



Martin O'Malley, *Governor*
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State Highway
Administration

John D. Porcari, *Secretary*
Neil J. Pedersen, *Administrator*

Maryland Department of Transportation

October 22, 2008

The Honorable Martin O'Malley
Governor of Maryland
State House
Annapolis MD 21401-1991

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
100 State Circle
Annapolis MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
Maryland House of Delegates
Maryland State House, H-101
100 State Circle
Annapolis MD 21401-1991

Dear Governor O'Malley, Senator Miller, and Delegate Busch:

The Task Force to Combat Driving Under the Influence of Drugs and Alcohol has completed its findings and recommendations as required in SB 198/HB 758, Chapters 533 and 534, Acts 2007. An interim report was submitted in December 2007, and this final report is submitted in compliance with the bill requirements. We thank you for your consideration of these findings and recommendations, which aim to reduce driving-under-the-influence offenses and their serious and fatal consequences.

The legislation established a diverse membership for the Task Force, ensuring a fair review of Maryland's driving-under-the-influence programs, enforcement, judicial processes, and legislation. The final report reflects 15 months of programmatic and systematic review, expert presentations, data and research collection, deliberations, and a prioritization of strategies to strengthen the statewide system and procedures surrounding driving under the influence of drugs and alcohol.

My telephone number/toll-free number is 410-545-0400 or 1-800-206-0770

Maryland Relay Service for Impaired Hearing or Speech: 1.800.735.2258 Statewide Toll Free

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The Honorable Michael E. Busch
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The major theme of the Task Force evolved to address the "whole offender," instead of concentrating on punitive strategies. A large percentage of the impaired driving problem in Maryland is attributed to repeat offenders who can largely be defined as problem drinkers or high-risk drivers. Without a coordinated effort among all of the parties involved with an impaired driving offender, significant strides to reduce impaired driving and its serious public health and safety ramifications will be difficult to achieve.

The centerpiece recommendation of the Task Force is the "Maryland Alcohol Safety Action Program (MASAP)," which is modeled after Virginia's successful program. The Virginia model provides consistent monitoring, appropriate screening, and assessment and treatment of offenders; serves as a referral resource to the judiciary; and presents a cost-effective alternative to the highly successful, but resource-intensive, Maryland DUI Courts. These courts operate on a local level, like a proposed Alcohol Safety Action Program, except that they engage the judicial branch on a regular basis and create a resource-intensive program that is fiscally difficult to sustain. The proposed MASAP model proposes a financially self-sustaining, fee-based system for offenders and presents an opportunity to improve coordination among state and local agencies.

The Task Force agreed to a total of 42 recommendations, which are divided into the following seven categories:

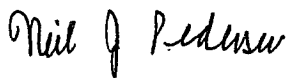
- Special Multi-Agency Initiative (1 recommendation)
- Maryland Department of Transportation Initiatives (14 recommendations)
- Law Enforcement Initiatives (7 recommendations)
- Intervention and Treatment Initiatives (6 recommendations)
- Court Initiatives (5 recommendations)
- Education Initiatives (2 recommendations)
- Legislative Initiatives (7 recommendations)

The recommendations include, but are not limited to: suggestions for streamlined apprehension and adjudication procedures; education and public awareness initiatives; screening, treatment and rehabilitation programs; a coordinated DUI tracking system; and vehicle sanctions

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In accordance with § 2-1246 of the State Government Article, which requires that a final report of the findings and recommendations of the Task Force be submitted to the Governor and the General Assembly, and in accordance with the enabling legislation for this task force, which requires that the final report be submitted on or before October 31, 2008, please accept the enclosed report from the Task Force to Combat Driving Under the Influence of Drugs and Alcohol. If you have any questions or concerns regarding this report, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Neil J. Pedersen".

Neil J. Pedersen
State Highway Administrator
Governor's Highway Safety Representative and
Chairman of the Task Force to Combat Driving
Under the Influence of Drugs and Alcohol

Enclosure

cc: Members of the Legislative Policy Committee
Mr. John D. Porcari, Secretary, Maryland Department of Transportation

bcc: Ms. Liza Aguila-Lemaster, Maryland Impaired Driving Prevention Coordinator,
State Highway Administration
Ms. Sarah Albert, Library Associate, Mandated State Agency Reports, Library &
Information Services Division, Department of Legislative Services (5 copies - Note:
MSAR #6147)
Mr. Joseph C. Bryce, Chief Legislative Officer, Governor's Office
Mr. Jack Cahalan, Director, Office of Public Affairs, Maryland Department of
Transportation
Mr. Phil Dacey, Manager, External Affairs, Motor Vehicle Administration
Ms. Jaclyn Dixon, Legislative Analyst, Office of Policy Analysis, Department of
Legislative Services
Mr. John F. Favazza, Chief of Staff, Speaker's Office, Maryland General Assembly
Mr. David Grossman, Budget Analyst, Department of Budget and Management
Ms. Victoria Gruber, Legislative Assistant to the President, Maryland General Assembly
Mr. Martin L. Harris, State Legislative Officer, Maryland Department of Transportation
Mr. Kevin Hughes, Deputy Chief, Governor's Legislative Office
Ms. Kristen Jones, Chief of Staff, Speaker's Office, Maryland General Assembly
Mr. Jon Martin, Legislative Analyst, Department of Legislative Services
Ms. Lynne B. Porter, Committee Staff, Department of Legislative Services
Ms. Linda Singer, State Legislation Manager, State Highway Administration
Deputy Secretary Beverley Swaim-Staley, Maryland Department of Transportation
Mr. Jeff Tosi, Legislative Analyst, Maryland Department of Transportation



MARYLAND

TASK FORCE TO COMBAT DRIVING UNDER THE INFLUENCE OF DRUGS AND ALCOHOL

Findings and Recommendations

Persons Killed



October 2008

Maryland Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Findings and Recommendations

prepared for

Maryland Department of Transportation

October 2008

Maryland Department of Transportation
State Highway Administration

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1.0 Task Force Background

1.1 LEGISLATION

In 2007, the Maryland General Assembly passed SB 198/HB 758 (Chapters 533 and 534, Acts 2007) to create a *Task Force to Combat Driving under the Influence of Drugs and Alcohol*. The creation of the Task Force was signed into law on May 17, 2007 by Governor Martin O'Malley. The bill took effect July 2007 and expires December 2008. The bill established a task force to assess the status and progress of statewide efforts to combat impaired driving, identify deficiencies, and propose solutions. The Task Force was requested to identify and recommend specific actions to meet national best practices, address populations found to be disproportionately involved in impaired driving arrests and crashes,¹ enhance public awareness about the dangers of impaired driving, and improve program coordination and resources. An interim report was submitted in December 2007 as required by the bill. This final Task Force report is respectfully submitted in compliance with bill requirements.

1.2 PURPOSE AND PROBLEM STATEMENT

Alcohol-related crashes and fatalities are those that involve at least one driver, pedestrian, or bicyclist with a blood alcohol concentration (BAC) of 0.01 percent or higher. According to the National Highway Traffic Safety Administration, "impaired driving can be defined as a reduction in the performance of critical driving tasks due to the effects of alcohol or other drugs. It is a serious crime that kills every 30 minutes."²

Nationally in 2007, fatalities to 21- to 24-year olds comprised 11 percent of overall fatalities, but they accounted for 16 percent of all alcohol-impaired driving fatalities. Similarly, while the 25- to 34-year-olds comprised 17 percent of overall fatalities, they constituted 23 percent of all alcohol-impaired driving fatalities.³ Thus the age cohort of 21 to 34 year-olds are over-represented in the proportion of alcohol-related fatalities on the nation's highway system.

¹ Segments of the population found to be disproportionately involved in impaired driving arrests and crashed include repeat offenders, drivers with high blood alcohol content (BAC) levels, and underage drinkers.

² National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS) Data, 2007.

³ Ibid.

In Maryland, an average of 220 people died annually as a result of impaired-driving-related crashes on Maryland roads between 2004 and 2007.⁴ This equates to 18 deaths a month or a death every 40 hours, and impaired-driving-related crashes make up approximately 40 percent of all traffic crashes in Maryland. The average number of alcohol/drug-related crash injuries is 4,899.⁵ According to a five-year trend analysis, men are significantly over-represented in impaired driving crashes, comprising 74.3 percent of all drivers involved in total impaired driving crashes, 77.3 percent of injuries and 86.1 percent of fatalities.⁶ Over 24,000 people are arrested annually for driving under the influence of alcohol in Maryland.⁷ A higher percentage of total, injury and fatal crashes occur on Saturday and Sunday between 8:00 p.m. and 4:00 a.m. than any other time period during the week. About 30.6 percent of total and 39.0 percent of fatal crashes occur between midnight and 4:00 a.m.

Maryland has an arsenal of impaired driving strategies and programs, including laws, education, prevention, and intervention and treatment programs, DUI enforcement campaigns and public information programs, including mass media campaigns, a statewide drunk driving monitoring program, and DUI Courts all in an effort to address the seriousness of the issue. In addition, the State Highway Administration via its Maryland Highway Safety Office work with a network of partners from local and state law enforcement agencies, AAA Mid-Atlantic, the Washington Regional Alcohol Program, DUI/Drug Courts, the Maryland Institute for Emergency Medical Services Systems, the Department of Health and Mental Hygiene, and the Pacific Institute for Research and Evaluation among others. These partners make up a statewide coalition of more than 280 members, consisting of representatives from Federal, state, and county agencies; nonprofits and associations; law enforcement agencies; hospitals and institutions for higher education; advocate agencies; employers; and related agencies with an involvement in highway safety.

The diverse group of stakeholders on the Task Force worked together toward a common goal to reduce impaired driving via the three E's of traffic safety: Education, Enforcement, and Engineering. Unfortunately, impaired driving both nationally and in Maryland, has seen little fluctuation in the number of impaired driving crashes and their associated injuries and fatalities. Maryland did experience a significant drop in 2005, with an 18 percent decrease in impaired driving fatalities, but the overall trend has kept the average number of fatalities to 220 people per year, a plateau effect has been observed. In addition, the existence of so many agencies is indicative of an issue that the Task Force

⁴ Ibid.

⁵ Maryland Automated Accident Reporting System (MAARS) Data, 2003-2007.

⁶ Ibid. and NHTSA FARS Data, 2007.

⁷ Maryland State Police Reporting (all arrests statewide) Data, 2007.

addressed: how to focus our effort in a more concentrated manner, with better tracking of individuals in the systems, in an effort to reduce impaired driving in Maryland.

The reality of Maryland's current handling of problems is quite evident:

- Enforcement of impaired driving laws faces manpower issues, which impacts the State's ability to conduct and sustain high-visibility DUI enforcement at a level that will create significant and lasting behavioral change.
- The courts are equally over-taxed both by the increase in cases, and by having to track their disposition.
- The lack of consistency from the point of arrest to adjudication is a major concern.
- Prosecutors and law enforcement are frustrated by a judicial system that is duplicative, cumbersome and seems to work against the need to address the problem offender and to prevent recidivism.
- Treatment providers are bogged down by insurance standards that often make it difficult to provide adequate treatment to high-risk offenders.
- DUI Courts provide intense supervision and comprehensive interventions to address the "whole" offender, however, they are challenged by a taxed judicial system and its multi-agency demands.
- Maryland lacks a comprehensive DUI Assessment Database for planning and management of impaired driving programs for use in developing offender-specific treatment plans and for determining appropriate sanctions for offenders.
- The rate of refusal of drivers to take sobriety tests when suspected of driving under the influence is higher than two-thirds of states in the nation.
- A review of Maryland's DUI laws found the system difficult to understand and the need to strengthen a number of areas.
- A comprehensive review and analysis of Maryland's education programs, enforcement initiatives, outreach campaigns, judicial processes and laws became necessary and the Task Force was charged with carefully discussing and deliberating the strengths and shortcomings of Maryland's impaired driving education, enforcement, treatment and adjudication process.
- The ultimate goal is to create harmony between the systems that are in place to prevent impaired drivers from driving under the influence in the future.

2.0 Task Force Membership and Process

2.1 MEMBERSHIP

The Task Force was appointed by Governor O'Malley in accordance with criteria outlined in the legislation. It included members from the Maryland State Senate and House of Delegates, law enforcement, judicial bodies, emergency medical services, the legal community, insurance and alcoholic beverage business communities, citizen advocacy groups, and the National Transportation Safety Board. All Task Force members had considerable knowledge about and interest in further reducing impaired driving. The members of the Task Force are listed in Table 2.1. The Task Force members were involved and engaged in the process and provided tremendous insight and vision as the recommendations were developed.

The Task Force was chaired by Neil Pedersen, Maryland State Highway Administrator, and Governor's Highway Safety Representative. The lead staff person for the Task Force was Liza Aguila-Lemaster, the Maryland Impaired Driving Prevention Coordinator.

