to conduct sobriety checkpoints, in which vehicles are stopped on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs.
- There is no statute to authorize the use by law enforcement of passive alcohol sensors to improve detection of alcohol in drivers.

The state law of Washington includes Zero Tolerance for underage drivers, making it illegal "per se" for persons under age 21 to drive and has the limit set at 0.02 or greater. Those who are working with youth think that 0.02 sends the wrong message or, in their words, "a little bit won't hurt".

The statute for high Blood Alcohol Concentration (BAC) (e.g., 0.16 or greater), with enhanced sanctions above the standard impaired driving offense is somewhat misleading, as is the statute for repeat offenders, with increasing sanctions for each subsequent offense. The misleading part is that the most severe DUI, regardless of how many or how high the BAC, remains no more than a gross misdemeanor and in the courts of limited jurisdiction.

Washington, by statute does punish the test refusal, with sanctions comparable to or stricter than a high BAC offense. The more serious offenses such as driving with a license suspended or revoked for impaired driving, vehicular homicide or causing personal injury while driving impaired are treated as separate offenses, with the additional sanctions by the statutes. The question remains how the statutes are applied. The question of how the statutes are applied, how the prosecutors prosecute, and how the judges judge are all answered by "it depends on where you are in the State". The variation within the State of Washington makes it difficult to understand and describe how the systems work in a clear and meaningful fashion.

While the statute authorizes law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, the existing section of the statute has some inherent conflicts which may or may not be alleviated by the following section.

RCW 46.20.308

Implied consent -- Test refusal -- Procedures. (*Effective until July 1, 2005.*)

(1) Any person who operates a motor vehicle within this state is deemed to have given consent, subject to the provisions of RCW 46.61.506, to a test or tests of his or her breath or blood for the purpose of determining the alcohol concentration or presence of any drug in his or her breath or blood if arrested for any offense where, at the time of the arrest, the arresting officer has reasonable grounds to believe the person had been driving or was in actual physical control of a motor vehicle while under the influence of intoxicating liquor or any drug or was in violation of RCW 46.61.503. Neither consent nor this section precludes a police officer from obtaining a search warrant for a person's breath or blood.

(2) The test or tests of breath shall be administered at the direction of a law enforcement officer having reasonable grounds to believe the person to have been driving or in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug or the person to have been driving or in actual physical control of a motor vehicle while having alcohol in a concentration in violation of RCW 46.61.503 in his or her system and being under the age of twenty-one.

It is obvious that the legislature intended to remedy some evidentiary attacks on the breath testing instruments results by its statement of finding:

Finding -- Intent -- 2004 c 68: "The legislature finds that previous attempts to curtail the incidence of driving while intoxicated have been inadequate. The legislature further finds that property loss, injury, and death caused by drinking drivers continue at unacceptable levels. This act is intended to convey the seriousness with which the legislature views this problem. To that end the legislature seeks to ensure swift and certain consequences for those who drink and drive.

To accomplish this goal, the legislature adopts standards governing the admissibility of tests of a person's blood or breath. These standards will provide a degree of uniformity that is currently lacking, and will reduce the delays caused by challenges to various breath test instrument components and maintenance procedures. Such challenges, while allowed, will no longer go to admissibility of test results. Instead, such challenges are to be considered by the finder of fact in deciding what weight to place upon an admitted blood or breath test result.

The legislature's authority to adopt standards governing the admissibility of evidence involving alcohol is well established by the Washington Supreme Court. See generally *State v. Long*, 113 Wn.2d 266, 778 P.2d 1027 (1989); *State v. Sears*, 4 Wn.2d 200, 215, 103 P.2d 337 (1940) (the legislature has the power to enact laws which create rules of evidence); *State v. Pavelich*, 153 Wash. 379, 279 P. 1102 (1929) ("rules of evidence are substantive law"). [2004 c 68 § 1.]

Contingent effect -- 2004 c 95 § 2: "Section 2 of this act takes effect if section 2 of Substitute House Bill No. 3055 is enacted into law." [2004 c 95 § 17.] 2004 c 68 § 2 was enacted into law, effective June 10, 2004.

Washington appears to require mandatory BAC testing of drivers involved in fatal and serious injury-producing crashes. *However*, the level of compliance with the requirement is not clear and may be better addressed elsewhere.

A final statutory provision that was repeatedly highlighted in the presentations is RCW **10.05.020 Requirements of petition -- Rights of petitioner -- Court findings.**

(1) Except as provided in subsection (2) of this section, the petitioner shall allege under oath in the petition that the wrongful conduct charged is the result of or caused by alcoholism, drug addiction, or mental problems for which the person is in need of treatment and unless treated the probability of future reoccurrence is great, along with a statement that the person agrees to pay the cost of a diagnosis and treatment of the alleged problem or problems if financially able to do so. The petition shall also contain a case history and written assessment prepared by an approved alcoholism treatment program as designated in chapter [70.96A](#) RCW if the petition alleges alcoholism, an approved drug program as designated in chapter [71.24](#) RCW if the petition alleges drug addiction, or by an approved mental health center if the petition alleges a mental problem.

The statute allows impaired drivers to substitute treatment in lieu of accountability. One presenter noted the increase of the use of mental problems as a reason for deferring prosecution for impaired driving. One conclusion is that the application and process of the statute is changing from the original legislative intent.

Recommendation

- **Form a legislative study committee to examine, consider, and recommend a complete statutory scheme that provides impaired driving laws that are sound, rigorous, and easy to enforce and administer.**

3-B. Enforcement

Advisory

States should conduct frequent, highly visible, well publicized, and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, especially in locations where alcohol-related fatalities most often occur. To maximize visibility, the State should conduct periodic heightened efforts and also sustained efforts throughout the year. Both periodic and sustained efforts should be supported by publicity. The State should coordinate efforts among State, county, municipal, and tribal law enforcement agencies. Participating officers should receive training in the latest law enforcement techniques. States should:

- *Ensure that executive levels of law enforcement and State and local government make impaired driving enforcement a priority and provide adequate resources.*
- *Develop and implement a year-round impaired driving law enforcement plan, which includes:*
 - * *periods of heightened enforcement (e.g., 3 consecutive weekends over a period of 16 days) and frequent (e.g., monthly), sustained coverage throughout the year*
 - * *high level of participation and coordination among State, county, municipal, and tribal law enforcement agencies, such as through law enforcement task forces*
- *Use law enforcement professional(s) to serve as liaisons in the State and help enhance coordination and level of participation.*
- *Deploy enforcement resources based on problem identification, particularly at locations where alcohol-related fatal or other serious crashes most often occur.*
- *Conduct highly visible enforcement that maximizes contact between officers and drivers, including sobriety checkpoints and saturation patrols, and widely publicize these efforts - before, during, and after they occur.*
- *Coordinate efforts with liquor law enforcement officials (see Section II.A. Responsible Alcohol Service).*
- *Use technology (e.g., video equipment, portable evidentiary breath tests, passive alcohol sensors, and mobile data terminals) to enhance law enforcement efforts.*
- *Require law enforcement officers involved in traffic enforcement receive state-of-the-art training, such as Standardized Field Sobriety Testing (SFST), emerging technologies for the detection of alcohol and other drugs; selected officers should receive training in media relations, and Drug Evaluation and Classification (DEC).*
- *Expedite the arrest process (e.g., by reducing paperwork and processing time, from time of arrest to booking and/or release).*
- *Measure success, emphasizing quantitative data, including level of effort (e.g., number of participating agencies, checkpoints conducted, arrests made), public awareness (e.g., of message and actual enforcement), reported change in behavior (e.g., reported number of drinking driving trips), and outcomes (e.g., alcohol-related fatalities, injuries, and crashes).*

Status

The State of Washington has a comprehensive Impaired Driving Program that is substantially funded by the Washington Traffic Safety Commission (WTSC). Law enforcement officers throughout the State participate in 24 DUI Task Forces that represent 75 percent of the counties, and impact 95 percent of the State's population. According to the WTSC, counties that participate in DUI Task Force activities have a lower incidence of drinking drivers involved in fatal crashes per licensed driver than counties without a task force. Despite these efforts, impaired drivers continue to pose significant problems for the State. In 2002, over 54 percent of the State's fatal crashes involved an impaired driver. Additionally, while alcohol-related fatalities remained constant with no appreciable changes from 1998 to 2002, there was a noticeable rise in the percentage of drug-related fatalities.

According to the Washington Association of Sheriffs and Police Chiefs (WASPC), approximately 10,000 officers comprise the law enforcement community in the State of Washington. Commissioned officers include members from municipal, county, State and tribal law enforcement agencies. Most of these organizations work cooperatively to employ multi-agency saturation patrols, in conjunction with highly publicized public awareness campaigns, to combat impaired driving. In 2002, law enforcement agencies throughout the state arrested 35,193 individuals for driving under the influence of alcohol or drugs. The Police Traffic Services Program of the WTSC supported this effort by providing the funding for training, financial support and projects to approximately 300 law enforcement agencies. Federal 410 funds were used to provide DUI enforcement overtime to local agencies that participated in other multi-jurisdictional enforcement efforts.

Periodic and sustained DUI enforcement and education efforts are carried out throughout the year. The WTSC encourages all law enforcement agencies to take part in statewide initiatives by participating in planned events like; *3-Flags, Night of 1000 Stars, Drive Hammered - Get Nailed, and Surround the Sound*. Although funding is limited and major campaigns are reserved for holiday periods, the daily reminder of the consequences of impaired driving are carried out through the use of portable message signs, billboards and road signs which promote strict enforcement of the DUI laws and .08 BAC. Consideration and priority in receiving DUI grants from the WTSC are based on demonstrated cooperation between agencies to work with each other.

The State of Washington has established an ambitious goal to train all officers in the use of Standardized Field Sobriety Testing (SFST) by the year 2006. In 1996, the State required all commissioned officers graduating from a law enforcement academy to be trained on SFSTs. Currently, 30 percent of all law enforcement officers are trained in the use of SFSTs. Additionally, the State has 69 instructors trained statewide as Drug Recognition Experts (DRE). These instructors serve approximately 300 agencies and provide assistance to other law enforcement officers when a drug evaluation is requested. It is estimated that 35 percent of all fatal collisions in the State last year involved drug impaired drivers.

