



Ana Yáñez-Correa, Ph.D., Executive Director

Work: (512) 441-8123, ext. 109

Cell: (512) 587-7010

acorrea@TexasCJC.org

www.TexasCJC.org

FACT SHEET 2013

H.B. 2881

Implement a DWI Reduction Task Force to Study and Recommend Evidence-Based Prevention and Treatment Solutions

EFFORTS TO CURB INTOXICATION-RELATED DRIVING OFFENSES MUST BE IMPROVED

Over the past decade, Texas' rate for alcohol-impaired fatalities has increased compared to other states. Texas now ranks ninth highest out of 50 states for alcohol-related driving fatalities.¹ Taking a closer look at the data, the percentage of traffic fatalities involving alcohol increased from 27% to 34% since 2003.² This upward trend is particularly striking when one considers that overall traffic fatalities have decreased by 27% in Texas over the same time period.³

Texas relies on graduated criminal sanctions to address Driving While Intoxicated (DWI) offenses.⁴ Specifically, convictions for a DWI offense may carry the following penalties:

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

Regarding efforts to minimize DWI offenses, punitive criminal justice sanctions alone do not effectively address the root causes of alcohol abuse/dependency. Nor do they present opportunities for prevention. As such, habitual engagement in intoxicated driving DWI continues to pose a problem, both at the individual and community level. **Communities must employ effective education, screening, intervention, and treatment strategies if they fully intend to reduce incidences of DWI among their local populations. Likewise, they must implement prevention alternatives that would more effectively reduce cases of DWI and the dangerous consequences that accompany alcohol abuse and dependency.** However, many communities lack the resources necessary to do so, or the knowledge about specific strategies that would improve driving outcomes.

KEY FINDINGS

- **Those with DWI offenses often have a previous history of alcohol abuse/dependency issues.** Most DWI arrestees have driven many times while intoxicated without ever being caught or arrested.⁵ Nationally, 1.5 million DWI arrests occur each year,⁶ and according to Mothers Against Drunk Driving (MADD), one-third of all those arrested for driving under the influence have re-offended.⁷
- **Participation in treatment and monitoring reduces recidivism more effectively than punitive sanctions.** Individualized treatment programs that incorporate counseling, education, traditional alcoholism treatment, peer/sponsor support programs, and integration of medication, technology, and/or community supervision increase effectiveness in addressing alcohol abuse/dependency. Only limited evidence suggests that incarceration and fines alone have a deterrent effect on individuals who commit DWI offenses; however, research does indicate that criminal justice sanctions used in tandem with specialized treatment and interventions may increase compliance and successful outcomes to reduce recidivism.⁸

Continued on reverse.

- **Preventative measures reduce possible DWI arrests and accidents.** A targeted investment in community-based education, prevention, and intervention programs can save lives.⁹ For example, Texas A&M's "Carpool" program founded in 1999, where students can call for a ride home with no questions asked, prevents an average of 650 drunk drivers each weekend.¹⁰ This model program has been nationally recognized and has received numerous awards.¹¹
- **Expanded opportunities for screening, treatment, and monitoring for at-risk individuals would reduce recidivism.** Again, one-third of DWI arrestees have been classified as "problem drinkers" who have driven under the influence before and have proven alcohol dependence and abuse issues.¹² Because of this high rate, policy-makers and local leadership must ensure that, in addition to appropriate education and prevention programs, incentives are available to encourage participation in and completion of treatment programs. Likewise, leadership must increase opportunities for interventions from community health providers, while also ensuring that those undergoing treatment are continually supervised throughout their programming. Monitoring is an especially critical factor in ensuring treatment effectiveness and recovery.¹³

COST-SAVING AND PUBLIC SAFETY-DRIVEN SOLUTIONS: SUPPORT H.B. 2881 BY REPRESENTATIVE TOTH

H.B. 2881 will help communities identify strategies for improving public safety by creating a task force dedicated to reducing habitual incidents of DWI. The task force – comprised of professionals, experts, and community members directly impacted by DWI – will study ways to minimize repeat DWI offenses. Specifically, the task force will study evidence-based best practices to responsibly reduce habitual DWI offenses and the number of fatalities due to DWI, and it will create a detailed report of its findings and recommendations. The results of the study and implementation of recommendations will effectively reduce repeat DWIs, saving significant costs associated with enforcement and incarceration, and increasing public safety.

Citations

¹ David Strickland (Administrator, National Highway Safety Administration), in remarks prepared for Texas Traffic Safety Conference, San Antonio, Texas, June 5, 2012, <http://www.nhtsa.gov/>.

² DUI (Alcohol) Crashes and Injuries by County (2003 - 2011)," prepared by the Texas Department of Transportation, http://www.txdot.gov/txdot_library/drivers_vehicles/publications/crash_statistics/default.htm.

³ In 2003, there were 1.75 deaths per 100 million vehicle miles travelled, compared with 1.28 in 2011. See "Comparison of Motor Vehicle Traffic Deaths, Vehicle Miles, Death Rates, and Economic Loss (2003 - 2011)," Texas Department of Transportation, http://ftp.dot.state.tx.us/pub/txdot-info/trf/crash_statistics/2011/comparison.pdf

⁴ Texas Penal Code §49.04 and §49.09. First time conviction of DWI, with no other extenuating factors, is considered a Class B misdemeanor with a minimum confinement of 72 hours. A second time conviction of DWI, again with no extenuating factors, is considered a Class A misdemeanor and carries a minimum confinement of 30 days. A third conviction results in a third degree felony.

⁵ Robert B. Voas, Ph. D. and Deborah A. Fisher, Ph. D., *Court Procedures for Handling Intoxicated Drivers*, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, <http://pubs.niaaa.nih.gov/publications/arh25-1/32-42.htm>.

⁶ *Ibid.*

⁷ Mothers Against Drunk Driving, *Mandatory Alcohol Assessment/Treatment*, Mothers Against Drunk Driving, http://www.madd.org/laws/law-overview/Mandatory_Alcohol_Assessment_and_Treatment_Overview.pdf.

⁸ Voas and Fisher, *Court Procedures*. Authors state that "although the effectiveness of jail sentences is doubtful, the desire to avoid jail is an essential incentive for offenders to comply with sanctions that appear to be more effective, such as treatment interventions."

⁹ National Institutes of Health (NIH), *Fact Sheet, Alcohol – Related Traffic Deaths*, <http://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=24&key=A#A>.

¹⁰ CARPOOL History, "About Us," <http://carpool.tamu.edu/about/history>.

¹¹ CARPOOL Awards, "About Us," <http://carpool.tamu.edu/about/awards>.

¹² Voas and Fisher, *Court Procedures*.

¹³ *Ibid.*