Table 2.1 Task Force Members

Member	Organization/Agency
Dr. Robert Bass	Maryland Institute for Emergency Medical Services Systems (MIEMSS)
Jim Brown	Director of Public Information and Media Services MIEMSS
Michelle Bettis	Maryland Restaurant Association
Patricia Chappell	Maryland Public Defender's Office
Delegate Kathleen Dumais	Maryland House of Delegates
Honorable Thomas E. Dewberry	Chief Administrative Law Judge
Ron Engle	Century Council/Citizen Member
Christopher Flohr	Maryland Criminal Defense Attorney's Association
Senator Jennie Forehand	Maryland Senate
Larry Greenberg	Maryland Trial Lawyers Association (MTLA)
Honorable Barry A. Hamilton	Chief Judge District Court of Maryland
Clyde Kelly	Maryland Beer Wholesalers Association (MBWA)
Darrel L. Longest	Washington Regional Alcohol Program (WRAP)
John McDonald	Maryland State's Attorney's Association
Patrick McGee	Executive Director Division of Parole and Probation
Neil Pedersen	State Highway Administrator
Sheriff Dallas Pope	Maryland Sheriff's Association
Kevin Quinlan	National Transportation Safety Board (NTSB)

Member	Organization/Agency
Lawrence A. Richardson, Jr.	State Farm Insurance
Joseph Sikes	Mothers Against Drunk Driving (MADD)
Lt. Col Gerald Turano	Chief of Field Operations Bureau, Maryland State Police
First Sergeant Thomas Woodward	Maryland State Police
Chief Stephen E. Walker	Edmonston Police Department/Chiefs of Police Association

2.2 TASK FORCE PROCESS

The Task Force held its initial meeting on September 14, 2007. Members heard presentations documenting state and national impaired driving data and trends, reviewed initial information on current state efforts, identified high-priority issues to be addressed by the Task Force, and listed additional information needed to further explore priority issues. The Task Force also established three subcommittees:

- Raising Public Awareness About and Involvement in Reducing Impaired Driving;
- Increasing the Effectiveness of Apprehending and Adjudicating Offenders; and
- Intervention and Treatment.

The Task Force and its subcommittees were supported by a Management Team that documented each meeting, researched and provided requested information, identified presenters and drafted documents for Task Force review and approval. The Management Team included the Task Force Chair and identified experts from the State Highway Administration (SHA), Maryland State Highway Safety Office (MHSO), National Highway Traffic Safety Administration (NHTSA). Greg Brittingham, Performance Management Group at Virginia Commonwealth University, Lora Byala, Cambridge Systematics and Jim Fell, Pacific Institute for Research and Evaluation (PIRE) were all integral members of the consultant team providing facilitation, research and recording services.

Each of the three subcommittees held its first meeting in November 2007. Members listened to presentations and held discussions with identified experts in various fields related to impaired driving. Additional topics, speakers and data were further identified and a second set of subcommittee meetings was held in January 2008. During the subcommittee meetings, members asked subject matter experts to discuss the issues and pose a list of possible solutions. From this, each subcommittee began discussing possible recommendations, which were consolidated into one list by the Management Team in February 2008. Each subcommittee met again in March 2008 to review, revise, and prioritize an initial set of recommendations for full Task Force consideration. Each subcommittee's top priorities were then refined by the full Task Force into the final recommendations. Task Force members met three more times on May 1, July 23 and August 26, 2008 to revise and propose recommendations. A list of the

meetings and the agendas are located in Appendix B. Minutes of the meetings are available through Ms. Aguila-Lemaster.

2.3 TOPIC AREAS AND PRESENTERS

The experience and expertise among the members of the Task Force was supplemented by a range of subject matter experts who addressed subcommittee members on topics and issues they were addressing. The presentations helped subcommittee members formulate recommendations for further Task Force review and approval. Following each speaker, the subcommittee members engaged in a question, answer, and discussion session with the presenter, allowing them to further delve into the issues and better formulate their initial recommendations. The following sections outline some of the major points of focus of each subcommittee, along with a list of the agencies and experts who presented them with information, and the main points of the speakers' presentations. Some speakers whose areas of expertise were of interest to multiple committees spoke to more than one subcommittee.

Raising Public Awareness About and Involvement in Reducing Impaired Driving

The Public Awareness Subcommittee focused on the following issues:

- Youth attitudes about impaired driving and perceived risks;
- Efforts to educate and assist parents in youth education efforts;
- School-based programs and driver education curriculums;
- Access to alcohol by minors;
- Modifying attitudes and behaviors to prevent offenses from occurring;
- Outreach and education efforts for young adults who can legally purchase alcohol; and
- Reducing easy access to alcohol sales.

The Public Awareness Subcommittee heard presentations that included the topics outlined in Table 2.2.

Table 2.2 Public Awareness Subcommittee Presentations

Organization and Speaker	Primary Topics
Montgomery County Department of Liquor Control – Kathy Durbin	<ul style="list-style-type: none"> • Role of Liquor Control Boards • Party host responsibility • Access to alcohol, especially by youths
University of Maryland, National Study Center – Tim Kerns	<ul style="list-style-type: none"> • High incidence of drunk driving crashes involving youth • Issuance of Parole Before Judgment (PBJ)

Organization and Speaker	Primary Topics
University of Maryland – Dr. Kenneth Beck	<ul style="list-style-type: none">• Results of Checkpoint Strikeforce campaign
Motor Vehicle Administration (MVA) Driver Instruction Services Division – Thelma Fields	<ul style="list-style-type: none">• Alcohol/drugs and driving as part of the driver’s education curriculum
Maryland State Highway Safety Office, Young Driver Program – Peter Moe	<ul style="list-style-type: none">• Program elements related to education on alcohol/drugs and driving
Pacific Institute for Research and Evaluation (PIRE) – Jim Fell	<ul style="list-style-type: none">• Research to assess Maryland’s impaired driving laws and to determine what laws the State should have, what loopholes exist, and whether the laws are effective• Drinking characteristics of drivers involved in fatal crashes
State Board of Education – Brian Griffith	<ul style="list-style-type: none">• Voluntary curriculum requirements in health classes.• Special assemblies for students about alcohol/drug use
Maryland State Police, Drug Recognition Expert (DRE) Program – Tom Woodward	<ul style="list-style-type: none">• Responsibility of DRE to determine if alcohol/drugs had impact on ability to drive• Certification/training process for DREs
Beer Institute – Jeff Becker	<ul style="list-style-type: none">• Role in various programs to combat drinking and driving• Focus on underage drinking
MD/DC/DE Broadcaster’s Association – Chip Weinman	<ul style="list-style-type: none">• Partnership with SHA• Complimentary anti-drunk driving advertisements
Maryland Board of Professional Counselors and Therapists – Cindy Shaw-Wilson	<ul style="list-style-type: none">• Oversight of initial and renewal certification and licensure of all alcohol and drug counselors authorized to practice in Maryland• Problem diagnosis, treatment options and placement
Washington Regional Alcohol Program (WRAP) – Kurt Erickson	<ul style="list-style-type: none">• WRAP’s objectives and SoberRide program
American Automobile Association (AAA) Mid- Atlantic Division – Lon Anderson	<ul style="list-style-type: none">• AAA’s sponsorship of Topsy Taxi• Maryland legislature’s role in reducing drunk driving.
Students Against Destructive Decisions (SADD) – Steven Margolies	<ul style="list-style-type: none">• Examples of SADD programs related to impaired driving at a Maryland High School

Increasing the Effectiveness of Apprehending and Adjudicating Offenders

The Apprehension and Adjudication Subcommittee focused on the following issues:

- Conviction versus Parole Before Judgment (PBJ) and the downside of issuance of an excessive number of PBJs;
- The high rate of breath test refusal in Maryland;
- Effective deterrence measures to drunk/drugged driving;

- High incidence of requests for administrative hearings;
- Increasing the consistency of prosecution and outcomes across courts for similar offenses;
- Judicial and prosecutorial education and training;
- System accountability; and
- Consistency of law enforcement procedures and priorities.

The Apprehension and Adjudication Subcommittee heard presentations that included the topics outlined in Table 2.3.

Table 2.3 Apprehension and Adjudication Subcommittee Presentations

Organization and Speaker	Primary Topics
Motor Vehicle Administration Ignition Interlock Program – Tom Libretore	<ul style="list-style-type: none"> • Description of the interlock device, program management and requirements • Future direction of the program
Motor Vehicle Administration – Roxanne Langford	<ul style="list-style-type: none"> • MVA’s role in combating drunk and drugged driving • Repeat offenders • Under-21 offenders • Parental rights regarding minors’ licenses
Office of Administrative Hearings (OAH) – Judge J. Bernard McClellan	<ul style="list-style-type: none"> • Interaction between law enforcement, MVA and the court system • Lack of electronic-based information systems and reliance on paper records
Pacific Institute for Research and Evaluation (PIRE) – Jim Fell	<ul style="list-style-type: none"> • Research to assess Maryland’s impaired driving laws and to determine what laws the State should have, what loopholes exist, and whether the laws are effective • Deterrence measures to drunk/drugged driving • DUI sentencing recommendations
Division of Parole and Probation Drinking Driver Monitor Program (DDMP) – William Faulk	<ul style="list-style-type: none"> • Description of statewide DDMP program and methods for preventing people from drinking and driving while they are on probation and post-probation
National Transportation Safety Board (NTSB) – Kevin Quinlan	<ul style="list-style-type: none"> • Discussion of implementing a hard-core drinking and driving program, one of NTSB’s priority safety recommendations • Effective measures for reducing traffic crashes related to drunk driving
Assistant State’s Attorney, Anne Arundel County – Mark Tyler	<ul style="list-style-type: none"> • Evidentiary issues – witnesses of varying expertise; documentary and physical evidence • Judicial behavior – conviction, sentencing, probationary terms • Probation and beyond – violations, evidence, considerations
Office of Problem Solving Courts – Gray Barton	<ul style="list-style-type: none"> • Use of DUI courts to adjudicate DUI offenses • Description of DUI court programs

Maryland State Police, Chemical Test, Alcohol Unit – Tom Woodward	<ul style="list-style-type: none"> • Law enforcement training, • Enforcement strategies • Arrest process • Chemical testing • Administrative hearings • Adjudication
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Intervention and Treatment

The Intervention and Treatment Subcommittee focused on the following issues:

- Need for greater use of ignition interlock devices;
- Specialized DUI courts;
- Conducting risk assessments of alcohol use and the danger of repeat drinking and driving;
- Providing education to judges regarding the need and use of assessments, treatment, monitoring and need for speedy initial response;
- Facilitation of providers, courts and individuals to work together to identify viable treatment options;
- Provision of information on treatment options to doctors and courts; and
- Training doctors on screening, brief intervention and enabling it to be billed to insurance.

The Intervention and Treatment Subcommittee heard presentations that included the topics outlined in Table 2.4.

Table 2.4 Intervention and Treatment Subcommittee Presentations

Organization and Speaker	Main Topics
Anne Arundel County DUI Court – Molly Nussear	<ul style="list-style-type: none"> • Referral process • Program details • Treatment options • Program results and issues
Office of Problem-Solving Courts, Administrative Office of the Courts – Gray Barton	<ul style="list-style-type: none"> • Use of DUI courts for hard-core offenders • Emphasis on Treatment, not prosecution
Motor Vehicle Administration Medical Advisory Board (MAB) – Dr. Carl Soderstrom	<ul style="list-style-type: none"> • Screening and brief interventions for alcohol use problems in both acute and non-acute care settings • How medical professionals are trained to look for alcohol use problems and the importance of early intervention • Various tests used to screen for alcohol abuse

Organization and Speaker	Main Topics
Pathways – Helen Reines, Ida Walsch	<ul style="list-style-type: none"> How offenders are referred to treatment programs Issues with treating certain populations, e.g., adolescents and Hispanics Difficulty of obtaining insurance coverage for treatment.
Pacific Institute for Research and Evaluation – Jim Fell	<ul style="list-style-type: none"> Current research to assess Maryland’s impaired driving laws, determine what laws the State should have, what loopholes exist, and whether the laws are effective
National Council on Alcoholism and Drug Dependence (NCADD) – Rob White	<ul style="list-style-type: none"> Represent voice of recovering people and their families, and quality addiction treatment Importance of consequences and monitoring to reduce the behavior Need to treat the disease as a long-term illness
Addiction Directors Council – Betty Malkus	<ul style="list-style-type: none"> ADC provides Maryland residents quality resources and support to prevent and reduce substance abuse problems and to treat substance abuse disorders Research-based programs, acknowledgment that alcoholism is a long-term disease, and support of a continuum of treatments
Motor Vehicle Administration Ignition Interlock Program – Tom Libretore	<ul style="list-style-type: none"> Description of the interlock device, program management and requirements Future direction of the program
Virginia Alcohol Safety Action Program (VASAP) – Debra Gardner	<ul style="list-style-type: none"> Development, structure and role of the program Five main components: enforcement, adjudication, case management/offender intervention; public information/education; evaluation of local ASAP offices within Virginia Coordination of all aspects of drunk driving
Johns Hopkins University (JHU) Medical School Curriculum – Dr. Patricia Thomas	<ul style="list-style-type: none"> Overview of the preclinical and clinical curriculum that addresses alcohol abuse in patients Future direction of curriculum to spend more time on social science topics, including alcohol and drug abuse
Maryland Insurance Administration – Joy Hatchette	<ul style="list-style-type: none"> Description of the state agency that oversees all of the insurance companies and ensures insurance companies comply with Maryland law Issue of insurance coverage for treatment of alcohol and drug abuse
MedChi, Maryland State Medical Society and Center for a Healthy Maryland – Dr. Mena Abraham	<ul style="list-style-type: none"> Roles in lobbying and education for physicians Discussion of screening by doctors and the issue of screening being a billable service
DUI/Drug Court, Howard County/Maryland District Court – Judge Neil Axel	<ul style="list-style-type: none"> Role and procedures of the specialized court. Typical elements of the program for participants. Reasons for its success

Reports and Studies Reviewed

The Task Force was provided with an extensive collection of reports and studies from around the nation and the world. These publications provided information on DUI/D policies and programs designed to reduce the impaired driving problem and treat offenders. The list in Appendix C documents the studies that were often referenced and reviewed by Task Force members as the recommendations were being developed.