The Washington State Patrol is responsible for maintaining 200 BAC Datamaster Infrared Breath Alcohol instruments throughout the State. These stationary devices are strategically assigned in every county seat and at every jail, and are available for use by any certified officer. Currently, 7000 officers are certified on these devices. The hand-held Alco-Sensor III is used as a preliminary breath test instrument only. These devices are not used for evidentiary purposes and individuals suspected of being under the influence of alcohol are not required to submit a breath test in the field. The Washington State Patrol maintains one BAT mobile that is used in the metropolitan areas of the State during joint DUI enforcement efforts with allied agencies. The State does not have the authority to use portable evidentiary hand-held Passive Alcohol Sensors.

Washington has effective DUI laws that include a .08 BAC threshold and an Administrative per se provision. A motorist is deemed to have given his or her consent to submit to a test to determine their blood alcohol level. Over the years, the DUI laws have been revised numerous times and their current state has become cumbersome to interpret.

Law enforcement officers expressed concern over the amount of paperwork required to process a driver arrested for DUI. Recently, the State Patrol revised its DUI Arrest Report to streamline the report process.

Sobriety checkpoints have proven to be an effective tool for law enforcement officers across the nation in reducing the incidence of impaired driving. Although federal courts have ruled that sobriety checkpoints are legal, the Washington State courts have ruled them to be unconstitutional under the State constitution.

The State may lose a provision of the law that can greatly impact DUI related deaths. The primary safety belt law has been challenged as violating the State's Constitution. The State of Washington has one of the highest safety belt compliance rates in the nation, at 94 percent. If this challenge is upheld, the State may be faced with less voluntary compliance to wear safety belts, and more DUI related deaths.

Driving under the influence enforcement is not viewed as a priority for some law enforcement agencies within the State of Washington. Poor economic conditions and the effects of legislation that limited some revenue sources for law enforcement caused some sheriff's and police chiefs to reevaluate their approach to arresting and booking DUI drivers. Most county and municipal law enforcement agencies use a cite and release process for first time offenders. Some agencies require their officers to turn over DUI offenders to the Washington State Patrol due to the cost of incarceration fees these agencies are required to pay when booking at a facility other than their own. Agencies use this method because it relieves them of liability of releasing an impaired driver, and because the State Patrol is exempt from paying booking fees. While this practice may not be the best method for maintaining positive relationships between the involved agency and the booking facility, it serves a greater purpose of removing the impaired driver from the State's roadways. Unfortunate, and even more disturbing are reports that some agencies refuse to arrest DUI drivers due to the length of time and the costs involved in processing and booking impaired drivers, especially in remote locations.

Washington State has 29 federally recognized tribes that comprise approximately three percent of the State's population. Tribal law enforcement efforts are limited due to poor economic conditions and the lack of cooperation between allied law enforcement agencies and the tribes. DUI enforcement on tribal lands is not reported on a frequent basis to the State or local entities.

Recommendations

- **Encourage law enforcement agencies/officers who do not support DUI enforcement to stop DUI drivers and turn over their detainees to the Washington State Patrol.**
- Amend the State's constitution to permit the use of sobriety checkpoints.
- Permit use of portable evidentiary passive alcohol sensors.
- Increase cooperation between State, county, municipal and tribal law enforcement agencies to facilitate a better and more complete exchange of information.

3-C. Publicity to Enhance General Deterrence

Advisory

States should publicize impaired driving law enforcement efforts and other elements of the criminal justice system to increase the public perception of the risks of detection, arrest, prosecution, and sentencing for impaired driving. Publicity should be culturally relevant and appropriate to the audience. States should:

- *Focus publicity efforts on creating a perception of risk of detection, arrest, prosecution, and punishment for impaired driving.*
- *Develop and implement a year-round media plan that includes:*
 - * *messages coordinated with National campaigns*
 - * *special emphasis during periods of heightened enforcement and high risk holiday periods (including coverage before and reports of results after)*
 - * *regular (e.g., monthly), sustained coverage throughout the year, using messages (or “media hooks”) that are law enforcement related*
 - * *paid, earned, and donated advertising*
- *Use clear, concise enforcement messages to increase public awareness of enforcement activities and criminal justice messages (e.g., that focus on penalties and direct costs to offenders such as loss of license, towing, fines, court costs, lawyer fees, insurance, etc.).*
- *Monitor and evaluate media efforts to measure public awareness and changes in attitudes and behavior.*

Status

The Washington Traffic Safety Commission (WTSC) has established 24 Task Forces across the State to support the enforcement efforts of law enforcement. They meet at a minimum of twice a year to share program information and to discuss prevention, education and enforcement. Task Force membership is comprised of individuals and organizations that reflect their communities. Enhancing the message of risk of detection and apprehension are evident in the recent, *Drive Hammered - Get Nailed*, TV campaign. Last year’s event involved 140 law enforcement agencies, netted 1500 arrests and garnered the personal support of the Governor. The WTSC was able to track the effectiveness of this and other media expenditures through the use of a research project conducted at a local mall. The WTSC was able to reach ten times the amount of folks willing to give public opinions on their Public Service Announcements, at a fraction of the costs.

Due to a lack of funds, the WTSC reserves the majority of its radio and television advertising dollars for use during the months of November and December. Additionally, the WTSC coordinates its publicity calendar with nationally sponsored campaign events. During the remainder of the year, changeable message signs, billboards, DUI laws strictly enforced signs and .08 BAC advisory signs are used to keep the public aware of the consequences of impaired driving.

A fifteen-minute video documenting the impact an impaired driver can have on others was shown to the assessment panel members. The film entitled, “*A NASCAR Family Tragedy*,” chronicles the true-life experience of a NASCAR Pit Crew Chief when his wife, along with two other young women, were killed by an impaired driver. It demonstrated how her tragedy impacted the entire NASCAR driver’s circuit. A member of the WTSC staff produced the film and the quality far surpassed other Public Safety Announcements. The target audience for this film is 16 to 34 year old males.

The Hispanic population of Washington State is growing quickly, as demonstrated in other west coast states. The WTSC admitted it lacked the resources and the multi-cultural experience necessary to adequately address this and other expanding ethnic communities. Consequently, there is a need to partner with Hispanic and other ethnic community groups that can assist the staff in developing anti-DUI and other educational materials.

Recommendations

- **Develop an outreach and education campaign to reduce incidents of impaired driving among Washington’s ethnic groups.**
- Continue to produce quality PSA’s.

3-D. Prosecution

Advisory

Prosecutors who handle impaired driving cases face tough odds. Typically, these prosecutors have the least experience, handle hundreds of cases at a time and receive insufficient training. States should implement a comprehensive program to visibly, aggressively, and effectively prosecute impaired driving cases. States should:

- *Make impaired driving cases a high priority for prosecution and assign these cases to knowledgeable and experienced prosecutors.*
- *Encourage vigorous and consistent prosecution of impaired driving (including youthful offender) cases, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes.*
- *Provide sufficient resources to prosecute impaired driving cases and develop programs to retain qualified prosecutors.*
- *Employ experienced prosecutors, such as State Traffic Safety Resource Prosecutors, to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State.*
- *Ensure that prosecutors who handle impaired driving cases receive state-of-the-art training, such as in SFST, DEC, emerging technologies for the detection of alcohol and other drugs; prosecutors should learn about sentencing strategies for offenders who abuse these substances and participate in multi-disciplinary training with law enforcement personnel.*
- *In Driving While Impaired by Drugs (DUI) cases, encourage close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (including Drug Recognition Experts). Their combined expertise is needed to successfully prosecute these cases.*
- *Establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense.*

Status

The Prosecuting Attorneys of the State of Washington are elected by and serve in one county. But when considering the prosecution of driving under the influence (DUI) offenders, the many competing demands on the prosecutor's time may push aside the routine non injury DUI case. The elected prosecutor is responsible for the prosecution of all felony cases throughout the county, and all misdemeanor and traffic cases in the unincorporated area of the county.

However, the elected prosecutor also has civil responsibilities such as serving as legal counsel for county elected officials, department heads, and numerous county agencies. In its capacity as legal counsel for the county, the prosecutor must answer legal questions by issuing written opinions, providing general day-to-day legal advice and handling civil litigation on behalf of the various branches of county government. Finally, the prosecutor acts as legal counsel and chief clerk to the Boundary Review Board. This Board is

mandated to review proposed changes in boundaries submitted by cities and special purpose districts.

In the municipal courts, both the judge and the attorney who prosecutes the DUI cases may be only part time and the demands on them may differ from those made of the elected and deputy prosecutors. However, the fragmentation of the responsibility for the prosecution of DUI between the systems and levels does not encourage nor allow the assignment of a high priority for prosecution of DUI cases. It appears that the system inhibits the assignment of these cases to knowledgeable and experienced prosecutors.

The structure and function of the criminal justice system in the State of Washington does not encourage vigorous and consistent prosecution of impaired driving (including youthful offender) cases, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes. Because the prosecutorial offices and those who prosecute the DUIs receive the funding to operate from local governmental units, it is fair to assert that the State of Washington does not provide sufficient resources to prosecute impaired driving cases. There is no strategy in place at state or local levels to retain qualified prosecutors in the area of DUI.

One encouraging program is getting underway as a replacement to the State Traffic Safety Resource Prosecutor. The Washington State Traffic Commission (WTSC) is funding the Washington Association of Prosecuting Attorneys to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State. It is clear that much work is needed to deliver state-of-the-art training, such as in Standardized Field Sobriety Testing (SFST), Drug Evaluation Classification (DEC), emerging technologies for the detection of alcohol and other drugs, sentencing strategies for offenders who abuse these substances to the prosecutors as well as those who prosecute DUI in other courts. Plans are underway to have the prosecutors participate in more multi-disciplinary training with law enforcement personnel. In at least some counties, the prosecutors who handle cases of Driving While Impaired by Drugs (DUID) cases, there is close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (including Drug Recognition Experts). Their combined expertise is needed to successfully prosecute these cases.

