

RESPONSES

ON PUBLIC POLICY & PREVENTION

New Jersey Council On Alcoholism and Drug Abuse, Inc.

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D.W.I. Recidivism Down, I.D.R.C. Study Shows

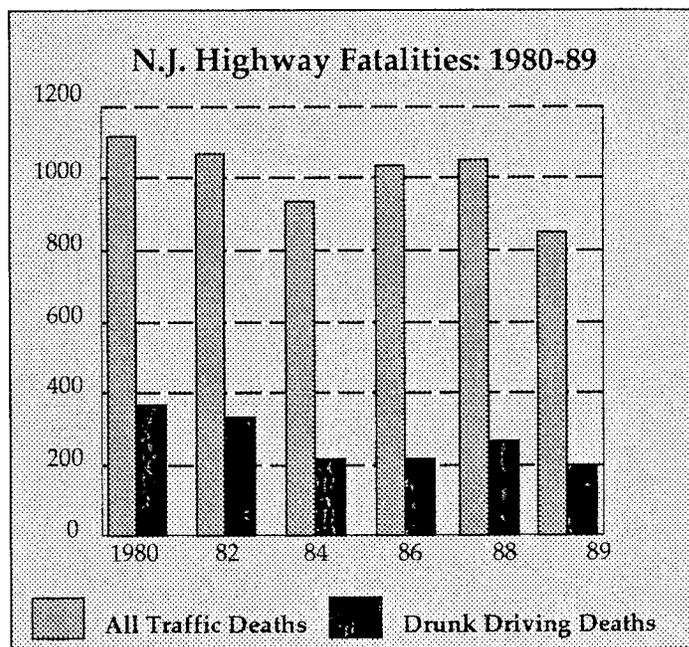
Preliminary data to be released from the Intoxicated Driver Resource Center (IDRC) program, a mandated evaluation and education program for persons convicted of drunk driving offenses, shows that the program has significantly reduced the recidivism rate among drunk driving offenders since its inception in 1984.

David Evans, state director of the IDRC, stated that in comparison to New Jersey's former system of evaluation for DWI offenders, "the IDRC system has probably reduced recidivism among drunk drivers by as much as 40 percent, maybe higher. Recidivism under the old program was about 25%. Recidivism under the IDRC program is less than 15%." Data for the study was gathered by tracking offenders over a four year period from 1985 to 1989, in three counties: urban, rural, and suburban.

Under the prior system, the Alcohol Countermeasures program established in 1971, evaluation for alcohol or other drug problems was not mandated for drunk drivers. This resulted in a 48 percent attendance rate, with those having more chronic alcohol or other drug problems unlikely to attend, said Evans. Under the IDRC mandate, attendance was increased to 85-90 percent, with those not participating largely from out of state. Treatment referrals have risen from 28 percent under the previous system to about 50 percent.

Evans cited New Jersey's comprehensive approach to the problem for positive signs in lowered drunk driving fatality rates, repeat offenders, and greater numbers into the treatment system. Over the past decade this approach has combined public awareness, highway safety and education programs, with a higher legal drinking age, increased penalties for drunk driving, increased law enforcement efforts, and court support for a mandated drunk driving evaluation program. These efforts have been spurred by organizations such as Mothers Against Drunk Driving, Remove Intoxicated Drivers, and local alcoholism and drug abuse councils.

During this time highway fatalities have declined from 1,120 in 1980 to 891 in 1989. Drunk driving fatalities have decreased by 40 percent, from 371 to 200 in this time. There has also been a decline in overall incidence of drinking and driving among 18 to 20 year



olds, and a marked decrease of drunk driving deaths for this age-group from 80 in 1981 to 20 in 1989. Arrests in New Jersey for DWI have increased over the past ten years from 25,839 in 1979 to 43,151 in 1989.

The unified approach has strengthened mandated evaluation through the IDRC, Evans stated, pointing out that judges in the state have shown awareness in handling alcoholism issues. He noted that many states do not have mandated evaluation, placing the evaluation of whether a person needs treatment for alcoholism or other drug problems with judges who are often not aware of these issues. "Judges in New Jersey have the advantages that most of them have received training on alcoholism and drug abuse issues. There's a very fine program that the Administrative Office

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of the Courts has been engaging in where they take judges in for a full day of training on alcoholism and drug abuse issues. That effort really needs to be saluted. It's a unique effort in the country. Our judges are of particularly high caliber and are particularly well informed on these issues, when compared to other states."

Recent court cases involving DWI issues (see p. 2) have impacted on the IDRC. Of particular concern, said Evans, have been challenges to the breathalyzer. Evans stated that the importance of the breathalyzer to the IDRC has been in its use as an indicating factor in evaluating persons for alcohol problems, "We feel that if somebody has a high enough blood alcohol level that is indicative of an alcohol problem, and needs to be considered." He expressed support for court decisions regarding jury trials, and the controversial highway sobriety checkpoints, and cited the courts' consistency in allowing few attacks upon the statutes as a crucial factor in enforcing drunk driving decisions.

According to legislation passed in 1984, IDRCs, located in each county, serve as "community treatment referral centers and as court monitors of a person's compliance with the ordered treatment, service alternative or community service." The IDRC program takes in an average of 20-25,000 persons convicted of drunk driving offenses per year. The program is fully supported through fees paid by drunk drivers.

Under the present IDRC system a first time DWI offender must undergo a minimum of 12 hours in education and evaluation. Second offenders must undergo 48 hours in the IDRC. Among those referred to treatment, almost all go to 16 week outpatient with a mixture of self help groups. Less than 5 percent are referred for inpatient care. For third time offenders, a mixture of inpatient and outpatient treatment is mandatory for a full year. Evans stated that treatment requirements for second offenders are likely to be

increased from 16 weeks to between 6 months and a year outpatient. Treatment is guaranteed to those who cannot afford it under the county criteria for indigency.

The IDRC evaluation, geared toward determining whether the person is in need of treatment for alcoholism or other drug related problems, incorporates the use of a questionnaire, the DSM III, the person's blood alcohol content, and prior treatment and driving records. Also, offenders complete autobiographical statements about events leading up to and during their DWI incident.

The educational aspect of the program covers social, medical and legal aspects of alcohol and drug problems, including sections on women's issues, AIDS, and the family. The program has also added "victim impact panels", developed with Mothers Against Drunk Drivers, which is being implemented statewide. The effectiveness of the program, said Evans, comes from victims relating their experiences without blame, striking directly at the core of how people's lives have been devastated by drunk driving.

Evans stated that the system is strong now and can be strengthened by more legal and legislative support for victims, so that their rights are protected and they receive compensation.

"Our state has taken a very unified approach in that the Courts, and law enforcement and Health have all acted together to come up with a comprehensive system. A lot of that has been due to cooperation under the state Commission on Drunk Driving and the Office of Highway Safety. They've served as a coordinating body for all of this. We've combined a system of tough penalties with mandatory evaluation and rehabilitation, and stiff law enforcement... I think that's what you need. You need to have that kind of unified approach of law enforcement, evaluation, and treatment, and public education. We've been very good with all of these, which is why we have one of the safest states in the country. Our drunk driving fatalities have gone down better than 40 percent."