Key Messages

The speakers who presented at the subcommittee meetings came from a wide variety of backgrounds, including the medical community, law enforcement, and the alcoholic beverage industry, among others. Several key themes and messages emerged as a course of Task Force and Subcommittee discussions, aided by the wide variety of perspectives brought by the experts. These key messages reinforced the need to develop and implement strategies to reduce impaired driving in Maryland. Some examples of these key messages and the changes that they suggest are shown in Figure 2.1.

Figure 2.1 Key Message Presented by Speakers



3.0 Subcommittee Recommendations and Priorities

Task Force members worked diligently to identify high-priority recommendations for actions that would reduce impaired driving in Maryland. More than a hundred potential recommendations were considered across the three subcommittees. This initial list, after considerable thoughtful discussion and deliberation, was reduced to 42 recommendations. Only those recommendations that were supported by a larger majority of Task Force members are included. Recommendations are organized within the following categories:

- Special Multi-Agency Initiative (1 recommendation);⁸
- Maryland Department of Transportation Initiatives (14 recommendations);
- Law Enforcement Initiatives (7 recommendations);
- Intervention and Treatment Initiatives (6 recommendations);
- Court Initiatives (5 recommendations);
- Education Initiatives (2 recommendations); and
- Legislative Initiatives (7 recommendations).

⁸ A detailed explanation of the proposed special initiative can be found in Appendix A.

Table 3.1 Recommendation Overview

I. Special Multi-Agency Initiative
1. Establish the Maryland Alcohol Safety Action Program (MASAP). Track all court-related DUI/D cases through the MASAP program, ensuring consistency of information for courts, treatment programs, law enforcement, the MVA, defense counsel, and the ability to determine success or failure of enforcement and treatment modalities for each defendant.
II. Maryland Department of Transportation Initiatives
1. Develop a comprehensive DUI/D Tracking System that facilitates data access from arrest through final disposition.
2. Create a special committee that meets regularly to discuss and evaluate the impact of the recommendations of this Task Force and related issues. Specifically study the issue of Maryland's high refusal rate (28 to 30 percent), and recommend strategies for lowering the rate. This committee also would continue to make other relevant recommendations as appropriate.
3. Request the MVA Administrator to evaluate the interlock vendor requirements found in COMAR and to enforce the COMAR rules to ensure vendors are providing up-to-date information on interlock violations and equipment failures (rates); and provide to the public a means of contacting the MVA with complaints of vendor and device malfunctions.
4. The Medical Advisory Board (MAB) and the Alcohol and Drug Abuse Administration (ADAA) should include as a priority identifying morning interlock violations, and refer morning violators to the Medical Advisory Board for assessment and disposition with an emphasis on treatment strategies.
5. Increased use of ignition interlocks for first-time offenders should be encouraged and supported. Provide educational materials and workshops to the MAB, OAH and the judiciary about the benefits of ignition interlocks for first-time offenders to increase the use of ignition interlocks.
6. Students and parents should be required to participate in a statewide required number of curriculum hours related to the effects and consequences of alcohol and drug use on driving as a prerequisite for obtaining a Learner's Permit. Related educational materials should be developed and/or revised, and distributed to parents regarding the dangers of underage drinking, drunk and drugged driving and parental rights and responsibilities regarding licensing.
7. Develop a Liquor Control Board Task Force to include representatives from every county and local Departments of Liquor Control, as well as representatives from the County Drug and Alcohol Abuse Councils. This Task Force would develop and distribute information packets to county liquor control boards to help inform them on best practices.
8. The Motor Vehicle Administration should ensure that the alcohol and drugged driving curriculum is included as a mandatory presentation in the next planned evaluation/revision of the Driver's Education curriculum to ensure it is up to date with the most current information and best practices.
9. Identify and implement effective countermeasures to address underage drinking. Partner agencies should develop and implement a media campaign that targets youth, drivers under the age of 21, and young adults to inform them of the dangers and consequences of underage drinking, including impaired driving. Colleges and universities should be partners in this effort to help determine the best course of action to address underage drinking.
10. Evaluate the extent of the drugged driving problem and existing trends among targeted drivers, aged 16 to 25 years in Maryland and develop recommendations as appropriate. As part of this recommendation, develop a formal study under the direction of the Department of Mental Health and Hygiene, in coordination with the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism that uses data and information on the extent of the drugged driving problem and existing trends. The study would develop recommendations as appropriate.
11. Implement a Drunk Buster's program by placing signs on the state highway system permitting cell phone callers to dial a unique number to report suspected impaired drivers. Implement an associated media campaign about the program.
12. Designate the Impaired Driving Coalition (IDC) to have a lead role in coordinating outreach messages to improve consistency and effectiveness.
13. Establish a committee that includes representatives from the States Attorneys Association, Attorney General, Office of Administrative Hearings, Private Defense Bar, Public Defender, Maryland State Police, and MVA to address the issue of simplifying the present DR15 form for Advisement of Rights, and if necessary, propose

legislation.

14. Establish a committee to research the issue of DUI/D in the illegal immigrant community and propose recommendations.

III. Law Enforcement Initiatives

1. Increase high-visibility impaired-driving enforcement operations to include sobriety checkpoints, saturation patrols, and nighttime seat belt checkpoints.
2. Establish streamlined DUI/D arrest procedures using information technology solutions to reduce data entry and report writing time.
3. Create a CD or electronic file reading the revised DR15 form for advisement of rights in different languages.
4. Mandate a set number of training hours for entry-level officers and continuing education units for law enforcement personnel on DUI/D arrest procedures to retain their certification.
5. Establish a mobile alcohol testing program that can be used for evidentiary purposes.
6. Record the reported place of last drink on the statewide arrest form, analyze the data and distribute this information to local Liquor Control Boards and Parole and Probation.
7. The Motor Vehicle Administration should create a data system that permits law enforcement personnel to query and download lists of suspended and revoked driving licenses as a result of a DUI/D for their localities.

IV. Intervention and Treatment Initiatives

1. Establish consistent and effective risk assessment tools and procedures across the State to facilitate the provision of treatment for those offenders who have substance abuse problems and/or risk to recidivate. As part of this process, establish a list of approved treatment providers in every jurisdiction that must be used to meet MVA, OAH and court requirements. Track all court-related DUI/D cases through the MASAP program, ensuring consistency of information for courts, treatment programs, law enforcement, the MVA, defense counsel, and the ability to determine success or failure of enforcement and treatment modalities for each defendant.
2. Primary and emergency care personnel should be trained and encouraged to use brief interventions with patients arrested for impaired driving.
3. Request MedChi, in coordination with NHTSA, to explore the need for establishment of a Current Procedural Terminology (CPT) Code unique to Brief Intervention.
4. Update and distribute a catalog of effective treatment options, and how they may be accessed, for use by the courts and physicians – to be used in connection with the MASAP program.
5. Convene representatives from the Maryland Insurance Administration (MIA), Maryland Health Care Commission (MHCC), health plan providers, and health insurers to identify and discuss issues regarding accessing health insurance benefits for screening, assessment, and treatment by DUI/D offenders. Develop appropriate recommendations to address those issues as needed.
6. Establish best practices that urge physicians and pharmacists to provide better notification to patients, and ensure that the patient understands the effects of prescription and over the counter drugs on driving ability.

V. Court Initiatives

1. Provide education and informational materials to judges, prosecutors, and defense attorneys on DUI/D impacts, the implications of their decisions and best practices regarding sentencing and sanctions. Provide increased education on drugged driving to prosecutors, judges and Probation and Parole personnel.
2. Provide informational materials to judges, prosecutors and defense attorneys regarding the training standards, qualifications and effective use of Drug Recognition Expert's (DRE) for impaired driving cases.
3. Encourage an increase in the number of DUI/D courts for high BAC and repeat offenders, providing necessary resources for the judiciary, the States Attorney's Office, the Office of the Public Defender, Drinking Driving Monitor Program, and the MASAP (when implemented).
4. Establish a special committee to review all procedures regarding matters involving **blood** tests on DUI/D cases to facilitate and develop a more streamlined approach to the introduction of evidence. This special committee will consist of representatives from the Rules Committee; Committee on Evidentiary Matters; State's Attorney's Association; Defense Attorney's Association; Medical personnel; Courts; and Law Enforcement.
5. Review court procedures regarding who is required to testify on evidentiary matters involving **breath** tests on DUI/D cases to reduce the burden on medical or lab personnel.

VI. Education Initiatives

1. Develop effective, research-based model curriculums for elementary, middle and high school teachers, in collaboration with content experts, to use in health education classes to inform youth of the dangers of alcohol and other drug use and the impact on driving.
2. Encourage local boards of education to require high school students, along with their parents or legal guardians, to attend a class on alcohol and drug impaired driving, in order to obtain a pass to park on school grounds.

VII. Legislative Initiatives

1. Pass legislation to discourage and punish underage drinking by:
 - a. Creating an automatic six-month suspension of the driver's license (with the exception of work, school, medical treatment and healthcare trips) for individuals between 16 and 20 years old who are adjudicated and found to be involved in illegal possession of alcohol. Underage individuals guilty of illegal alcohol possession who have not yet received a license should receive a six-month waiting period upon application for a license.
 - b. Creating a "No Consumption Law" for underage drivers that results in automatic suspension of the driver's license for six months (with the exception of work, school, medical treatment and healthcare trips) for individuals between 16 and 20 years old, and establish an equivalent civil offense.
 - c. Establishing a criminal offense for any adult to illegally obtain or provide alcohol for anyone under the age of 21.
 2. A conviction for violation of an alcohol restriction on a driver's license should be made an incarcerable offense with a recommended sentence of 60 days and a \$500 fine.
 3. Increase the amount of time before a person is eligible for another Probation Before Judgment (PBJ) from five years to 10 years.
 4. Make all "B" Offenses (Driving while Impaired – 0.06, 0.07 or test refusal) at MVA count toward meeting the repeat offender statute at MVA.
 5. Require law enforcement officers to request alcohol testing of all drivers involved in life-threatening or fatal crashes. Data will be used exclusively for research purposes.
 6. All Motor Vehicle Administration (MVA) or court-mandated interlock users should be required to achieve a minimum of six consecutive violation-free months for a maximum of three years or termination of probation, whichever comes first. Repeat offenders and high BAC-level offenders (0.15 percent or greater) should be required to have violation-free use for 12 consecutive months. Mandated ignition-interlock time periods should be automatically extended until violation-free standards are achieved. Offenders should be provided the right to challenge the failure finding, if they suspect a mechanical failure, through the MVA or Court.
 7. Recodify all DUI/D-related traffic laws to eliminate duplications and enable easier research into the laws and remedies related to such offenses.
-

The Task Force strived to reach consensus to the greatest extent possible and the vast majority of the recommendations are supported by all members. Recommendations with dissenting views have been noted.

The Task Force's 42 recommendations were developed through extensive analysis and review of data, research, and testimony, along with careful deliberation and discussion. What follows is a detailed overview of the recommendations to aid in understanding how each can have a positive impact on reducing impaired driving. Also noted under each recommendation is a list of agencies with implementation responsibility – the entity(ies) should be charged with timely and full implementation. It is important to note that some recommendations will require a statutory change, others a regulatory change and still others a policy change. The Task Force urges the Maryland General

Assembly and implementing agencies/organizations to embrace and champion all recommendations.