Overall, on a statewide basis, there is a need to have a leadership push from the prosecutors and municipal attorneys to establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense. It is not clear whether the prosecutors can summon the resources to undertake such an intensive effort in a very fragmented system. It is less clear that there is strong legislative support to undertake a collaborative and wide sweeping attempt to deal with the DUI issues. But the data show that prosecution is not sure and it may not be swift. The statistics show that almost 40 per cent of those charged with DUI have their charges dismissed and not due to the formal deferred prosecution program. That level of dismissals coupled with the additional deferred prosecution indicates a DUI system that is no threat. No information is available about prosecution on tribal lands.

Recommendations

- **Provide Prosecutorial leadership to seek the resources and legislative changes necessary to improve the prosecution of DUI.**
- Monitor the prosecutors' assistance from the Washington Association of Prosecuting Attorneys to ensure that it is utilized across the state.
- Identify the prosecutors from the smaller counties and tribes and seek to understand their needs as well as the larger I-5 jurisdictions.

3-E. Adjudication

Advisory

The effectiveness of enforcement and prosecution efforts is strengthened by knowledgeable, impartial, and effective adjudication. The imposition of effective, appropriate, research-based sanctions, followed by close supervision, and the threat of harsher consequences for non-compliance, provides an opportunity to reduce recidivism, which is high among impaired drivers. States should:

- *Involve the State's highest court in taking a leadership role and engaging judges in effectively adjudicating impaired driving cases and ensuring that these cases are assigned to knowledgeable and experienced judges.*
- *Encourage consistency in the adjudication of impaired driving (including youthful offender) cases, and the imposition of effective and appropriate sanctions, particularly when impaired driving resulted in a fatality or injury.*
- *Provide sufficient resources to adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges.*
- *Ensure that judges who handle criminal or administrative impaired driving cases receive state-of-the-art education, such as in technical evidence presented in impaired driving cases, including SFST and DEC testimony, emerging technologies for the detection of alcohol and other drugs, and sentencing strategies for offenders who abuse these substances.*
- *Use court strategies to reduce recidivism through effective sentencing and close monitoring, by either establishing DUI courts, encouraging drug courts to hear impaired driving cases, or encouraging other courts to adopt DUI/Drug court practices; these courts increase the use of drug or alcohol assessments, identify offenders with alcohol or drug use problems, apply effective and appropriate sentences to these offenders, including abstinence from alcohol and other drugs and closely monitor compliance, leading to a reduction in recidivism.*
- *Provide adequate staffing of probation programs with the necessary resources, including technological resources, to monitor and guide offender behavior.*

Status

The State of Washington does not have a single unified court system. Instead, the court system at the trial level functions differently depending on location and judicial philosophy. The task of determining the importance of a particular court for the improvement of the adjudication process is not as simple as one might first presume. The courts of limited jurisdiction handle the bulk of DUI cases but appear to have little influence in overall policy matters towards DUI. The courts are very different in their management and are limited, indeed foiled, by limited resources to manage the DUI offender.

The Courts of limited jurisdiction include district and municipal courts. District courts are county courts. Municipal courts are those created by cities and towns. More than two million cases are filed annually in district and municipal courts. Excluding parking

infractions, seven out of every eight cases filed in all state courts are filed at this level. This is due primarily to the broad jurisdiction these courts have over traffic violations and misdemeanors.

However, the appeals process gives increased DUI influence to the superior courts. This is because cases are appealed from courts of limited jurisdiction to the superior court. The District courts have jurisdiction over both criminal and civil cases. They have criminal jurisdiction over misdemeanors, gross misdemeanors, and criminal traffic cases. These include driving while under the influence of intoxicating liquor or drugs (DUI), hit-and-run, and driving with a suspended driver's license.

Preliminary hearings for felony cases are also within the jurisdiction of these courts. With the exception of DUI and some game violations, those convicted of criminal offenses may be sentenced up to \$5,000 in fines, a year in jail, or both.

The role of the traffic violations bureaus does not appear to be related to any of the DUI issues. Violations of municipal or city ordinances are tried in municipal courts and in traffic violation bureaus, or "TVBs." Some cities contract with district courts to handle such cases. As in district courts, a judge may impose fines up to \$5,000, a year in jail, or both. TVBs have the same jurisdiction as municipal courts or that provided by city statutes.

The district court judges are elected to four-year terms. Municipal court judges may be elected or appointed, depending on the statutory provisions under which they were established.

The Washington Constitution establishes superior courts. Because there is no limit on the types of civil and criminal cases heard, superior courts are called general jurisdiction courts. Superior courts also have authority to hear cases appealed from courts of limited jurisdiction. Most appeals may be made to the Court of Appeals from the Superior Court. In some cases, they go directly to the Supreme Court.

For our examination of DUI, the juvenile court handles all DUI charges against those under the age of 16 or any felony charges of Vehicular homicide or vehicular assault. Juvenile court is a division of the superior court, established by law to deal with youths under the age of 18 who commit offenses. Like adults, juvenile offenders are sentenced according to a uniform set of guidelines. Taking into account the seriousness of the offenses committed and the history of the subject's prior offenses, the guidelines establish a range of sentences, and sentence conditions.

The Court of Appeals receives most of the cases appealed from superior courts. It is a non-discretionary appellate court--it must accept all appeals filed with it. The Court of Appeals has authority to reverse, remand, modify, or affirm the decision of the lower court. The court decides each case after reviewing the transcript of the record in the superior court and considering the arguments of the parties. Generally, the Court hears oral arguments in each case but does not take live testimony. The Court of Appeals is divided into three divisions and each division serves a specific geographic area of the state in which it is located.

The importance and power of the Washington Supreme Court is more than the cases it decides but also lies in the administrative and rule making authority over the lower courts. The Court also has the disciplinary responsibilities for the legal profession. The Supreme Court is the state's highest court. Its opinions are published, become the law of the state, and set precedent for subsequent cases decided in Washington. The Court has original jurisdiction of petitions against state officers and can review decisions of lower courts if the money or value of property involved exceeds \$200. The \$200 limitation is not in effect if the case involves a question of the legality of a tax, duty, assessment, toll, or municipal fine, or the validity of a statute.

Direct Supreme Court review of a trial court decision is permitted if the action involves a state officer, a trial court has ruled a statute or ordinance unconstitutional, conflicting statutes or rules of law are involved, or the issue is of broad public interest and requires a prompt and ultimate determination. In all other cases, review of Court of Appeals decisions is left to the discretion of the court.

Motions to be determined by the Court, and petitions for review of Court of Appeals decisions, are heard by five-member departments of the Court. A less-than-unanimous vote on a petition requires that the entire court consider the matter.

All nine justices hear and dispose of cases argued on the appeal calendar. Each case is decided on the basis of the record, plus written and oral arguments. Exhibits are generally not allowed and no live testimony is heard.

The Supreme Court is the final rule-making authority for all of the state's courts. Though local courts make their own rules of procedure, these rules must conform to, or not conflict with, those established by the Supreme Court. In addition, the Supreme Court has administrative responsibility for operation of the state court system.

To the extent that the Supreme Court of Washington has taken any formal or informal leadership role in improving the adjudication of DUI offenses in Washington, it would have to be in the area of its rule, GR 26. While not mentioning DUI or impaired driving, the mandatory continuing judicial education rule requires all judges to obtain continuing legal education (CLE). The requirement is carried out by the judges and does include educational opportunities around the law and the science involved in the DUI cases.

The Court stated, “ The protection of the rights of free citizens depends upon the existence of an independent and competent judiciary. The challenge of maintaining judicial competence requires ongoing education of judges in the application of legal principles and the art of judging in order to meet the needs of a changing society”. This rule establishes the minimum requirements for continuing education of judicial officers. Each judicial officer shall complete a minimum of 45 credit hours of judicial education approved by the Board for Court Education (BCE) every three years. At least six credit hours for each three-year reporting period shall be earned by completing programs in judicial ethics approved by the BCE. In addition, it is required that the judicial officer shall attend and complete the Washington Judicial College program within twelve months of the initial appointment or election to the judicial office.

In further support of the judges' education, the Supreme Court, through the Administrative Office of the Courts (AOC) provides bench books to the trial judges. Shortly the AOC will release a DUI Bench Book that has great potential. The Bench Book will be given to the judges on CD-ROM and then made available on the web. It contains hotlinks to the statutes as well as the relevant cases. It will allow judges to make decisions quickly and accurately.

The most helpful data available at this time to increase the understanding of how DUI cases are prosecuted in the State of Washington is contained in the *Caseloads of the Courts of Washington* produced by the Administrative Office of the Courts. Concise and clear descriptors are provided and the data is telling. For example, in 2003, the Washington Courts of Limited Jurisdiction handled over two million cases. Of these, 44,474 were DUI and 45,227 DUI cases remain pending. While there is a deferred prosecution statute, it is more of a hybrid statute providing for court monitoring while avoiding the imposition of any criminal penalty. It is more accurately described as a decriminalization statute, and in 2003, 8,111 cases were handled by this mechanism. However, there is a non formal deferred prosecution called "Prosecutor's Deferral" that occurred in 3,492 cases. The concern here is that the process is not subject to oversight by the court or other public office and appears to be arbitrary. The high number of dismissals, 4,690, reported when the charge was dismissed without conditions or found not guilty is really a most alarming statistic, considering the number of deferrals, statutory or informal. This means that the actual adjudication rate is low and is not deemed a high priority.

The statutes and the current practices do not allow consistency in the adjudication of impaired driving (including youthful offender) cases, and the imposition of effective and appropriate sanctions. There was a general reporting of satisfaction with the handling of the cases filed in the superior courts as felonies where impaired driving resulted in a fatality or injury.