One of the signature Task Force recommendations is the establishment of a Maryland Alcohol Safety Action Program (MASAP) modeled after the successful program operating in Virginia since 1972. Such a program would increase accountability of and services provided to impaired drivers and help reduce recidivism. Several of the recommendations contained in this report could be implemented and monitored under the MASAP program and are so noted. Further details regarding the establishment of MASAP are included in Appendix A.

The following section provides detailed information on each Task Force recommendation. Each recommendation contains information on:

- **Implementation Responsibility**, or coordinating authority, that should be tasked with helping implement and monitor progress;
- **Purpose/Rationale** for the recommendation;
- Note of **dissenting views**, when they exist;
- **Research support** for the recommendation and examples of **Best Practices** used elsewhere;
- **References** or evidence of a practice implemented successfully elsewhere; and
- **Details** outlining the Task Force's intent and guidance on implementation.

I. Special Multi-Agency Initiative

- I.1. Establish the Maryland Alcohol Safety Action Program (MASAP). Track all court-related DUI/D cases through the MASAP program, ensuring consistency of information for courts, treatment programs, law enforcement, the MVA, defense counsel, and the ability to determine success or failure of enforcement and treatment modalities for each defendant.**

Implementation Responsibility: Coordinating agency or commission to be established through legislation

Purpose/Rationale:

Establish an Alcohol Safety Action Program (ASAP) program in Maryland that would increase services and accountability of DUI/D offenders, as well as create a consistent system for enforcement, adjudication and intervention of DUI/D Offenders.

Dissenting Views: None

Research Support or Best Practices:

The National Center for State Courts examined the recidivism of over 1,000 offenders from Virginia's ASAP. They found an overall 11 percent recidivism rate over a six-year period. There was no comparison group since all offenders are sentenced to VASAP in Virginia. However, this can be considered a low rate since many other States report recidivism rates of 20 percent or higher over a five- to six-year period.

References:

Cheesman, Dancy, Jones and Hardenbergh (2004). An Examination of Recidivism of Offenders Receiving Services from the Virginia Alcohol Safety Program. National Center for State Courts, September 14, 2004.

Details:

Maryland should establish a statewide MASAP program modeled after the successful program operated by Virginia since 1975. The Virginia program has been demonstrated to be a highly cost-effective approach to reducing DUI/D recidivism and is wholly operated through violator fees and fines.

The ASAP model is a comprehensive coordinating and monitoring program that tracks offenders via a DUI/D tracking system from arrest, to treatment, and probation. The program includes five component target areas. They are: Enforcement, Adjudication, Case Management and Offender Intervention, Public Information, and Evaluation and Certification.

The MASAP office would, among other responsibilities:

1. Operate as a no-cost program to the State, funded by offender (user) fees and not tax dollars. A sliding scale would be established for indigent drivers.
 2. Provide a network of probationary, administrative, case management, and client services that is readily adaptable and expandable to meet other local and state needs.
 3. Provide judges with knowledge and services, which enhance their ability to dispose of DUI/D and other cases in a manner appropriate to community and offender needs.
 4. Divert thousands of offenders annually from costly incarceration in local jails, thus realizing substantial savings to the State.
 5. Through its certification process, monitor and evaluate the quality and consistency of treatment and education services for local programs.
 6. Assist localities in developing education and treatment programs, both public and private, in areas where such services are unavailable.
 7. Provide funds for local law enforcement training and assistance in grant funding requests.
 8. Offer State's Attorneys, defense attorneys, and judges a wider variety of intervention programs and strategies.
 9. Because there are many details that would need to be fully developed it is recommended that the Governor create a Task Force to develop a detailed proposal and that enabling legislation be introduced at the 2010 session of the General Assembly. Thoughts regarding implementation issues are in Appendix A.
-

II. Maryland Department of Transportation Initiatives

II.1. Develop a comprehensive DUI/D tracking system that facilitates data access from arrest through final disposition.

Implementation Responsibility: Maryland Highway Safety Office in coordination with the Traffic Records Coordinating Committee (this committee represents most of the agencies that would be impacted by this project); Department of Information Technology; MASAP

Purpose/Rationale:

Maryland's data systems related to impaired drivers currently is segmented and not available in real time. Maryland would benefit from the development of an integrated system for the timely transmission of data between law enforcement, the Motor Vehicle Administration, Probation and Parole, the courts and other agencies to ensure that all decisions are made with timely and accurate information. The tracking system also would facilitate evaluation efforts to determine the effectiveness of sanctions, treatment, etc.

Dissenting Views: None

Research Support:

Prior NHTSA research showed that only about 10 States had developed good DUI/D tracking systems in the 1990s (i.e., California, Florida, Louisiana, Mississippi, New Jersey, New Mexico, New York, Utah, Virginia, Wyoming). A new report is due out soon from NHTSA which will describe good tracking systems from at least four states (Iowa, Nebraska, Tennessee, Wisconsin). A DUI/D tracking system will not only improve communications and information exchange between law enforcement, prosecution, adjudication and treatment but will facilitate research on the effectiveness of sanctions in addition to improving the timely transmission of data to the courts and other agencies. NHTSA also recommended this for Maryland in their Impaired Driving Assessment in 2007.

References:

Capital Consulting Corporation (1997). Driving While Intoxicated Tracking Systems: Design & Operations (Volume I), DOT HS 808 520; State Tracking System Descriptions (Volume II), DOT HS 808 521; DWI Estimates in the U.S. (Volume III), DOT HS 808 522, January 1997.

Details:

- This would link data that already is or could be available to any party as a matter of public record. Access would be restricted along the same lines of the restrictions that are in place today in order to address access and privacy concerns.
 - Data access would be limited to law enforcement, judges, defense attorneys, treatment providers and MVA, and only the information that currently is available to those parties today, in order to maintain privacy.
 - Data may include BAC level upon conviction.
 - The oversight and maintenance of this tracking system would ideally be absorbed into the MASAP program.
 - A comprehensive system should include the following information:
 - Arrest;
 - BAC level;
 - Court appearances (including DUI/D courts, District Courts);
 - Sentencing;
 - Treatment (during probation period);
 - Parole and Probation;
 - MVA hearings, records, violations;
 - Licensing;
 - Office of Administrative Hearings (OAH) decisions;
 - Medical Advisory Board decisions; and
 - Interlock record.
-

II. Maryland Department of Transportation Initiatives

II.2. Create a special committee that meets regularly to discuss and evaluate the impact of the recommendations of this Task Force and related issues. Specifically study the issue of Maryland's high refusal rate (28 to 30 percent), and recommend strategies for lowering the rate. This committee also would continue to make other relevant recommendations as appropriate.

Implementation Responsibility: Secretary of Transportation

Purpose/Rationale:

Similar Task Forces in other states have demonstrated that implementation efforts are greatly enhanced when regular monitoring of progress takes place. This effort will help the Governor, the General Assembly and the public understand what progress is being made and what remains to be accomplished. It also will allow for follow up on issues that remain to be researched, such as the high breath test refusal rate in Maryland.

Dissenting Views: None.

Research Support:

States that have followed up on the implementation of recommendations have been shown to be successful in getting the recommendations adopted (e.g., Indiana, Virginia, and New Mexico).

The State of Wyoming also has a Governor's Council on impaired driving that has been in existence for at least four years and was formed by executive order.

References:

Report and Recommendations from the Governor's Task Force to Combat Driving Under the Influence of Drugs and Alcohol (Virginia) (July 2003).

New Mexico Multi-Agency DWI Strategic Plan (December 2003).

Indiana's Council on Impaired and Dangerous Driving.

Details:

Ongoing monitoring of plan implementation and outcomes is needed for the State to determine the impact of the various initiatives.

An annual report should be prepared and transmitted to the Governor and General Assembly.

Conduct research on the high breath test refusal rate in Maryland (approximately 29 percent), why the rate is high, and what the options are for reducing the rate of refusal, as refusals make for more difficult convictions. Use findings from studies and best practices to justify the recommended solutions.

II. Maryland Department of Transportation Initiatives

II. 3. Request the MVA Administrator to evaluate the interlock vendor requirements found in COMAR and to enforce the COMAR rules to ensure vendors are providing up-to-date information on interlock violations and equipment failures (rates).

Implementation Responsibility: Motor Vehicle Administration

Purpose/Rationale

Improved monitoring of interlock vendor reporting practices and equipment failure rates are needed to ensure MVA and the courts have accurate and timely information on failure rates while also protecting the rights of participants.

Dissenting Views: None.

Research Support or Best Practice:

Best practices indicate it is important to have immediate access to data regarding lock-outs, interlock violations, and equipment failures.

The states of Colorado and New Mexico have good systems and procedures on how to deal with interlock equipment issues.

References:

Contact Dr. Richard Roth (NM), 505-471-4764, for further details on New Mexico's procedures.

Details:

Vendors should provide detailed reports of violations to the Motor Vehicle Administration and Probation and Parole personnel documenting BAC levels, including the number of interlock failures and time of day of failures. This information is critical in helping to determine if sanctions are working and if treatment may be warranted. These reports also should include detailed information on equipment failures. This will be available under MVA's new system, to be ready in October 2008.

Recently, the MVA conducted a thorough investigation of their ignition interlock program. As a result, the MVA developed and implemented a new electronic monitoring system that receives vendor reports daily and evaluates ignition interlock failures. This system sends out automatic letters to participants and vendors regarding discrepancies or verified failures. Because the MVA cannot extend ignition interlock periods under the current law, the system notifies participants who fail the ignition interlock that the month in which the failure was noted does not count toward their sanctioned ignition interlock use period. Thus, an additional month is tacked on to the end of the sanctioned ignition interlock use period. If a participant fails four times they are then referred back to the court.

MVA should provide the public with a website contact to report vendor complaints and equipment malfunctions.

MVA should provide an annual report available on the website to allow the public to make informed decisions on the performance of providers and equipment, to include reports of complaints about service and equipment failure.

II. Maryland Department of Transportation Initiatives

II.4. The Medical Advisory Board (MAB) and the Alcohol and Drug Abuse Administration (ADAA) should include as a priority identifying morning interlock violations, and refer morning violators to the Medical Advisory Board for assessment and disposition with an emphasis on treatment strategies.

Implementation Responsibility: Motor Vehicle Administration; MASAP

Purpose/Rationale

Morning failures are a strong indicator of alcohol dependence or addiction, which are high-risk factors for DUI recidivism. Assessment and intervention, if needed, will reduce recidivism rates.

Dissenting Views: None.

Research Support or Best Practice:

Morning interlock violations, especially between 7am and 9am on weekdays, suggests the offender reached a very high BAC the night before and had not metabolized all of the alcohol. This is an important predictor of problem drinking and future recidivism. These offenders could be identified using this indicator for more intensive treatment or extend the period of interlock usage in addition to treatment.

References:

Marques, Voas & Tippetts (2003). *Behavioral Measures of Drinking: Patterns from the Alcohol Interlock Record*. *Addiction*, 98 (Supplement 2), 13-19.

Details:

MAB review can determine if treatment may be warranted. MAB determinations should be immediately conveyed to Probation and Parole personnel. The intent is to refer individuals for screening, assessment, and treatment as needed.

The MVA has indicated that the all violations are tracked, not just morning violations.

II. Maryland Department of Transportation Initiatives

II.5. Increased use of ignition interlocks for first-time offenders should be encouraged and supported. Provide educational materials and workshops to the MAB, OAH and the judiciary about the benefits of ignition interlocks for first-time offenders to increase the use of ignition interlocks.

Implementation Responsibility: Motor Vehicle Administration

Purpose/Rationale

Use of interlocks has been demonstrated to be very effective in preventing impaired driving and modifying long-term driving behaviors. Increasing interlock use among first-time offenders will reduce DUI recidivism rates and increase public safety.

Dissenting Views: Maryland Trial Lawyers Association: Opposed to advocating for increased use of ignition interlocks, particularly for first time offenders.

Research Support or Best Practice:

Interlocks have been shown to reduce the recidivism of first-time offenders in NM by as much as 60 percent. First offender recidivism rates resemble that of multiple offenders (Rauch et al., (2002a).

Any first DUI conviction is a substantial predictor of future recidivism, based upon a study of Maryland offenders (Rauch et al., 2002b).

References:

Roth, Voas & Marques (2007). *Interlocks for First Offenders: Effective?* Traffic Injury Prevention, 8:346-352.

Rauch, Zador, Ahlin, Baum, Duncan, Raleigh, Joyce & Gretsinger (2002a). *Alcohol-Impaired Driving Recidivism Among First Offenders More Closely Resembles That of Multiple Offenders*, Proceedings of the 16th International Conference on Alcohol, Drugs and Traffic Safety (ICADTS), T2002, Montreal, Quebec, Canada. Mayhew & Dussault (editors).

Rauch, Zador, Ahlin, Baum, Duncan, Raleigh, Joyce & Gretsinger (2002b). *Any First Alcohol-Impaired Driving Event is a Significant and Substantial Predictor of Future Recidivism*. Proceedings of the 16th International Conference on Alcohol, Drugs, and Traffic Safety (ICADTS), T2002, Montreal, Quebec, Canada. Mayhew & Dussault (editors).

Details:

The MVA has indicated that the MAB and OAH have been increasing the use of interlocks.

Presenters indicated the MAB, OAH, and the judiciary have begun imposing more ignition interlocks.

II. Maryland Department of Transportation Initiatives

- II.6. Students and parents should be required to participate in a determined number of curriculum hours related to the effects and consequences of alcohol and drug use on driving as a requirement for obtaining a Learner's Permit. Related educational materials should be developed and/or revised, and distributed to parents regarding the dangers of underage drinking, drunk and drugged driving and parental rights and responsibilities regarding licensing.**

Implementation Responsibility: Motor Vehicle Administration in cooperation with the Maryland Highway Safety Office

Purpose/Rationale:

Parents play an important role in promoting safe behavior by their children. Increasing student and parent education on the dangers of drunk and drugged driving and informing parents of their rights and responsibilities regarding their child's driving will help ensure that new drivers practice safe driving behaviors.

Dissenting Views: None.

Research Support or Best Practice:

Research indicates that parental involvement in teen driving education would be beneficial. NHTSA currently is conducting an ongoing review of driver education, development of standards, and integration with graduated licensing.

References:

Simons-Morton (2007). *Parent Involvement in Novice Teen Driving: Rationale, Evidence of Effects, and Potential for Enhancing Graduated Driver Licensing Effectiveness*. Journal of Safety Research, 38, 193-202, 2007.

Hartos & Huff (2008). *Parent Attitudes Toward Integrating Parent Involvement into Teenage Driver Education Courses*. Traffic Injury Prevention, Volume 9, Number 3, 2008.

Details:

Readily available and highly publicized materials would help parents to better understand the dangers of impaired driving and the options available to prevent it from occurring. These materials also should inform them of their authority to have the license revoked.

II. Maryland Department of Transportation Initiatives

II.7. Develop a Liquor Control Board Task Force to include representatives from every county and local Departments of Liquor Control, as well as representatives from the County Drug and Alcohol Abuse Councils. This Task Force would develop and distribute information packets to county liquor control boards to help inform them on best practices.

Implementation Responsibility: Maryland Highway Safety Office in coordination with National, State, and Local Associations

Purpose/Rationale:

Maryland depends upon local liquor control boards to establish, monitor, and enforce alcohol control laws. Providing up-to-date information on best practices related to hours of operation and control of sale to minors among others can help reduce impaired driving crashes and better equip local liquor control boards and County drug and alcohol abuse councils to improve their efforts to reduce impaired driving.

Dissenting Views: None.

Research Support or Best Practice:

This will lead to more frequent responsible beverage service practices. Responsible Beverage Service (RBS) training and follow-up enforcement has been shown to reduce crashes.

References:

Holder & Wagenaar (1994). *Mandated Server Training and Reduced Alcohol-Involved Traffic Crashes: A Time Series Analysis of the Oregon Experience*. *Accident Analysis and Prevention*, 26(1), 89-98.

McKnight & Streff (1994). *The Effect of Enforcement Upon Service of Alcohol to Intoxicated Patrons of Bars and Restaurants*. *Accident Analysis and Prevention*, 26(1), 79-88.

Smith (1988). *Effect on Traffic Accidents of Introducing Sunday Alcohol Sales in Brisbane, Australia*. *International Journal of the Addictions*, 23(10), 1091–1099.

Smith, D.I. (1990). *Effect on Casualty Traffic Accidents of Changing Sunday Alcohol Sales in Legislation in Victoria, Australia*. *Journal of Drug Issues*, 20(3), 417–426.

Chinnock (2006). *Interventions in the Alcohol Server Setting for Preventing Injuries*. The Cochrane Collaboration, The Cochrane Library 2006, Issue 2, John Wiley & Sons, Ltd.

Details:

Twenty-four independent county liquor control boards regulate alcohol sales and service in Maryland. An information packet highlighting best practices and effective methods for dealing with typical problems would help the boards establish more consistent and effective standards, policies and procedures to reduce over service, underage purchase of alcohol, and ultimately, drunk driving. The packet would address such issues as:

- How to identify problem establishments;
 - Owner and server training;
 - Hours of operation;
 - Enforcement of serving laws;
 - Monitoring; and
 - Transportation alternatives such as Sober Ride and Topsy Taxi programs.
-

II. Maryland Department of Transportation Initiatives

II.8. The Motor Vehicle Administration should ensure that the alcohol and drugged driving curriculum is included in the next planned evaluation/revision of the Driver's Education curriculum to ensure it is up to date with the most current information and best practices.

Implementation Responsibility: Motor Vehicle Administration

Purpose/Rationale:

Driver's education programs must use the latest information, tools, and techniques to communicate the dangers of impaired driving to students to help ensure they practice safe driving behaviors from the very beginning of their driving careers.

Dissenting Views: None.

Research Support or Best Practice:

This has the potential to increase the awareness of DUI/D laws, underage drinking laws, and illegal BAC limits for driving in Maryland. Combined with increased enforcement, awareness of laws has been shown to decrease impaired driving crashes.

References:

Fell et al., (2008). *Evaluation of Seven Publicized Enforcement Demonstration Programs to Reduce Impaired Driving: GA, LA, PA, TN, TX, IN, MI*. NHTSA, DOT HS 810-941. May 2008.

Details:

The MVA should monitor the delivery of the instructional materials to ensure quality control and require a minimum number of hours on this information.

II. Maryland Department of Transportation Initiatives

II.9. Identify and implement effective countermeasures to address underage drinking. Partner agencies should develop and implement a media campaign that targets youth, drivers under the age of 21, and young adults to inform them of the dangers and consequences of underage drinking, including impaired driving. Colleges and universities should be partners in this effort to help determine the best course of action to address underage drinking.

Implementation Responsibility: Maryland Highway Safety Office in cooperation with the Impaired Driving Coalition; Young Driver Task Force; Colleges and Universities; and other relevant partner agencies such as Liquor Boards.

Purpose/Rationale

Crash, injury, and fatality data indicate that the target population has a disproportionate amount of impaired driving incidents. Consistent, repeated messages and information concerning the dangers of impaired driving, using appropriate media and distribution methods for this demographic, will help reduce impaired driving.

Dissenting Views: None.

Research Support or Best Practice:

There is some evidence this approach was effective in reducing impaired driving by adults in the 1980s and 1990s. The National Academy of Sciences Institute of Medicine has recommended this as part of the solution to the underage drinking problem.

References:

Bonnie, et al., (2003). *Reducing Underage Drinking: A Collective Responsibility*. Institute of Medicine, The National Academies Press, Washington, D.C.

Details:

Presenters indicated that traditional outreach efforts are no longer as effective in reaching youth and young adults. However, there is evidence to indicate that viral marketing is an excellent way of reaching this target age group.

Appropriate media and methods should be identified to reach these targeted populations and effective messages communicated.

Work with colleges and universities to identify strategies for addressing underage drinking/driving under the influence.

II. Maryland Department of Transportation Initiatives

II.10. Evaluate the extent of the drugged driving problem and existing trends among targeted drivers aged 16 to 25 years in Maryland and develop recommendations as appropriate. As part of this recommendation, develop a formal study under the direction of the Department of Mental Health and Hygiene, in coordination with the National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, that uses data and information on the extent of the drugged driving problem and existing trends. The study would develop recommendations as appropriate.

Implementation Responsibility: Maryland Highway Safety Office in coordination with the Department of Mental Health and Hygiene

Purpose/Rationale:

Recent research indicates that a significant percentage of drivers injured in crashes in Maryland are under the influence of drugs other than alcohol. Additional research data is needed to further document and understand the extent of drugged driving before appropriate recommendations can be formulated.

Dissenting Views: None.

Research Support or Best Practice:

Research indicates that drugs other than alcohol are a significant problem in highway safety. Recent research in Maryland shows a high incidence of drugs in injured drivers treated at Trauma Centers (on the order of 20 to 40 percent incidence rates in drivers). Some illegal and prescription drugs have been shown to reduce driving performance measures.

References:

Walsh, Flegel, Cangianelli, Atkins, Soderstrom, Kerns (2004); Transportation Research Board Circular, Drugs and Traffic Symposium, Number E-C096, (May 2006).

Guidelines for Drugged Driving Research. ICADTS (2007).

Soderstrom, Dischinger, Kufera, Ho and Shepard (2005). *Crash Culpability Relative to Age and Sex for Injured Drivers Using Alcohol, Marijuana, or Cocaine.* 49th AAAM Proceedings.

Details:

Research shows that drugs other than alcohol are a significant problem in highway safety, but the extent of the problem and the effectiveness of various countermeasures is not well understood.

II. Maryland Department of Transportation Initiatives

II.11. Implement a Drunk Buster's program by placing signs on the State Highway System permitting cell phone callers to dial a unique number to report suspected impaired drivers. Implement an associated media campaign about the program.

Implementation Responsibility: State Highway Administration, Office of Traffic and Safety, Traffic Engineering, in coordination with the Maryland Highway Safety Office; Appropriate Law Enforcement.

Purpose/Rationale:

Law enforcement personnel are limited in their ability to monitor the thousands of miles of roadways in Maryland. Urging citizens to help monitor and report impaired driving behavior will help identify and remove impaired drivers from the roadways.

Dissenting Views: None.

Research Support or Best Practice:

Citizen reporting of DUI/D has been shown to increase arrest rates. Many states have citizen reporting systems. New Mexico has successfully implemented a system as recommended by this Task Force.

This concept is not new and has been implemented in some form since 1984 with a program called REDDI, Report Every Drunk Driver Immediately.

References:

Kelley-Baker, et al., (2006), *Citizen Reporting of DUI-Extra Eyes – to Identify Impaired Driving*. NHTSA DOT HS 810 647.

Fiorentino, Cure & Kipper (2007). *Programs Across the United States that Aid Motorists in the Reporting of Impaired Drivers to Law Enforcement*. NHTSA DOT HS 810-750. March 2007.

NTSB Recommendation, 1984.

Details:

#DUI dispatch notifies the law enforcement agency in that jurisdiction.

A unique number would need to be identified and advertised and an effective routing system created.

II. Maryland Department of Transportation Initiatives

II.12. Designate the Impaired Driving Coalition (IDC) to have a lead role in coordinating outreach messages to improve consistency and effectiveness.

Implementation Responsibility: Maryland Highway Safety Office in coordination with the Impaired Driving Coalition

Purpose/Rationale

Several state agencies provide information and outreach regarding impaired driving (MVA, MSP, MHSO). These efforts should be jointly evaluated for effectiveness, overlaps and gaps, and best practices identified and implemented to help improve efforts to inform the public about the dangers of impaired driving and reduce its incidence.

Dissenting Views: None.

Research Support or Best Practice:

Numerous studies show that enforcement combined with consistent messaging is effective in reducing impaired driving fatal crashes.

References:

Fell, Langston, Lacey, Tippetts, Cotton. *Evaluation of Seven Publicized Enforcement Demonstration Programs to Reduce Impaired Driving: GA, LA, PA, TN, TX, IN, MI.* NHTSA, DOT HS 810-941. May 2008.

Details:

Consistent, effective evaluation procedures should be established and coordinated across state agencies.

A thorough evaluation of the effectiveness of existing outreach efforts and messages would help the State determine cost-effective methods for preventing impaired driving.

II. Maryland Department of Transportation Initiatives

II.13. Establish a committee that includes representatives from the State's Attorneys Association, Attorney General, Office of Administrative Hearings, Defense Bar, Maryland State Police, and MVA to address the issue of simplifying the present DR15 form for Advisement of Rights, and if necessary, propose legislation.

Implementation Responsibility: Motor Vehicle Administration

Purpose/Rationale

The intent of the Advisement of Rights procedure is to help ensure that driver's arrested for impaired driving are aware of their rights under the law regarding DUI arrest procedures. The current form and process are long, complicated, and confusing both for the offender and officer. A simpler, more effective method is needed to advise arrestees of their rights.

Dissenting Views: None.

Research Support or Best Practice:

Simplifying DUI arrest procedures will increase arrest rates of officers by reducing the time they spend on arrests.

Texas and Oklahoma have successful streamlined procedures.