In addition, it is clear and undisputed that the state and local jurisdictions do not provide sufficient resources to adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges. A statutory solution is suggested in the legislation section (see Section 3-A)

The work of the judges is blocked by the failure of the state to provide the resources to allow the use of court strategies to reduce recidivism through effective sentencing and close monitoring, by either establishing DUI courts, encouraging drug courts to hear impaired driving cases, or encouraging other courts to adopt DUI/Drug court practices which often lead to a reduction in recidivism.

Finally, the probation officers are compelled to take far too many decisions back to the judges. The management of scarce resources is driven by litigation fear and fiscal constraints of the local governmental units. It is the state's responsibility to provide adequate staffing of probation programs with the necessary resources to monitor and guide offender behavior. Until that occurs, one cannot fault the judges or probation staff for these systemic failures.

The presenters for the Administrative Office of the Courts (AOC), the Department of Licensing, the judge, the prosecutors, and the various screening, assessment, and treatment providers demonstrated a strong professional collegiality and willingness to work with the Washington Traffic Safety Commission staff.

We received no information about the adjudication of DUI offenses in Tribal Courts.

Recommendations

- Support cooperation of professionals in the criminal justice system and treatment systems.
- Develop data necessary to determine if resources may be at a critical low.
- **Determine if a unified court system is possible, and if not, seek to develop the DUI court as a way of getting some consistency around the state.**
- Include rural and Tribal courts in adjudication efforts.

3-F. ADMINISTRATIVE SANCTIONS AND DRIVER LICENSING PROGRAMS

Administrative sanctions, including the suspension or revocation of an offender's driver's license; the impoundment, immobilization, or forfeiture of a vehicle; the impoundment of a license plate, or the use of ignition interlock devices, are among the most effective actions that can be taken to prevent repeat impaired driving offenses. In addition, other driver licensing activities can be effective in preventing, deterring, and monitoring impaired driving, particularly among novice drivers.

3-F-1. Administrative License Revocation and Vehicle Sanction

Advisory

Each State's Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the State's impaired driving laws. The statute should provide for:

- *Administrative suspension of the driver's license for alcohol and/or drug test failure or refusal.*
- *The period of suspension for a test refusal should be longer than for a test failure.*
- *Prompt suspension of the driver's license (within 30 days of arrest), which should not be delayed, except when necessary, upon request of the State.*
- *Vehicle sanctions, including impoundment of or markings on the license plate, or impoundment, immobilization or forfeiture of the vehicle(s), of repeat offenders and individuals who have driven with a license suspended or revoked for impaired driving.*
- *Installation of ignition interlocks on the offender's vehicle(s) until a qualified professional has determined that the licensee is their alcohol and/or drug use problem will not interfere with their safe operation of a motor vehicle.*

Status

RCW 46.20.3101 ("per se Sanctions") Implied consent – License sanctions and length of sanctions – allows Department of Licensing (DOL) to suspend, revoke, or deny the arrested person's license, permit or privilege to drive in case of a person who has refused a test or tests. For the first refusal within seven years, revocation or denial is for one year while for those who submit to test and BAC level is 0.08 or more the suspension is for 90 days. For the second and or subsequent refusal within seven years, revocation or denial is for two years or until the person reaches age of twenty-one, whichever is longer and for those submitting to test the suspension period is two years. For persons under the age of twenty-one years, if BAC level is more than 0.02 for the first offense, suspension or denial is for ninety days. For second or consecutive incident within seven years, revocation or denial is for one year or when the person reaches age twenty-one, whichever is longer.

The DOL can suspend, revoke, or deny upon receipt of a sworn statement to be effective beginning sixty days from the date of arrest or from the date notice was given unless contested by hearing or a petition for deferred prosecution.

Currently, no provisions exists for DOL to impose vehicle sanctions, including impoundment of or markings on the license plate, or impoundment, immobilization or forfeiture of the vehicle(s), of repeat offenders and individuals who have driven with a license suspended or revoked for impaired driving.

In accordance with RCW 46.20.720, after any applicable period of suspension, revocation, or denial of driving privileges, a person may drive only a motor vehicle equipped with a functioning ignition interlock. Ignition interlock is also required during deferred prosecution and use of an occupational/restricted license.

Recommendations

- Impose sanctions that are swift and certain to be an effective deterrent. Obtain legislative authority to impose the DUI sanctions for test refusal within 30 days of the occurrence of infractions.
- Obtain legislative authority for vehicle sanctions, including impoundment of or markings on the license plate, or impoundment, immobilization or forfeiture of the vehicle(s), of repeat offenders and individuals who have driven with a suspended or revoked license for impaired driving.

3-F-2 Programs

Advisory

Each State's driver licensing agency should conduct programs that reinforce and complement the State's overall program to deter and prevent impaired driving, including:

- *Graduated Driver Licensing (GDL) for novice drivers that includes three distinct licensing phases for young novice drivers (learner's permit, restricted license and unrestricted license) and provides that:*
 - * *Requires a learner's permit for a minimum of 6 months and a total combined period of one year prior to being eligible for an unrestricted license*
 - * *Requires that drivers practice driving with parental or adult supervision for a minimum number of hours and demonstrate safe driving practices before they may drive unaccompanied by a parent or adult*
 - * *Requires a nighttime driving restriction and limits on the number of young passengers who may be in the vehicle during phase two*
 - * *Provides that the permit, the restricted and the unrestricted license, as well as licenses to drivers under and over the age of 21, are easily distinguishable*
 - * *Provides for license suspension for drivers under age 21 who drive with a BAC exceeding the limit set by the State's zero tolerance law*
 - * *Provides for primary enforcement of safety belt use laws for young novice drivers*
- *A public information program that describes alcohol's effects on driving and the consequences of being caught driving impaired or above the State's zero tolerance limit.*
- *A program to prevent individuals from obtaining and using a fraudulently obtained or altered driver's license including:*
 - * *Training for alcoholic beverage sellers to recognize fraudulent or altered licenses and IDs and what to do with these documents and the individuals attempting to use them*
 - * *Training for license examiners to recognize fraudulent documents and individuals seeking to fraudulently apply for them*

Status

Under RCW 46.20.55 (Instruction Permit) and under RCW 46.20.075 (Intermediate License), Washington State has all the elements necessary for a Graduated Driver Licensing Program. An instruction permit allows the operation of a motor vehicle within Washington State when supervised by a licensed driver with at least three years of driving experience. It is available to anyone who is at least fifteen and half years old and passes knowledge and vision test. Those who are enrolled in an approved driver-training course may obtain a permit at age 15. The permit is valid for one year.

If a novice driver is under age 18, an Intermediate Driver License is issued. Under the intermediate license law, the driver is required to pass an approved driver training course,

obtain parents/guardian consent, and pass vision, knowledge, and skills tests, have had an instruction permit for at least 6 months, present parental certification stating that the applicant had at least 50 hours of driving experience, including 10 hours at night, while being supervised by a licensed driver who is at least 21 years old and had a valid license for at least five years, not have been issued a traffic infraction or cited for a traffic violation that is pending at the time of application, and not have been convicted of or found to have committed an offense involving the use of alcohol or drugs during the period the applicant had an instruction permit. Currently, no guidance is provided to the parents/guardians signing consent forms as to their responsibilities as well as understanding of the crash risks associated with teen driving.

Once an Intermediate Driver License has been issued, the following restrictions apply: the applicant may not drive between the hours of 1 am and 5 am unless accompanied by a parent, guardian, or a licensed driver who is at least 25 years of age; for the first six months may not carry any passengers under 20 years old who are not members of immediate family and for the remaining time may not carry more than three passengers who are under 20 years old who are not members of immediate family. However, there is no clear definition of who is considered members of immediate family.

Though there are current nighttime restrictions for intermediate license drivers, the crash data clearly shows that the hours of high risk for young drivers begin as early as 9 pm. One-third of fatal crashes involving teen drivers occur between the hours of 9:00 PM and 6:00 AM

Restrictions are automatically lifted when the intermediate license has been valid for one year and the licensee has not been involved in an automobile collision and has not been convicted or found to have committed a rules-of-the-road traffic offense or violated any of the intermediate license restrictions. On the 18th birthday, the license automatically becomes a basic license without the intermediate license restrictions.

Under the current Intermediate Driver License law, passenger and night driving restrictions may be extended if the holder commits a traffic offense or is involved in a traffic accident.

During the first year with an intermediate license, if a driver commits any traffic violations or is involved in a collision, the passenger and nighttime restrictions continue until age 18. Until age 18, the first violation results in a warning letter that is sent to the driver's parent or guardian, a second violation results in the suspension for six months and the parent or guardian receives a copy of the suspension and a third violation results in driver license suspension until age 18 and parent or guardian receives a copy of the suspension.

There are currently inconsistencies between Instruction Permit Law (RCW 46.20.055) and Intermediate Driver License law and a need exists to harmonize the laws to allow for consistency in the restricted nighttime hours if there is an appropriate supervising adult driver in the vehicle.

The driver licenses issued are easily distinguishable between permit, intermediate as well as those under 21 years of age. The distinction used is the layout of the license – vertical for Intermediate License and those under 21 years and horizontal for all others. The date when the driver either reaches age 18 or 21 years is shown on the face of the license and the restrictions, if any, appear on the back of the license.

Under RCW 46.20.3103 (Administrative Sanctions), license is suspended when drivers under age of 21 drive with a BAC level exceeding 0.02. Under RCW 46.61.688, primary enforcement of safety belt use law applies to all drivers including young novice drivers.

License examiners are trained in accordance with American Association of Motor Vehicle Administrators (AAMVA) standards and RCW 46.20.035 defines the identification requirements. The training includes one hour of refresher training per week as well as one week of in-service training.

Under the direction of the Washington State Liquor Control Board's Enforcement Division, a vigorous prevention science based and data driven program includes a very strong component for preventing underage drinking as well as standards for service of alcohol used by servers trained to recognize apparent signs of intoxication under Mandatory Alcohol Server Training and Permit program. Also, a very strong component of all DUI Task Forces is a public information program that describes alcohol's effects on driving and the consequences of being caught driving impaired. See also Section 2-A for more details on responsible alcohol service.