References:

Law Enforcement Advanced DUI/DWI Reporting System (LEADRS). NHTSA, www.nhtsa.gov.

Details:

The current DR15 form is not written in a manner that easily conveys to the arrestee their rights upon a DUI/D arrest.

Many states permit the arresting officer to verbally inform the arrestee of their rights by reciting a short, simply worded paragraph.

Additional potential partners include: State's Attorneys Association, Attorney General, Private Defense Bar, Public Defender, MSP, MVA.

II. Maryland Department of Transportation Initiatives

II.14. Establish a committee to research the issue of DUI/D in the illegal immigrant community and propose recommendations.

Implementation Responsibility: Maryland Judicial Conference or General Assembly

Purpose/Rationale:

Law enforcement personnel report that a high number of illegal immigrants are arrested each year for impaired driving. Additional data is needed to document the extent of the problem and formulate recommendations for best addressing this population.

Dissenting Votes: None.

Research Support or Best Practice:

References:

Details:

Committee members should include, but are not limited to, representatives from law enforcement agencies, the private bar, State's attorneys, public defenders, defense attorneys, and the immigrant community.

III. Law Enforcement Initiatives

III.1. Increase high-visibility impaired-driving enforcement operations to include sobriety checkpoints, saturation patrols, and nighttime seat belt checkpoints.

Implementation Responsibility: Maryland State Police, Maryland Chief's of Police Association and Maryland Sheriff's Association, Maryland Highway Safety Office

Purpose/Rationale:

Highly visible and publicized law enforcement efforts designed to identify and arrest impaired drivers have been demonstrated to be effective in reducing DUI/D rates. Increasing these efforts will help remove impaired drivers from the roadways and improve public safety.

Dissenting Views: None.

Research Support or Best Practice:

Multiple studies show that highly visible, highly publicized and frequent sobriety checkpoints increase the perceived risk of arrest and are effective in reducing impaired driving crashes (on the order of 20 percent reductions).

Nighttime seat belt checkpoints are beginning to show increased detection of DUIs and other violations (e.g., Washington State). Community sobriety checkpoint programs and statewide programs have been shown to be effective.

One NHTSA study showed that sobriety checkpoints were more effective than saturation patrols in reducing impaired driving crashes. Sobriety checkpoint programs have been shown to be effective in North Carolina, Tennessee, Georgia, West Virginia (low staff), and Indiana.

The *Monitoring the Future of Maryland* survey in 2008 showed that 71 percent of Maryland drivers support the frequent use of sobriety checkpoints (at least monthly).

References:

Shults, et al., (2001). *Reviews of Evidence Regarding Interventions to Reduce Alcohol-Impaired Driving*. American Journal of Preventive Medicine, 21 (4S), 66-88.

Elder, et al., (2002). *Effectiveness of Sobriety Checkpoints for Reducing Alcohol-Involved Crashes*. Traffic Injury Prevention, 3: 266-274.

Fell, Lacey & Voas (2004). *Sobriety Checkpoints: Evidence of Effectiveness is Strong, but Use is Limited*. Traffic Injury Prevention, 5:220-227; Lacey, Ferguson, Kelley-Baker and Rider (2006). *Low-Manpower Checkpoints: Can They Provide Effective DUI Enforcement in Small Communities?* Traffic Injury Prevention, 7:213-218.

Zwicker, Chaudhary, Maloney and Squeglia (2007). *Connecticut's 2003 Impaired-Driving High-Visibility Enforcement Campaign*. NHTSA, U.S. DOT, DOT HS 810-689, February 2007.

Stuster, J.W., & Blowers, M.A. (1995). *Experimental Evaluation of Sobriety Checkpoint Programs*. (DOT HS 808 287). Washington, D.C: National Highway Traffic Safety Administration.

Fell, Langston, Lacey, Tippetts, Cotton (2008). *Evaluation of Seven Publicized Enforcement Demonstration Programs to Reduce Impaired Driving: GA, LA, PA, TN, TX, IN, MI*. NHTSA, DOT HS 810-941. May 2008.

Details:

Some law enforcement agencies are reluctant to conduct sobriety checkpoints due to the strain these operations can have on limited personnel. However, research indicates that low manpower sobriety checkpoints are just as effective and pose much lower demands on departments. Checkpoints also are documented to be more effective if they are combined with saturation patrols and high-visibility media campaigns.

Another option to consider is increasing the number of law enforcement officers dedicated to DUI/D enforcement.

III. Law Enforcement Initiatives

III.2. Establish streamlined DUI/D arrest procedures using information technology solutions to reduce data entry and report writing time.

Implementation Responsibility: Maryland Chiefs of Police Association, Maryland Sheriff's Association, Maryland State Police, Maryland State Attorney's Association, Governor's Office of Crime Control and Prevention

Purpose/Rationale:

Impaired driving arrests can be time consuming for law enforcement personnel. Efforts are needed to reduce arrest processing time and redundancy of data entry and report writing in order to free law enforcement personnel to complete other duties on their shift.

Dissenting Views: None.

Research Support or Best Practice:

NHTSA will be publishing reports documenting different methods and systems being used.

Texas and Oklahoma have successfully streamlined procedures.

References:

Law Enforcement Advanced DUI/DWI Reporting System (LEADRS). NHTSA, www.nhtsa.gov.

Details:

Current procedures can be time consuming to complete for the arresting officer. Reducing arrest processing time would free law enforcement personnel to complete other duties on their shift. Reducing paperwork through the use of electronic forms would help reduce errors as well as processing time.

III. Law Enforcement Initiatives

III.3. Create a CD or electronic file reading the revised DR15 form for advisement of rights in different languages.

Implementation Responsibility: Motor Vehicle Administration in coordination with Maryland Highway Safety Office and Law Enforcement

Purpose/Rationale:

The increase in impaired driving arrests for drivers whose primary language is other than English places increased demands on law enforcement personnel regarding advisement of rights. A method is needed to help ensure that the arrestee is advised of their rights in a language that they understand. In addition, Maryland provides the driver's license exam in several different languages and the advisement of rights should mirror that practice.

Dissenting Views: None.

Research Support or Best Practice:

The Maryland Driver's License test is given in seven languages.

References:

Details:

Part of the revised DR15 needs to acknowledge that the person was "read" the DR15 in their own language by the CD.

III. Law Enforcement Initiatives

III.4. Mandate a set number of training hours for entry-level officers and continuing education units for law enforcement personnel on DUI/D arrest procedures to retain their certification.

Implementation Responsibility: Maryland Police Training Commission

Purpose/Rationale:

Up-to-date, periodic training is required to help ensure that law enforcement personnel who suspect a vehicle operator of driving while impaired conduct their investigation, and any subsequent arrest, in a fair, consistent, and lawful manner that protects the public and the rights of the vehicle operator.

Dissenting Views: None.

Research Support or Best Practice:

This kind of training is recommended by NHTSA and the International Association of Chiefs of Police (IACP).

There is ample evidence that drugs other than alcohol play a role in crashes. Law enforcement training has been shown to increase the percent of DUI/D arrests that are upheld in court.

References:

NHTSA (June 2005). *Statewide Traffic Enforcement Plan*. Training (page 8), DOT HS 809 891.

Walsh, et al., (2004). Transportation Research Board Circular, Drugs and Traffic Symposium, Number E-C096, (May 2006).

ICADTS (2007), *Guidelines for Drugged Driving Research*.

Details:

DUI/D laws and procedures are complicated and often change, necessitating ongoing, regularly scheduled training events. Training should include, but is not limited to:

Proper advisement of rights;

Sanctions for BAC test refusal;

Form completion;

Recent changes in laws and procedures; and

Develop web-based courses, CDs and other tools to help train law enforcement officers on drunk and drugged driving.

III. Law Enforcement Initiatives

III.5. Establish a mobile alcohol testing program that can be used for evidentiary purposes.

Implementation Responsibility: State Law Enforcement Organizations; State Toxicologist

Purpose/Rationale:

A mobile alcohol testing program could be used throughout the State to improve arrest processing time and remove more impaired drivers from the roadways.

Dissenting Views: None.

Research Support or Best Practice:

Numerous states use mobile alcohol testing facilities to help streamline the DUI arrest process. Michigan reported success with the BATmobile in 2003.

This also is being done in other nearby states: West Virginia, District of Columbia, and North Carolina.

References:

MICHIGAN BATmobile, NHTSA Traffic Safety Digest, Fall 2003.

Details:

Mobile alcohol testing conducted statewide by law enforcement personnel would streamline the arrest process and can serve as a general deterrent to the public.

The state toxicologist would need to modify existing policies and procedures to allow mobile testing.

III. Law Enforcement Initiatives

III.6. Record the reported place of last drink on the statewide arrest form, analyze the data and distribute this information to local Liquor Control Boards and Parole and Probation

Implementation Responsibility: Statewide Law Enforcement Organizations in coordination with local Liquor Control Boards

Purpose/Rationale:

Local liquor control boards are responsible for monitoring and evaluating establishments that serve alcohol. Providing information on reported place of last drink for those arrested for impaired driving will help the local boards identify establishments that may need additional server training, or other assistance, to help them avoid over-serving patrons.

Dissenting Views: None.

Research Support or Best Practice:

The place of last drink for drivers arrested for DUI helps identify potential problem establishments. Responsible Beverage Service (RBS) training has been associated with reductions in crashes.

Washington and New Jersey routinely report place of last drink for those arrested for DWI. Orange County, California, has a report on its use.

References:

McKnight and Streff (1994). *The Effect of Enforcement Upon Service of Alcohol to Intoxicated Patrons of Bars and Restaurants*. Accident Analysis and Prevention, 26(1), 79-88.

Kite, Alberts and Condon (2002), *Circumstances of Drinking Prior to DUI Arrest*. Orange County Health Care Agency, Santa Ana, California.

Chinnock (2006). *Interventions in the Alcohol Server Setting for Preventing Injuries*. The Cochrane Collaboration, Issue 2.

Details:

Recording the reported place of last drink on the arrest form would help local Liquor Control Boards identify establishments that may need additional server training or other assistance to help them avoid over-serving patrons.

The coordinating agency should compile this information on a quarterly basis and transmit to the local boards for review and action.

III. Law Enforcement Initiatives

III.7. The Motor Vehicle Administration should create a data system that permits law enforcement personnel to query and download lists of suspended and revoked driving licenses as a result of a DUI/D for their localities.

Implementation Responsibility: Motor Vehicle Administration in conjunction with Chief of Police and Sheriff's Associations

Purpose/Rationale:

Research indicates that a significant number of drivers who have had their license suspended as a result of a DUI/D arrest and/or conviction continue to drive. Providing up-to-date information to law enforcement personnel on suspended licenses for drivers in their jurisdictions will help them monitor illegal driving behavior. This effort is expected to be especially useful in small communities and rural localities.

Dissenting Views: None.

Research Support or Best Practice:

Some states use "Hot Sheet" procedures to identify unlicensed drivers (e.g., Ohio, Florida, Utah, West Virginia). This is recommended by NHTSA and NTSB (Safety Recommendation HOO-26).

References:

Moser (no date). *Guidelines for a Suspended or Revoked Operator Enforcement Program*. National Sheriffs Association. NHTSA, DOT HS 808 653.

Details:

This is not a passive program. It needs to be active and used on a frequent and consistent basis.

Enable law enforcement to query the list on-line, perhaps by zip code of residence.

IV. Intervention and Treatment Initiatives

IV.1. Establish consistent and effective risk assessment tools and procedures across the State to facilitate the provision of treatment for those offenders who have substance abuse problems and/or risk to recidivate. As part of this process, establish a list of approved treatment providers in every jurisdiction that must be used to meet MVA, OAH and court requirements.

Implementation Responsibility: Alcohol and Drug Abuse Administration or MASAP

Purpose/Rationale:

Individuals with alcohol dependency or addiction are at very high risk to repeatedly drive drunk. According to treatment providers, it is important to identify consistent risk assessment tools and procedures to be used after a DUI/D arrest to help identify high-risk individuals who can be helped by further intervention and treatment. Treatment providers should be screened and approved for these types of assessments to ensure they are using evidence-based assessment and treatment methods, as well as ensure that services are consistently and adequately provided.

Dissenting Views: None.

Research Support or Best Practice:

Recommended by National Institute on Alcohol Abuse and Alcoholism (NIAAA). Research on effectiveness indicates that treatment of any kind reduces drinking/driving recidivism by eight to nine percent.

References:

Wells-Parker, Bangert-Downs, McMillen & Williams (1995). *Final Results from a Meta-Analysis of Remedial Interventions with Drink/Drive Offenders*. *Addiction*, 90, 907-926, 1995.

NIAAA (2005). *Screening for Alcohol Use and Alcohol-Related Problems*. *Alcohol Alert*, Number 65, April 2005.

Details:

Effective substance abuse assessment tools should be identified and consistently used to determine if offenders pose an increased risk to themselves and the public.

Screenings and assessment tools and procedures should be consistent across all localities and performed as soon as possible after an arrest is made.

Education materials should be provided to prosecutors, public defenders, and other attorneys about the importance and benefit of screenings, assessments, and treatment for those who need it.

A list of approved vendors who use approved tools and procedures should be established for use by the courts and attorneys.

IV. Intervention and Treatment Initiatives

IV.2. Primary and emergency care personnel should be trained and encouraged to use brief interventions with patients arrested for impaired driving.

Implementation Responsibility: Maryland Institute for Emergency Medical Services Systems (MIEMMS) in coordination with Maryland health and medical professional associations: Maryland Health Care Commission, Department of Health and Mental Hygiene (Medical Assistance), and Health Insurers/Health Benefit Plans/Health Maintenance Organizations

Purpose/Rationale:

Individuals with alcohol dependency or addiction are at a high risk for being arrested for multiple impaired driving violations. Brief interventions have been demonstrated to be an effective method for identifying individuals who may be at risk and linking them with appropriate services. These efforts can reduce impaired driving crashes.

Dissenting Views: None.

Research Support or Best Practice:

Brief interventions in medical settings have been found to significantly reduce future alcohol consumption rates and alcohol-related injuries. Studies show decreases in future injuries and hospitalizations on the order of 50 percent.

References:

Gentilello, Rivara, Donovan, Jurkovich, Daranciang, Dunn, Villaveces, et al., (1999). *Alcohol interventions in a Trauma Center as a Means of Reducing the Risk of Injury Occurrence*. *Annals of Surgery*, Volume 230, Number 4, 473-483, 1999.

Solberg, Maciosek and Edwards (2008). *Primary Care Intervention to Reduce Alcohol Misuse*. *American Journal of Preventive Medicine*, 34(2) 143-152.

Mello, Nirenberg, McMahon-Downer and Baird (2006). *Alcohol Screening in the Emergency Department*. AAA Foundation for Traffic Safety, December 2006.

Details:

Training programs and materials are needed to expand the use of brief intervention by primary and emergency care personnel, including emergency responders.

Brief interventions (15 minutes or less) have been demonstrated to be effective in determining the possibility of substance abuse and the need for further intervention.

IV. Intervention and Treatment Initiatives

IV.3. Request MedChi, in coordination with NHTSA, to explore the need for establishment of a Current Procedural Terminology (CPT) Code unique to Brief Intervention.

Implementation Responsibility: NHTSA and MedChi

Purpose/Rationale:

There is no current method for medical personnel to be reimbursed for provision of brief intervention services. Establishing a method for reimbursement would encourage the provision of these effective services and eliminate reluctance among the medical community to spend time on this screening process.

Dissenting Views: Maryland Trial Lawyers Association: Concerned that health and auto insurers will increase premiums or cancel coverage based on treatment provided.

Research Support or Best Practice:

Brief interventions in medical settings have been found to significantly reduce future alcohol consumption rates and alcohol-related injuries. Studies show decreases in injuries and hospitalizations on the order of 50 percent.

Creation of a CPT code could increase the incidence of use of brief interventions.

References:

Gentilello, Rivara, Donovan, Jurkovich, Daranciang, Dunn, Villaveces, et al., (1999). *Alcohol interventions in a Trauma Center as a Means of Reducing the Risk of Injury Occurrence*. *Annals of Surgery*, Volume 230, Number 4, 473-483, 1999.

Solberg, Maciosek and Edwards (2008). *Primary Care Intervention to Reduce Alcohol Misuse*. *American Journal of Preventive Medicine*, 34(2) 143-152.

Mello, Nirenberg, McMahon-Downer and Baird (2006). *Alcohol Screening in the Emergency Department*. AAA Foundation for Traffic Safety, December 2006.

Details:

Creation of a Current Procedural Terminology (CPT) Code unique to Brief Interventions through the American Medical Association could provide a uniform language that accurately describes this service, thereby aiding all parties, including health care insurers, in facilitating proper and effective utilization, review, and payment. <http://www.ama-assn.org/ama/pub/category/3112.html>.

Establishment of a Current Procedural Terminology (CPT) code would facilitate insurance reimbursement for brief interventions and encourage their use by health care professionals.

IV. Intervention and Treatment Initiatives

IV.4. Update and distribute a catalog of effective treatment options, and how they may be accessed, for use by the courts and physicians.

Implementation Responsibility: Department of Health and Mental Hygiene, MASAP

Purpose/Rationale:

Physicians and court personnel are not always aware of treatment options that may be available in their locality. Providing ready access to this information will help improve patient care and provide the courts with additional options to consider upon DUI/D conviction.

Dissenting Views: None.

Research Support or Best Practice:

Research shows that treatment of any kind can reduce DUI recidivism by eight to nine percent.

References:

Wells-Parker, Bangert-Downs, McMillen & Williams (1995). *Final Results from a Meta-Analysis of Remedial Interventions with Drink/Drive Offenders*. *Addiction*, 90, 907-926, 1995.

Details:

Court personnel and health care providers are not always aware of which substance abuse treatment options are most effective, how they can be accessed, and where they are provided.

A statewide guide would offer valuable information that would provide viable alternatives to the courts and assist health care providers meet their patient's needs.

IV. Intervention and Treatment Initiatives

IV.5. Convene representatives from the Maryland Insurance Administration (MIA), Maryland Health Care Commission (MHCC), health plan providers and health insurers to identify and discuss issues regarding accessing health insurance benefits for screening, assessment and treatment by DUI/D offenders. Develop appropriate recommendations to address those issues as needed.

Implementation Responsibility: Maryland Insurance Administration, Maryland Health Care Commission, Department of Health and Mental Hygiene (Medical Assistance), and Health Insurers/Health Benefit Plans/Health Maintenance Organizations

Purpose/Rationale:

Examination of the current processes and problems relative to health care costs and benefits in regard to screening, assessment, and treatment of DUI/D offenders is needed. Solutions are needed that insurers, the health care community, and the public agree upon to help ensure screening, assessment, and treatment can be provided when deemed necessary.

Dissenting Views: None.

Research Support or Best Practice:

References:

Details:

Increase the frequency of appropriate treatment for offenders.

Many health care insurers provide some form of benefits for services relative to alcohol and drug use/abuse.

A prerequisite for payment in many circumstances is clear evidence that services rendered are medically necessary.

Health care practitioners and insurers can benefit from a better understanding of where and how screening, assessment, and treatment of DUI/D offenders can impact the potential for future claims.

IV. Intervention and Treatment Initiatives

IV.6. Establish best practices that urge physicians and pharmacists to provide better notification to patients, and ensure that the patient understands the effects of prescription and over the counter drugs on driving ability.

Implementation Responsibility: Med Chi (Maryland) and/or Maryland Nurses Association and/or Board of Pharmacy

Purpose/Rationale:

Medical advances have resulted in the increased use of prescription and over the counter medications that impair driving. Consumers need to be fully informed of the potential danger of driving while under the influence of impairing drugs to help ensure their safety and the safety of the public.

Dissenting Views: None.

Research Support or Best Practice:

This has the potential to increase awareness of certain impairing drugs.

References:

Details:

Drugs that impact driving should be required to be labeled, and physicians, nurse practitioners and pharmacists should add this to the best practices list as far as informing the consumer - this may already be a practice and simply requires further education and encouragement.

Should focus education more on pharmacists than physicians.

V. Court Initiatives

V.1. Provide education and informational materials to judges, prosecutors and defense attorneys on DUI/D impacts, the implications of their decisions and best practices regarding sentencing and sanctions. Provide increased education on drugged driving to prosecutors, judges and Probation and Parole personnel.

Implementation Responsibility: Maryland Judicial Conference in coordination with Maryland Trial Lawyers Association, Criminal Defense Bar and MVA; MASAP as a major coordinating resource

Purpose/Rationale:

Considerable information is available regarding the effectiveness of various sentencing and sanction options for DUI/D offenders. Providing this information to the courts would help inform judges, prosecutors, and defense attorneys on viable options for protecting public safety and meeting the needs of the offender.

Dissenting Views: None.

Research Summary:

The National Judicial College and NHTSA recommends this type of education program.

References:

National Association of State Judicial Educators and The Century Council *Hardcore Drunk Driving Judicial Guide: A Resource Outlining Judicial Challenges, Effective Strategies and Model Programs*

Details:

Providing the most up-to-date information that reflects the latest research on effective sentencing and sanctions would help judges make more informed decisions.

This information should include a matrix of documented best practices for reducing repeat offenses that covers a diverse range of offense scenarios, including first-time offenders, high BAC-level offenders, and repeat and multiple offenders.

Effective alternatives to jail time should be addressed, including home detention, alcohol monitoring, treatment and other options.

One resource to use for training is the National Association of State Judicial Education (NASJE) retired judges program.

V. Court Initiatives

V.2. Provide informational materials to judges, prosecutors and defense attorneys regarding the training standards, qualifications and effective use of Drug Recognition Expert's (DRE) for impaired driving cases.

Implementation Responsibility: Maryland State Police, State Associations of Prosecutors and Defense Attorneys

Purpose/Rationale:

There is evidence that drugs other than alcohol are present in a significant number of drivers injured in crashes admitted to Maryland trauma centers. DREs can be very effective in helping to identify impairment for BACs below 0.07 and helping the courts make informed decisions in impaired driving cases. DREs are recognized in other states as experts and provide scientifically based assessments relative to impairment to drugs other than alcohol.

Dissenting Views: None.

Research Support or Best Practice:

This has the potential to increase the awareness of judges of certain impairing drugs.

References:

Details:

DREs can be an effective resource for the courts when blood alcohol levels are found to be within legal limits but impairment is observed by the law enforcement officer.

Need to ensure that the law enforcement personnel recognize that if a person seems impaired and the BAC is below 0.07, it could be DUID.

DREs only work on BACs <0.07, and in some jurisdictions only if it is 0.0.

V. Court Initiatives

V.3. Encourage an increase in the number of DUI/D courts for high BAC and repeat offenders, providing necessary resources for the judiciary, the State's Attorney's Office, the Office of the Public Defender, Drinking Driving Monitor Program, and the MASAP (when implemented).

Implementation Responsibility: Office of the Problem Solving Courts

Purpose/Rationale:

DUI Courts have been found to be an effective approach to dealing with repeat offenders and offenders with alcohol dependency or addiction. Additional DUI/D courts would expand services to more individuals needing these services and help reduce recidivism.

Dissenting Views: Maryland Public Defenders Office: Opposes the addition of specialty courts without commensurate funding for all: judges, defense attorneys, and prosecutors.

Research Support or Best Practice:

DUI/D Courts have been found to be effective in reducing recidivism.

DUI/D Courts have increased in the United States from 70 in 2003 to 400 in 2007.

Effective DUI/D Courts are in OR, GA, MI and NM.

References:

Lapham, Kapitula, deBaca and McMillan (2006). *Impaired-Driving Recidivism among Repeat Offenders Following an Intensive Court-Based Intervention*. Accident Analysis and Prevention, 38, 162-169.

Fuller, Carey and Kissick (2007). *Michigan DUI Courts Outcome Evaluation Final Report*. NPC Research, October 2007.

Details:

Provide necessary resources for the judiciary, State's Attorney's Office, the Office of the Public Defender, and Drinking Driving Monitor Program.

If MASAP is implemented, there would be less of a need for these courts, but these courts still tend to address high BAC and repeat offenders.

DUI/D courts have been demonstrated to be an effective approach to reducing recidivism.

Additional courts should be established in localities with the highest number of repeat offenders.

V. Court Initiatives

V.4. Establish a special committee to review all procedures regarding matters involving blood tests on DUI/D cases to facilitate and develop a more streamlined approach to the introduction of evidence. This special committee will consist of representatives from the Rules Committee; Committee on Evidentiary Matters; State's Attorney's Association; Defense and Prosecuting Attorney Associations; Public Defender's Office; Courts; and Law Enforcement.

Implementation Responsibility: Rules Committee; Committee on Evidentiary Matters; State's Attorney's Association; Defense and Prosecuting Attorney Associations; Public Defender's Office; Courts; and Law Enforcement.

Purpose/Rationale:

Testimony was provided indicating that some labs and medical facilities are reluctant, or sometimes refuse, to draw blood or analyze it due to inordinate amount of time necessary to meet court requirements. Further efforts are needed to help simplify evidentiary requirements while still protecting the rights of the defendant.

Dissenting Votes: None.

Research Support or Best Practice:

The U.S. DOT *Procedures for Transportation Workplace Drug and Alcohol Testing Programs* provide guidelines on this subject.