Recommendations

- Change the current nighttime restrictions to begin at 9:00 pm.
- Remove the reference to accidents and change terminology to crashes, since in most cases the at-fault driver will receive a traffic infraction or be charged with a traffic crime.
- Harmonize the laws for instruction permit and intermediate license.
- Modify the Intermediate Driver License law to clarify the definition of “immediate family.
- Add language to the Intermediate Driver License law requiring parents or legal guardians to read and understand the Intermediate Driver License restrictions as they apply to the newly licensed teen driver in the family.
- **Use a true zero tolerance for those under age 21 (BAC level 0.00 instead of 0.02). See also section 3A Impaired Driving Laws.**

3-F-3. Information and Records System

Advisory

Each State's driver licensing agency should maintain a system of records that enables the State to: (1) identify problem drinking drivers; (2) maintain a complete driving history of problem drivers; (3) receive timely and accurate arrest and conviction data from law enforcement agencies and the courts, including data on operators as prescribed by the commercial driver licensing (CDL) regulations; and (4) provide timely and accurate driver history records to law enforcement and the courts. The record system should:

- *Include communication protocols that permit real-time linkage and exchange of data between law enforcement, the courts, the State driver licensing and vehicle registration authorities, and other parties with a need for this information.*
- *Provide enforcement officers with immediate on-the-road access to an individual's licensing status and driving record.*
- *Provide immediate and up-to-date driving records for use by the courts when adjudicating and sentencing drivers convicted of impaired driving.*
- *Provide for timely entry of any administrative or judicially-imposed license action and the electronic retrieval of conviction records from the courts.*
- *Provide for effective exchange of data with State, local, tribal and military agencies, and with other governmental or sovereign entities.*

Status

Department of Licensing (DOL) maintains driver records for the State of Washington. The Department has communications protocol that allows real time linkage and exchange of data by law enforcement agencies, Courts, driver licensing and vehicle registration authorities and other parties with a need to access the data and is entitled to that access by state statute. The law enforcement agencies have on-the-road access to DOL data through Washington State Patrol (WSP) Access system and are available 24/7 except for minor maintenance periods. Access is also allowed through Communication Center from 8:00 AM to 5:00 PM for partial search of driver and vehicle records.

Immediate access to the DOL records is available to several (5) courts by a direct on-line access and others through Administrative Office of the Courts who funnel the data in real time (the link is transparent to the courts). However, the access is not up-to-date for driving records due to delays in processing of adjudication records by courts and backlog of up to 5,000 records at DOL. Currently, there is a 15-day delay in processing citation updates and 18-day delays in processing mandatory and suspension updates. Also, some judges are imposing deferred sentences, stipulated order of continuance and in-house deferrals of first DUIs. DOL considers any records not updated within 10 days as not up-to-date driving records.

Only one court sends disposition data electronically and this court generates 10 to 12 percent of the records. The Traffic Records Committee is currently addressing this issue with a roll out target date of July 2005. The DOL is doing a pilot test with Commercial Driver Licenses (CDL) as part of proof of concept.

For the most part, there is effective transfer of data with State, local, tribal and military agencies and with British Columbia, Canada. However, concerns were expressed that not all tribal agencies are cooperative as well as the need for AAMVA involvement in working out the protocol details for data exchanges with Canadian agencies.

Washington traffic records systems should contain electronic records of crashes, arrests, dispositions, driver licensing actions, and other sanctions of DUI offenders. These data systems should permit linkage of records between the various systems so that impact evaluation studies measuring recidivism rates may be conducted. It should permit offenders to be tracked from arrest through disposition and compliance with sanctions and subsequent DUI recidivism. It should be accurate, timely, linked, and readily accessible to persons authorized to receive the information, such as law enforcement, courts, licensing officials, treatment providers and researchers.

To this end, Washington Traffic Records Assessment has identified the following priority items for action:

1. Design and implement a centralized statewide citation tracking system that contains information about a citation from “cradle to grave”. Each record in the system should contain information about all actions pertaining to that citation, from issuance to an offender, to its disposition by the court, and its placement on driver history file (as appropriate, e.g. upon a conviction).
2. Charge the Traffic Records Committee with oversight of the development of e-initiatives, such as electronic citations, crashes, and Driving Under Influence processing.
3. Establish an agreement between the DOL and the AOC to receive all court dispositions electronically.
4. Look at amending the Washington State statute to permit the DOL to obtain and use to the extent possible driver histories from Canada on persons seeking a driver’s license who have held one in Canada and in British Columbia especially.

The Traffic Records Committee currently is working on a Traffic Records Strategic Plan to address these and other critical issues in the area of traffic records. Goal six of the Traffic Records Strategic Plan provides for expansion of the stakeholder representation.

Recommendations

- **Engage high level participation of a Tribal representative in all aspects of highway safety in addressing DUI issues on Tribal lands.**
- **Implement the recommendations made in the Traffic Records Assessment to the extent that they address DUI issues.**

- Expand stakeholder representation on Traffic Safety Committee to include the prevention community (Division of Alcohol and Substance Abuse, Department of Social and Health Services and a Tribal representative).
- Investigate the possible participation by British Columbia in Traffic Records efforts as well as direct outreach efforts by DOL to its counterparts in British Columbia to enhance its ability to capture past driver histories.

IV. ALCOHOL AND OTHER DRUG MISUSE: Screening, Assessment, Treatment, and Rehabilitation

Impaired driving frequently is a symptom of the larger problem of alcohol or other drug misuse. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crime. One-third of impaired driving arrests each year involve repeat offenders. Moreover, individuals with alcohol or other drug abuse or dependency problems drive many times before they are arrested. Research has indicated that, on average, such individuals drive several hundred times within two hours of drinking before they are arrested for driving while impaired.

In addition, alcohol use leads to other injuries and health care problems. Almost one in six vehicular crash victims treated in emergency departments are alcohol positive, and one third or more of crash victims admitted to trauma centers - those with the most serious injuries - test positive for alcohol. In addition, studies report that 24-31 percent of all emergency department patients screen positive for alcohol use problems. Their frequent visits to emergency departments present an opportunity for intervention, which might prevent these individuals from being arrested or involved in a motor vehicle crash, and result in decreased alcohol consumption and improved health.

Employers, educators, and health care professionals in every State should have a system in place to identify, intervene, and refer drivers for appropriate substance abuse treatment to change their dangerous behavior.

4-A. Screening and Assessment

Advisory

Employers, educators, and health care professionals in every State should have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment.

Status

All DUI offenders in Washington are required to complete an assessment of their alcohol or other substance abuse. The Washington State Department of Social and Health Service, Division of Alcohol and Substance Abuse (DASA) stresses that DUI offenders are assessed, not simply screened, the difference being that an assessment results in a clinical diagnosis consistent with DSM-IV definitions. DASA provides a “*Statewide Protocol for Alcohol & Other Drug Treatment Assessments for Court-Referred Patients.*” The protocol addresses use of a standardized chemical dependency (CD) Assessment

Summary that includes basic identifier data, BAC level, criminal justice history, prior assessment and/or treatment history and diagnostic assessment. The form also includes a treatment recommendation based on criteria of the American Society of Addiction Medicine (ASAM).

No standardized screening instruments are mandated or approved by DASA. However Washington Administrative Code (WAC) 388-805 requires that all assessments:

1. Be conducted by a Chemical Dependency Professional (CDP), a CDP Trainee under supervision of a CDP or a Probation Assessment Officer (PAO);
2. Include a legal history and information that satisfies all ASAM PPC dimensions;
3. Include a Diagnostic Assessment Statement indicating criteria of Substance Abuse or Dependence;
4. Include a summary of treatment data supporting treatment recommendation;
5. Include evaluation of BAC and Drug levels;
6. Include assessment of client's driving record

Recent cuts in resources in the local criminal justice system have made it difficult for some courts to provide paper copies of case data for DUI assessments. The Administrative Office of the Courts provides some assessment providers with electronic access to the Judicial Information System for Criminal History.

Nearly 400 agencies are certified by DASA to provide assessments. Clients pay for assessments but sliding fee scales are available for low-income clients. Some County Probation Departments conduct assessments and some counties pay for some assessments.

Current data systems do not allow isolation of data on DUI offenders and private treatment providers are not required to report client data to DASA. Thus, there is no way to provide accurate up to date statistics on assessments, but data from 1993 indicated that 46 percent of DUI offenders never appeared for assessments. Presenters believe that the same proportion is currently failing to appear for assessment. The 1993 study also indicated that among those clients screened, 56 percent were determined to have no significant problem, 14 percent were diagnosed with abuse and 30 percent with addiction or dependence.

A determination of "insufficient evidence of substance abuse or dependence" based on DSM-IV criteria results in referral to an eight-hour alcohol education class. The course curriculum is currently being revised.

Assessment plays a critical role in the Deferred Prosecution option in Washington. Deferred Prosecution is, "an alternative to punishment for a person who will benefit from a treatment program..." (RCW 10.05.010). In order to be eligible for Deferred Prosecution, "the petitioner must allege under oath in the petition that the wrongful conduct charged is the result of or caused by alcoholism, drug addiction, or mental problems for which the person is in need of treatment..." (RCW 10.05.020). The prescribed assessment process is the means of verifying this contention. False negatives, that is, failure to diagnose addiction or dependence will result in disqualification from

Deferred Prosecution and failure to refer to appropriate treatment. False positives, that is diagnosing addiction or dependence in individuals without a substance abuse problem, will result in offenders escaping sanctions. Thus, it is critical that the assessment process be robust enough to result in accurate diagnosis and the most appropriate treatment recommendation.

Based on assessment results indicating addiction or dependence, DUI offenders are referred to treatment at either a publicly funded facility or a private treatment service provider. Monitoring of treatment progress is fragmented. Probation in some counties monitor DUI offenders while treatment providers submit reports to the court at times of treatment completion or non-compliance. However, there is no single agency responsible for screening, assessment, referral and monitoring of DUI offenders. A well designed centralized monitoring agent could provide better control, standardize reporting and make reporting more timely, centralize data for evaluation and alleviate the courts of significant commitment of resources currently used to monitor compliance with court orders.

One monitoring option that has proven effective in many locations in other states is the Drug Court or DUI court model. The Drug Court model adjudicates substance-abusing offenders in a separate court, provides assessment, referral and intensive monitoring. In addition, Drug Court Judges offer incentives for compliance and sanctions for violations. In Washington there are approximately 30 Drug Courts. However, most of these Drug Courts are in felony courts. Washington does not have a felony DUI charge. Thus, the only DUI offenders who might be eligible for Drug Court are those charged with vehicular manslaughter or assault. A few locations have established Drug Courts or Substance Abuse Courts at the misdemeanor level.

Recommendations

- **Revise DASA data system to include detailed variables designating specific source of criminal justice clients including DUI, Drug Court and other sources.**
- **Develop a system of centralized screening, assessment, referral and monitoring of DUI offenders.**

4-A-1. Criminal Justice System

Advisory

People who have been convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and their need for treatment. The assessment should be:

- *Conducted by a licensed counselor or other professional holding a special certification in alcohol or other drug treatment.*
- *Used to decide whether a treatment and rehabilitation program should be part of the sanctions imposed and what type of treatment would be most appropriate.*
- *Based on standardized assessment criteria, including standard psychometric instruments, historical information (e.g., prior alcohol or drug-related arrests or convictions), and structured clinical interviews.*
- *Appropriate for the offender's age and culture (e.g., use specialized assessment instruments tailored to and validated for youth or multi-cultural groups).*

Status

The State of Washington has all of the recommended provisions on paper. What is not present and constitutes a huge threat to a system that could work is the lack of resources. The wait lists, the liability issues and the overall lack of resources undermine the functionality of the entire system.

Recommendations

- Convene a dedicated group and supply them with the research and knowledge to carry the message to the legislature that penny wise and pound foolish kills on the highways.
- Create a central system for the various levels of monitoring and supervision of DUI offenses whether adjudicated or deferred.

4-A-2. Medical or Health Care Settings Advisory

Any adult or adolescent seen by a medical or health care professional should be screened to determine whether they may have an alcohol or drug abuse problem. If the person may have a problem with alcohol abuse or dependence, a brief intervention should be conducted and, if appropriate, they should be referred for assessment and further treatment. The screening and brief intervention should be:

- *Conducted by trained professionals in hospitals, emergency departments, ambulatory care facilities, physician's offices, health clinics, employee assistance programs and other medical and health care settings.*
- *Used to decide whether an assessment and further treatment is warranted.*
- *Based on standardized screening tools (e.g., CAGE, AUDIT or the AUDIT-C) and brief intervention strategies.*

Status:

Several hospitals in Washington have implemented programs providing Brief Intervention Referral and Treatment for injured patients in Trauma Centers. The program is intended to identify substance-abusing patients in the Emergency Department (ED), provide screening and a brief intervention and refer patients to treatment when indicated. One study found that 45 percent of ED patients who were screened had positive blood alcohol and/or drug content. Patients who received a Brief Intervention had significantly reduced recidivism for ED visits. While these previous studies did not provide results specifically for drivers, previous research demonstrated that more than two-thirds of injured drivers treated in hospitals and who had positive blood alcohol readings escaped detection by law enforcement and were not arrested. Brief intervention provides a means of exposing many of these drivers to treatment and might reduce future impaired driving.

A related issue is the identification of impaired injured drivers. Injured drivers treated in Trauma Centers will often have blood tests completed as part of treatment. When a blood test indicates blood alcohol concentrations in excess of .08, treatment personnel are in a position of knowledge of a criminal act. Patient confidentiality laws currently prohibit medical personnel from voluntarily reporting impaired drivers to law enforcement. Six states mandate medical staff reporting of known impaired injured drivers, while 21 states provide immunity to medical personnel who report impaired injured drivers. Washington has no legislated mandate or protection, and impaired drivers are not reported to law enforcement.

Recommendations

- **Continue and expand the use of Brief Intervention and Screening in medical settings.**
- Enact legislation mandating medical professionals to report to police known impaired injured drivers in their care.

4-B. Treatment and Rehabilitation

Advisory

States and localities should work with health care professionals, public health departments, and third party payers, to establish and maintain programs to treat alcohol and other drug dependent persons referred through the criminal justice system, medical or health care professionals, and other entities. These programs should:

- *Match treatment and rehabilitation to the diagnosis for each person based on a standardized assessment tool, such as the American Society on Addiction Medicine (ASAM) patient placement criteria.*
- *Provide treatment and rehabilitation services designed specifically for youth.*
- *Provide treatment and rehabilitation services for non-English speaking offenders and culturally relevant treatment for special populations (e.g., Native Americans or newly arrived immigrant groups).*
- *Facilitate health insurance parity treatment for alcohol and other drug abuse disorders, to permit access for persons regardless of ability to pay and encourage States to pursue legislative changes to support health insurance parity payment for alcohol and other drug abuse disorders, particularly in rural and underserved areas.*
- *Ensure that offenders determined to have an alcohol or other drug dependence or abuse problem begin appropriate treatment immediately after conviction, based on an assessment. Educational programs alone are inadequate and ineffective for these offenders.*
- *Provide treatment and rehabilitation services in addition to, and not as a substitute for, license restrictions and other sanctions.*
- *Require that drivers who either refused or failed a BAC test, and/or whose driver's license was revoked or suspended, complete recommended treatment, and that a qualified professional has determined that their alcohol or drug use problem is under control before their license is reinstated.*

Status

Under the direction of the Washington State Department of Social and Health Service, Division of Alcohol and Substance Abuse (DASA), Washington has a complete array of treatment services provided through a publicly funded treatment system intended for income eligible clients and numerous private treatment providers certified by DASA. However, the current publicly funded treatment system is capable of serving only about 21 percent of the estimated need. While health insurance policies in Washington provide coverage for substance abuse treatment, it is very limited. Attempts to reach parity with other coverage have not been successful.

The client data system at DASA does not currently designate DUI offender status which makes it impossible to easily determine the impact of DUI offenders on the system or the numbers of offenders in the public system. In addition, private providers generally require clients to pay either directly or through private third party insurance. Without adequate data it is not possible to determine the health insurance status of referred DUI offenders.

There are separate treatment facilities and services for youth with funding from DASA. These services must meet requirements of WAC 388-805. In addition, both State and Federal funds for treatment require giving priority to specified populations including pregnant women, families with children, families on TANF, Child Protective Services referrals and youth. WAC 388-805-305 specifies patient rights including the right to an interpreter and accommodations for sensory or physical disability and cultural differences. Specialty programs exist for various language groups, tribal outreach and hearing impaired adults.

DUI offenders who are eligible for and opt for the Deferred Prosecution program described in Section 4-A are subject to a two-year treatment plan and an additional three-year post-treatment period of compliance. A study in 1999 found that clients completing treatment under Deferred Prosecution had a four-year recidivism rate less than half that of other DUI offenders referred to treatment after conviction (22 percent vs. 48 percent).

The assessment process described in Section 4-A provides a diagnosis and detailed information to develop a treatment plan that matches clients to appropriate treatment when available.

The DASA data system does not allow analysis of treatment utilization, completion or outcomes. Several presenters indicated that in many areas of the state, DUI offenders are subject to long waits for admission to treatment.

Drug Courts or dedicated DUI Courts have tremendous potential for providing treatment for DUI offenders. However, these special purpose courts will require financial resources including public funds to provide assessment, referral and monitoring of DUI offenders. Many states and localities have implemented dedicated fees, surcharges or excise taxes to offset costs of programs. Examples of such dedicated taxes are use of gasoline taxes for highway construction and maintenance and excise tax on sporting goods to support environmental programs or recreational facilities. Some localities have enacted special excise taxes on alcoholic beverages to help support substance abuse treatment and prevention programs.

Recommendations

- Revise DASA data system to include detailed variables designating specific source of criminal justice clients including DUI, Drug Court and other sources.
- Develop a system of centralized screening, assessment, referral and monitoring of DUI offenders.

4-C. Monitoring Impaired Drivers

Advisory

Monitoring functions should be housed in the driver licensing, judicial, corrections, and treatment systems. Monitoring systems should be able to determine the status of all offenders in meeting their sentencing requirements for sanctions and/or rehabilitation. Monitoring systems must be able to alert courts to non-compliance. Controlled input and access to an impaired driver tracking system, with appropriate security protections, is essential. Monitoring requirements should be established by law to assure compliance with sanctions by offenders and responsiveness of the judicial system. Non-compliant offenders should be dealt with swiftly either judicially or administratively. Many localities are successfully utilizing DUI courts or drug courts to monitor DUI offenders. States should:

- *Have an effective monitoring system for all impaired driving offenders (including out-of-state offenders).*
- *Use effective technology (e.g., ignition interlock mechanisms, electronic confinement, and monitoring) and its capability to produce reports on compliance.*
- *Include driver license tracking systems as an essential component of monitoring.*
- *Generate periodic reports on offender compliance with administrative or judicially imposed sanctions.*

Status

While Washington has a complete ignition interlock device statute and has implemented the use of the devices, there are issues of economic discrimination. The Department of Licensing (DOL) needs increased system capacity in order to do the desired levels of tracking. The bottom line is that the dismissals and deferred prosecutions coupled with probation staffing shortages prevent the attainment of the recommended levels of monitoring functions. It is less common to have monitoring of out of state offenders. Washington does not have a driver license tracking system that can be used to monitor compliance.

Recommendation

- Review all technology used for monitoring, and provide oversight to ensure the fair and effective use of monitoring devices.

TEAM CREDENTIALS

Linda Chezem J.D.

Lchezem@Aol.com

Linda L. Chezem, J.D. served as a judge in Indiana for 22 years. One of her primary interests is the appropriate adjudication of underage drinking cases.

Linda Chezem received her law degree from Indiana University School of Law at Bloomington, Indiana. After practicing law for 5 years, she began her judicial career as a trial court judge, then as a judge of the Indiana Court of Appeals, and finally as a Senior Judge by appointment of the Indiana Supreme Court. During her time on the bench, Judge Chezem won two contested elections, wrote more than 1,000 majority cases and participated in deciding more than 3,000 cases before the Indiana Court of Appeals.

Judge Chezem is now a professor at Purdue University, where she served as the head of the 4-H Youth Department at Purdue University and as the state leader for the 4-H program, which serves more than 275,000 Indiana youth each year. She also holds an adjunct appointment at the Indiana University School of Medicine in the Department of Medicine, and is an Affiliated Scholar with the Center for Public Health Law Partnerships at the University Of Louisville School Of Medicine.

Throughout her legal career, Judge Chezem focused on improving adjudication through judicial education on alcohol problems. Her work in that regard includes service on: the Indiana Judicial Conference Education Committee; the American Bar Association, Judicial Administration Division; and the National Council of Juvenile and Family Court Judges. During her appointment to a National Highway Traffic Safety Administration Judicial Fellowship, Judge Chezem wrote *The Improvement of the Adjudication of Driving Under the Influence*, a training course and manual for judges. She then helped train other judges to present the course in cooperation with the National Judicial College and the National Association of the State Judicial Educators. Judge Chezem also has worked closely and extensively with the U.S. Department of Justice on issues ranging from underage drinking to domestic violence.

Judge Chezem served for ten years on the Indiana Governor's Task Force to Reduce Underage Drinking. She chaired the Indiana Addiction Services Advisory Council and was a member of the Law Enforcement Advisory Committee for a White House Conference for a Drug Free America. Judge Chezem also has served on the Indiana Task Force on Co-Occurring Mental Illness and Substance Abuse Disorders, and on the Advisory Committee to the Indiana Bureau for Mental Health Promotion and Addictions Prevention.

The many honors and accolades accorded Judge Chezem include: recognition by the Indiana General Assembly with a Joint Resolution of the Indiana House of Representatives and the Indiana Senate; the National 4-H Alumni Award, given for Outstanding Service to the 4-H Program; and the Hoosier Hero Award from The Honorable Dan Coats, United States Senator from Indiana.

Robert P. Lillis
rlillis@rochester.rr.com

CURRENT ACTIVITIES

EVALUMETRICS RESEARCH

Mr. Lillis currently works as an independent consultant through Evalumetrics Research (DBA). He is Research Consultant to numerous State, County and local substance abuse and violence prevention programs and conducts detailed needs assessments, develops outcomes based plans and designs evaluations for numerous initiatives. He is also conducting evaluations of numerous youth development programs as well as criminal justice treatment programs working with substance abusers.

PARTNERSHIP FOR ONTARIO COUNTY INC.

Mr. Lillis is the Research Consultant and Chair of the Research Data and Evaluation Committee of the Partnership for Ontario County, Inc. a community based comprehensive substance abuse prevention task force. In this role he has conducted numerous surveys and needs assessments and developed a databased strategic planning process. He also has designed evaluations for numerous school and community-based programs and prevention activities.

DRUG COURT

Mr. Lillis is the Research and Evaluation Consultant to the Finger Lakes Drug Court and the Ontario County Juvenile Drug Court. He is responsible for all aspects of project design, data collection, database development and analysis of process and outcome data.

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY

From 2000 to 2001 Mr. Lillis served as Director of the Research for the Department of Emergency Medicine. From 1996 to 2001 Mr. Lillis served as Director of the Accident Investigation Team and served as Principal Investigator and was responsible for all aspects of numerous injury research projects. These include:

Detection of Drugs in Injured Drinking Drivers Project. A project funded by the National Highway Traffic Safety Administration to determine the role of drugs in selected highway crashes by measuring the presence of any of over 50 psychoactive substances in the blood of drivers injured in motor vehicle crashes.

The Identification, Enforcement and Referral Project for Injured Impaired Drivers. This Project was funded by the New York State Governor's Traffic Safety Committee to conduct an intensive assessment of the dynamics of the treatment of injured drinking drivers and how such injuries and treatment impede the process of identification, arrest, and conviction for Driving While Intoxicated and/or Driving While Ability Impaired.

NEW YORK STATE DEPARTMENT OF HEALTH

From 1988 through 1991 Mr. Lillis served as Manager of Highway Safety Programs in the Injury Control Program, Division of Epidemiology, New York State Department of Health. He was responsible for the development and evaluation of state and local highway injury prevention initiatives. He was Project Director of the Comprehensive Community Traffic Injury Prevention Project. The Project provided technical assistance in needs assessment, program development, and evaluation as well as "mini-grants" to help establish coordinated community based highway safety efforts in high-risk counties in New York State.

NEW YORK STATE DIVISION OF ALCOHOLISM

From 1978 to 1988 Mr. Lillis served as Project Director on numerous research projects at the New York State Division of Alcoholism and Alcohol Abuse. These included the Special Highway Safety Policy Analysis Project, supported by Federal highway safety funds through a grant from the Governor's Traffic Safety Committee. As Project Director he was responsible for development and maintenance of a comprehensive computerized data base, data analysis, research design, preparation of research reports including scientific publications and providing technical assistance to the highway safety community, the Governor's Office, the Legislature and members of the public. Other Projects he directed at the Division of Alcoholism included The Research and Evaluation Support System and the Youth Alcohol Study. In 1980 he served as research consultant to Governor Carey's Task Force on Drunk Driving. Mr. Lillis was the primary source of research and data support to Governor Cuomo and Senate and Assembly sponsors of legislation that increased New York's legal drinking age from 18 to 19 in 1982 and from 19 to 21 in 1985. Research conducted during this time and subsequent to the law's passage resulted in numerous scientific publications. His study of state border crossing by young drinking drivers was credited by the National Highway Traffic Safety Administration as a major influence in President Reagan's support for Federal legislation which directed states to increase their drinking age or face loss of Federal funds.

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

Since 1991 Mr. Lillis has served as a member of the Impaired Driver Assessment consultant team for the National Highway Traffic Safety Administration (NHTSA). He has conducted reviews of impaired driving prevention and treatment activities in Maryland, California, Arizona, Texas, Connecticut, West Virginia, Wisconsin(2), Oregon, New Mexico, North Carolina, Minnesota, Tennessee, Missouri, Delaware, North Dakota, Montana, Utah, Ohio, South Carolina, Illinois, Rhode Island and Puerto Rico.

U. S. GENERAL ACCOUNTING OFFICE

Since 1985, Mr. Lillis has served as a Special Consultant to the U. S. General Accounting Office (GAO). During 1985 and 1986 he consulted with GAO on their review of existing research and evaluations related to minimum drinking age laws to determine the extent to which they provide empirical support for federal and state initiatives to change the legal drinking age. He was responsible for development of a procedure for classification and methodological review of research and evaluation documents and establishment of criteria for a minimum threshold of acceptability of research for policy analysis. Mr. Lillis also served on the review panels for a study of Motorcycle Helmet Law effectiveness and a study of Mandatory Seatbelt Use Laws.

Assistant Chief Greg Manuel

Assistant Division Commander, Valley Division

California Highway Patrol

E-mail – gmanuel@chp.ca.gov

Assistant Chief Manuel is a 30 year veteran of law enforcement, having served the last 26 years with the California Highway Patrol. Prior to relocating to California, he was a trooper with the Ohio State Highway Patrol for four years. He has a unique background of serving in a field and administrative assignment at every rank he has held. Some of his more notable assignments include: Assistant Commander of Information Management Division, Commander of two field offices, Captain in the Office of the Commissioner, and Commander of the Office of Public Affairs. Additionally, he worked in the Office of Employee Relations, Vehicle Theft and served as the Legislative Liaison for the California Governor's Office of Traffic Safety for two years. While assigned to the Office of Traffic Safety, Assistant Chief Manuel conducted the first in the nation Ignition Interlock Pilot Program for multiple DUI offenders, and publicized the first laboratory certification of these devices.

Assistant Chief Manuel is a graduate of the Federal Bureau of Investigation's National Academy. He is the President of the Sacramento Chapter of the National Organization of Black Law Enforcement Executives, commonly known as NOBLE, a Member of the Board for the Greater Sacramento Urban League and Friends Outside Incorporated, and a member of the California Peace Officers Association.

He attended the University of California at Davis, and is currently on the California Highway Patrol promotional list for Chief.

Manu G. Shah, P.E.
mshah@aacpl.net

PROFESSIONAL EXPERIENCE

- ❑ Manu Shah has over thirty years of experience in transportation and highway safety field. He has extensive working knowledge of traffic safety programs, annual highway safety plans, business plans, and performance-based measures in highway safety. He is a Fellow of the Institute of Transportation Engineers and a Registered Professional Engineer in Maryland.
- ❑ Adjunct Faculty, Mathematics Department, Anne Arnold Community College, Arnold, Maryland.

EDUCATION

- Postgraduate – Transportation Policy (Highway Safety), University of Maryland (1982 – 1986)
- MS – Civil Engineering (Traffic and Transportation), University of Maryland (1980)
- MA – Urban Planning and Policy Analysis, Morgan State University (1979)
- MBA – Finance & Accounting, Morgan State University (1975)
- BS – Engineering, University of London – Queen Mary College (1971)

PROFESSIONAL AFFILIATIONS AND TECHNICAL ACTIVITIES

- ❑ Fellow, Institute of Transportation Engineers
- ❑ Member, American Society of Civil Engineers
- ❑ Member, Expert Panel, which developed the Model Minimum Uniform Crash Criteria (MMUCC) Guidelines
- ❑ Member, National Safety Council’s Traffic Records Committee
- ❑ Member, ANSI D16.1 Committee on Motor Vehicle Accident Classification
- ❑ Member, ANSI D20.1 Committee on Data Element Dictionary for Traffic Records Systems
- ❑ Past Chair, Maryland Traffic Records Coordinating Committee
- ❑ Chair, NCHRP Project 17-15, Accident Mitigation Guide for Congested Rural

Two-Lane Highways (NCHRP Report 440)

- Chair, NCHRP Project 03-59, Assessment of Variable Speed Limit Implementation Issues
- Member, NCHRP Project 17-22, Identification of Vehicular Impact Conditions Associated with Serious Run-Off-the-Road Accidents
- Member – Technical Advisory Group – AASHTO’s Transportation Safety Information Management System Project
- Member, Traffic Records Assessment Team: New Mexico, Oregon
- Member, NAGHSR – Curriculum Development for Traffic Safety Information Systems for Governor’s Highway Safety Representatives and Highway Safety Professional
- Member, US DOT, NHTSA, Curriculum Development for Quantitative Methods for Highway Safety Professionals
- Workshop Member – NCHRP Project 17-18 (3) – Implementation of the AASHTO Strategic Highway Safety Plan – Strategies for Head On and Run-Off-Road Crashes
- Member, NCHRP Project 17-28, Pavement Markings and Markers: Safety Impact & Cost Effectiveness
- Member, NCHRP Project 05-19, Guidelines for Roadway Safety Lighting Based on Safety Benefits & Costs
- Member, Technical Working Group, representing Maryland State Highway Administration in the multi-state effort to develop SafetyAnalyst (Comprehensive Highway Safety Improvement Model)
- Highway Safety Manual – Friend of the Task Force

Larry Wort, P.E.
wortlf@msn.com

Education

- 1961 BS in Civil Engineering – Tri-State University
- 1972 Quantitative Methods Seminar – Northwestern University
- 1973 Administrative Reorganization of State Government – Univ. of IL at Springfield
- 1976 Public Program Management – Federal Executive Seminar Center
- 1977 Professional Program in Urban Transportation – Carnegie-Mellon University
- 1984 Management Development Seminar – University of Chicago

Work Experience

October 2002-
Present

Part-time staff member with University of Illinois at Springfield's Center for Legal Studies working on the Illinois DUI Omnibus Law Review.

March 2002-
December 2003

Team member for a National Highway Traffic Safety Administration Alcohol Program Assessment, performing program assessments for the states of Kansas, Ohio and New Mexico.

January 1962-
December 2000

Worked in various capacities for the Illinois Department of Transportation and its predecessor, the Department of Public Works and Buildings. Served as Chief of the Bureau of Safety Programs from 1983 through 2000.

Major responsibilities included administration of various statewide programs including federally-funded highway safety programs; transportation of hazardous materials regulations; motor carrier safety assistance; vehicle safety inspection; motorcycle rider training; school bus construction and inspection regulations; and diesel emission inspection. These programs involved multiple state appropriations and coordination of funding from three separate federal agencies. Other critical components included coordinating highway safety program subparts with 6-8 state agencies, 7 universities and numerous local agencies; establishing regulations and specifications; establishing allowable rates charged by private businesses; assessing monetary civil penalties; issuing licenses to conduct business; recommending suspension/revocation of violators' licenses; approving budgets from other state and local agencies for program components.

**WASHINGTON STATE IMPAIRED DRIVING ASSESSMENT
Agenda**

(The time showing includes time for the NHTSA consulting panel to ask questions)

Sunday, October 3, 2004

Meet 'n Greet and Washington Presentation 3:00 p.m.

Washington Traffic Safety Commission (WTSC) --
Steve Lind, Acting Director
Dick Nuse, Program Manager, Alcohol Programs
Gina Beretta, Traffic Safety/DUI Task Forces
Phil Salzberg, Research Director

Monday, October 4, 2004

Opening Remarks 8:30 a.m. – 9:15 a.m.

Steve Lind, Acting Director, WTSC
Lieutenant Governor Brad Owen, Washington State Senate
Chief Lowell Porter, Washington State Patrol (WSP)
Jim LaMunyon, Deputy Director, Washington Association
of Sheriffs and Police Chiefs
Judge Judith Eiler, King County District Court (KCDC)

Responsible Alcohol Service 9:15 a.m. – 10:00
a.m.

Chief Rick Phillips, Enforcement Section, Liquor Control Board
Aaron Stark, State Road Coordinator

Break 10:00 a.m. – 10:15 a.m.

Public Information, Education & Deterrence 10:15 a.m. – 11:45 a.m.

Jonna Van Dyk, Communications Program Manager, WTSC

Transportation Alternatives 11:45 a.m. – 12 noon

Sheri Badger, Tacoma/Pierce County Traffic Safety/DUI
Task Force

Lunch 12 noon – 1:00 p.m.

Employers 1:00 p.m. – 1:30 p.m.

Rochelle Wilson, Random Selection Coordinator
MBG Management Services, Inc.

School Based Programs 1:30 p.m. – 2:45 p.m.

Gina Beretta, Program Manager, WTSC
Celeste Avy, Coordinator, Lewis County Traffic Safety DUI

Task Force
Sergeant Steve Johnson, Drug Evaluation and Classification
Program (DECP), Washington State Patrol

Break 2:45 p.m. – 3:00 p.m.

Community Coalitions and Traffic Safety Programs 3:00 p.m. – 4:30 p.m.

Marv Ryser, Program Manager, WTSC
Monica Petersen-Smith, Program Manager, WTSC
Don McKeehen, Coordinator Traffic Safety Programs Coordinator
Skagit County Public Works Department
Shirley Wise, Coordinator, Bremerton-Kitsap County Traffic Safety
Task Force
Edica Esqueda, Coordinator, Yakima County Traffic Safety Task Force

Tuesday, October 5, 2004

Impaired Driving Laws 8:30 a.m. – 10:00 a.m.

Doug Haake, Senior Court Program Analyst
Administrative Office of the Courts (AOC)
Sergeant Rod Gullberg, Breath Test Section, Washington
Washington State Patrol
Vickie McDougall, Assistant Administrator, Department of
Licensing (DOL)

Break 10:00 a.m. – 10:15 a.m.

Enforcement 10:15 a.m. – 11:00
a.m.

Dick Nuse, Program Manager, WTSC
Penny Nerup, Program Manager, WTSC
Sergeant Steve Johnson, DECP, Washington State Patrol
Doug Blair, Manager, Criminal Justice Training Commission

Prosecution 11:00 a.m. – 12 noon

Jon Tunheim, Chief Deputy, Thurston County Prosecuting
Attorney's Office

Lunch 12 noon – 1:00 p.m.

Adjudication 1:00 p.m. – 2:45

p.m.
Doug Haake, Senior Court Program Analyst, AOC
Judge Judith Eiler, KCDC
Linda Shaw, Program Manager II, Clark County Corrections

Break 2:45 p.m. – 3:00 p.m.

Drug Court Linda Shaw, Program Manager II, Clark County Corrections	3:00 p.m – 3:30 p.m.
Administrative Sanctions and Driver Licensing Programs Vickie McDougall, Assistant Administrator, Driver Services Section, DOL Monica Petersen-Smith, Program Manager, WTSC	3:30 p.m. – 4:30 p.m.
<u>Wednesday, October 6, 2004</u>	
Information and Records Systems Vickie McDougall, Assistant Administrator, Driver Services Section, DOL Phil Salzberg, Research Director, WTSC	8:30 a.m. – 9:00 a.m.
Screening and Assessment, Criminal Justice System Glenn Balduin, Planning and Policy Specialist, Division of Alcohol and Substance Abuse, Department of Social Health Services (DSHS) Julie Mitchell, Administrator, Lakeside Milam Recovery Centers Linda Shaw, Program Manager II, Clark County Corrections	9:00 a.m. – 9:30 a.m.
Medical or Health Care Settings Dennis Malmer, WASBIRT Project Director, Division of Alcohol and Substance Abuse, DSHS Becky Martin, Trauma Nurse Coordinator, Providence Hospital, Everett	9:30 a.m. – 10:00 a.m.
Break	10:00 a.m. – 10:15 a.m.
Treatment and Rehabilitation 12 noon Glenn Balduin, Planning and Policy Specialist, Division of Alcohol, DSHS Julie Mitchell, Administrator, Lakeside Milam Recovery Centers Linda Shaw, Program Manager II, Clark County Corrections Vickie McDougall, Assistant Administrator, Driver Services Section, DOL	10:15 a.m. –
Exit Interview WTSC Program Staff	12 noon – 1:00 p.m.
<i>Thursday, October 7, 2004</i>	
Report Write-Up	
<i>Friday, October 8, 2004</i>	
Final Report Presentation to WTSC Staff	8:30 a.m. – 10:30 a.m.

Acronym	Definition
AAMVA	American Association of Motor Vehicle Administrators
AOC	Administrative Office of the Courts
ASAM	American Society of Addiction Medicine
BAC	Blood Alcohol Concentration
BCE	Board for Court Education
CD	Chemical Dependency
CDL	Commercial Driver License
CDP	Chemical Dependency Professional
CSAP	Center for Substance Abuse Prevention
DARE	Drug Abuse Resistance Education
DASA	Division of Alcohol and Substance Abuse
DEC	Drug Evaluation Classification
DITEP	Drug Impaired Training for Educational Professionals
DOL	Department of Licensing
DRE	Drug Recognition Expert
DUI	Driving Under the Influence
DUID	Driving While Impaired by Drugs
EAP	Employee Assistance Program
ED	Emergency Department
EMS	Emergency Medical Services
FARS	Fatality Analysis Reporting System
IACP	International Association of Chiefs of Police
NHTSA	National Highway Traffic Safety Administration
OJJDP	Office of Juvenile Justice and Delinquency Prevention
PAO	Probation Assessment Officer
PI&E	Public Information and Education
RCW	Revised Code of Washington
RUaD	Reducing Underage Drinking Initiative
SADD	Students Against Destructive Decisions
SFST	Standard Field Sobriety Testing
SIG	State Incentive Grant
TANF	Temporary Assistance for Needy Families
TRC	Traffic Records Commission
WASPC	Washington Association of Sheriffs and Police Chiefs
WSDOT	Washington State Department of Transportation
WSP	Washington State Patrol
WTSC	Washington Traffic Safety Commission