References:

Title 49: Transportation. Part 40-*Procedures for Transportation Workplace Drug and Alcohol Testing Programs*.

Details:

Current procedures sometimes result in multiple lab or medical personnel being required to appear in court to testify on the handling of blood samples. This places an onerous burden on public agencies and private sector businesses that discourages their assistance to the State.

Permitting the lab or emergency room manager or other designated qualified individual to testify on behalf of their organization would remove this burden.

This change may require legislative action.

Presenters commented that Johns Hopkins University is refusing to draw blood if a police officer shows up at the hospital and suspects the person is intoxicated because of requirements to go to court if they do draw blood.

V. Court Initiatives

V.5. Review court procedures regarding who is required to testify on evidentiary matters involving breath tests on DUI/D cases to reduce the burden on medical or lab personnel.

Implementation Responsibility: Rules Committee; Committee on Evidentiary Matters; State's Attorney's Association; Defense and Prosecuting Attorney Associations; Courts

Purpose/Rationale:

Breathalyzer operators are often called into court to testify, experiencing long waits, last-minute plea bargains, and continuances. Further efforts are needed to help simplify evidentiary requirements while still protecting the rights of the defendant, as well as take into consideration the stress put on local police departments.

Dissenting Votes: Maryland Public Defenders Office, Maryland Trial Lawyers Association: Concern about protecting the defendant's right to question everyone involved in processing evidence relevant to their case.

Research Support or Best Practice:

The U.S. DOT *Procedures for Transportation Workplace Drug and Alcohol Testing Programs* provide guidelines on this subject.

References:

Title 49: Transportation. Part 40-*Procedures for Transportation Workplace Drug and Alcohol Testing Programs*.

Details:

Current procedures sometimes result in multiple lab or medical personnel to appearing in court to testify on the handling of blood samples. This places an onerous burden on public and private sector businesses that discourages their assistance to the State.

Permitting the lab or emergency room manager or other designated qualified individual to testify on behalf of their organization would remove this burden.

This change may require legislative action.

VI. Education Initiatives

VI.1. Develop effective, research-based model curriculums for elementary, middle and high school teachers, in collaboration with content experts, to use in health education classes to inform youth of the dangers of alcohol and other drug use and the impact on driving.

Implementation Responsibility: State Superintendent of Education, Local Boards of Education coordinating with MADD regarding their model program Protecting You, Protecting Me (PYPM)

Purpose/Rationale:

Research indicates that education programs can be effectively implemented as early as elementary school to help reduce inappropriate use of alcohol and other drugs. Research-based curriculums implemented throughout all public schools will help reduce impaired driving rates.

Dissenting Votes: None.

Research Support or Best Practice:

Protecting You, Protecting Me (PYPM) is a model program that has increased knowledge about the effects of alcohol and has reduced reported drinking behavior or intent to drink in the future.

NIAAA recommends school-based education programs.

References:

Protecting You, Protecting Me, SAMHSA Model Program, Substance Abuse, and Mental Health Services Administration, National Institutes of Health web site.

NIAAA (2006). *Underage Drinking*. Alcohol Alert Number 67, January 2006.

Elder, et al., (2005). *Effectiveness of School-Based Programs for Reducing Drinking and Driving and Riding with Drinking Drivers*. American Journal of Preventive Medicine, 28(5S).

Details:

One of the most effective ways to prevent impaired driving is to provide education to youth throughout their public school time period.

Model curriculums endorsed by the State Board of Education and adopted by local school divisions would help teachers provide effective, consistent messages to youth across the State.

Semiannual in service training should be provided to all public school health teachers.

VI. Education Initiatives

VI.2. Encourage local boards of education to require high school students, along with their parents or legal guardians, to attend a class on alcohol and drug impaired driving, in order to obtain a pass to park on school grounds.

Implementation Responsibility: Local Boards of Education

Purpose/Rationale:

Parents have a profound influence on the driving behavior of their young drivers. A joint education program on impaired driving will help both students and parents understand the dangers/consequences of impaired driving, and provide parents with strategies to help prevent impaired driving by their young driver.

Dissenting Votes: None.

Research Support or Best Practice:

This has potential to increase the awareness of DUI and DUID laws.

References:

Details:

This will require changes in policies by local boards of education.

VII. Legislative Initiatives

VII.1. Pass legislation to discourage and punish underage drinking by:

- a. Creating an automatic six-month suspension of the driver's license (with the exception of work, school, medical treatment, and healthcare trips) for individuals between 16 and 20 years old who are adjudicated and found to be involved in illegal possession of alcohol. Underage individuals guilty of illegal alcohol possession who have not yet received a license should receive a six-month waiting period upon application for a license.
- b. Creating a "No Consumption Law" for underage drivers that results in automatic suspension of the driver's license for six months (with the exception of work, school, medical treatment, and healthcare trips) for individuals between 16 and 20 years old, and establish an equivalent civil offense.
- c. Establishing a criminal offense for any adult to illegally obtain or provide alcohol for anyone under the age of 21.

Implementation Responsibility: Governor's Office, General Assembly

Purpose/Rationale:

A significant number of other states have taken action to reduce underage drinking through the deterrence of license suspension. Research indicates that underage drinkers are more likely to be involved in an alcohol-related crash than underage nondrinkers. Sanctions designed to reduce underage alcohol consumption will help reduce impaired driving among this age group.

Dissenting Votes: Maryland Trial Lawyers Association and Maryland Public Defenders Office (1a and 1b): Concern about lack of nexus between drinking and license suspension.

Maryland Public Defenders Office (1c): Concern about making this a criminal offense.

Research Support or Best Practice:

Research shows that driver's license sanctions are effective on youth drinking and driving violations. Use and Lose laws have been shown to be effective and are in use in 37 states.

The following states have strong Use & Lose laws: Alabama, California, D.C., Louisiana, Pennsylvania, and Delaware (just passed this last legislative session).

No consumption laws currently are in 30 states, including Alabama, D.C., North Carolina, Pennsylvania, Tennessee, and West Virginia.

References:

Ulmer, Shabanova and Preusser (June 2001). *Evaluation of Use & Lose Laws*. NHTSA, 2001.

Fell, Fisher, Voas, Blackman and Tippetts (2008). *The Relationship of Underage Drinking Laws to Reductions in Drinking Drivers in Fatal Crashes in the United States*. Accident Analysis and Prevention, 40, 1430-1440.

Details:

It currently is a criminal offense for a retailer to sell alcohol to a minor but it is only a civil offense for an adult to knowingly buy alcohol for a minor. Legislation is needed that would equalize the penalties.

VII. Legislative Initiatives

VII.2. A conviction for violation of an alcohol restriction on a driver's license should be made an incarcerable offense with a recommended sentence of 60 days and a \$500 fine.

Implementation Responsibility: Governor's Office, General Assembly

Purpose/Rationale:

An increasing number of DUI/D arrests are repeat offenders. Further sanctions are needed to help reduce recidivism rates and improve public safety.

Dissenting Votes: Maryland Public Defenders Office: Equal Protection issue.

Research Support or Best Practice:

Lower BAC Limits for Repeat Offenders was found to be an effective law in Maine (convicted DUI offenders in fatal crashes decreased by 45 percent).

References:

Jones and Rodriguez-Iglesias (2004). *Evaluation of Lower BAC Limits for Convicted OUI Offenders in Maine*. NHTSA DOT HS 809 827, December 2004.

Details:

VII. Legislative Initiatives

VII.3. Increase the amount of time before a person is eligible for another Probation Before Judgment (PBJ) from five years to ten years.

Implementation Responsibility: Governor's Office, General Assembly

Purpose/Rationale:

An increasing number of DUI/D arrests are repeat offenders. It is important that repeat offenders be effectively identified so that appropriate sanctions, assessment, and treatment be provided to reduce risk of repeated offenses.

Dissenting Votes: Maryland Trial Lawyers Association: MTLA believes that an increased lookback period would discourage an offender from enrolling in and completing an alcohol treatment and sobriety program.

Research Support or Best Practice:

Data from other states show that recidivism rates for repeat offenders increases from 20 to 30 percent after 5 years to 40 to 50 percent after 10 years.

References:

Details:

VII. Legislative Initiatives

VII.4. Make all “B” Offenses (Driving while Impaired – 0.06, 0.07 or test refusal) at MVA count toward meeting the repeat offender statute at MVA.

Implementation Responsibility: Governor’s Office, General Assembly

Purpose/Rationale:

An increasing number of DUI/D arrests are repeat offenders. It is important that repeat offenders be effectively identified so that appropriate sanctions, assessment, and treatment can be provided to reduce risk of repeated offenses.

Dissenting Votes: None.

Research Support or Best Practice:

Research indicates that any alcohol-related event predicts future recidivism (Rauch, 2002b).

References:

Rauch, Zador, Ahlin, Baum, Duncan, Raleigh, Joyce & Gretsinger (2002b). *Any First Alcohol-Impaired Driving Event is a Significant and Substantial Predictor of Future Recidivism*. Proceedings of the 16th International Conference on Alcohol, Drugs, and Traffic Safety (ICADTS), T2002, Montreal, Quebec, Canada. Mayhew & Dussault (editors).

Details:

Makes MVA procedures consistent with criminal law.

VII. Legislative Initiatives

VII.5. Require law enforcement officers to request alcohol testing of all drivers involved in life-threatening or fatal crashes. Data will be used exclusively for research purposes.

Implementation Responsibility: Governor's Office, General Assembly

Purpose/Rationale:

Additional data is needed to more accurately determine the contributing factor alcohol and other drug consumption plays in the fatal crashes. Accurate data will better inform officials on the extent of the problem and need for additional actions.

Dissenting Votes: Maryland Trial Lawyers Association: Concerned that it is unclear how the test results would be excluded from being used in court.

Research Support or Best Practice:

This has been successfully implemented in Nebraska. BAC testing rates of surviving drivers in fatal crashes have been on the order of 60 to 80 percent positive over the years.

References:

Nebraska Law, Regulations Governing the Use of Public Roads, 39-6, 104.07 and 104.08.

Details:

"Life Threatening Injury" is defined as when the injury results in a patient being transported or transferred to a trauma center.

Testing would be on an informed consent basis.

Additional data is needed to fully determine the impact of impaired driving on highway safety.

This data is to be used for research and statistical purposes and is not intended to be used in court.

This has the potential to impact Federal 410 funding as it is one of the criteria needed to qualify for impaired driving funds from the NHTSA.

VII. Legislative Initiatives

VII.6. All Motor Vehicle Administration (MVA) or court-mandated interlock users should be required to achieve a minimum of six consecutive violation-free months for a maximum of three years or termination of probation, whichever comes first. Repeat offenders and high BAC-level offenders (0.15 percent or greater) should be required to have violation-free use for 12 consecutive months. Mandated ignition-interlock time periods should be automatically extended until violation-free standards are achieved. Offenders should be provided the right to challenge the failure finding, if they suspect a mechanical failure, through the MVA or Court.

Implementation Responsibility: Governor's Office, General Assembly

Purpose/Rationale:

Use of ignition interlocks is intended to prevent drunk driving, change behavior and lead to long-lasting changes in behavior. A minimum of six consecutive months of failure-free use has been demonstrated to significantly reduce recidivism.

Dissenting Views: None.

Research Support or Best Practice:

Some states are adding extended times on the interlock for a certain number of violations (e.g., Michigan, Pennsylvania, West Virginia, and Virginia). Experts believe extended times increase the public safety aspect of interlocks. When offenders are on an interlock, recidivism is reduced by 60 percent to 95 percent.

References:

Marques & Voas. *Elements of Best Practices in Ignition Interlock Programs*. NHTSA Contract DTNH22-05-D-25043, Submitted February 2008, Under Review by NHTSA.

Details:

This will require additional MVA resources to monitor the increase in the number of people in the ignition interlock program.

Individuals must have an opportunity to challenge reported failures to MVA if they wish to claim it was a mechanical failure before any time extension is determined.

For court-ordered interlocks, the time limit for interlocks should be a maximum of three years probation unless referred to MVA.

VII. Legislative Initiatives

VII.7. Recodify all DUI/D-related traffic laws.

Implementation Responsibility: Maryland Judicial Conference or General Assembly

Purpose/Rationale:

Maryland DUI/D traffic laws have had numerous revisions since the last recodification. Another recodification is needed to help reduce the complexity of the impaired driving traffic laws and improve understanding of their provisions.

Dissenting Votes: None.

Research Support or Best Practice:

References:

Details:

The Task Force felt strongly about the need to recodify the DUI/D-related traffic laws due to their complexity.

Appendix A

*Outline for the Maryland Alcohol Action Safety Program
(MASAP)*

A. Outline for the Maryland Alcohol Action Safety Program (MASAP)



Maryland Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Detailed Proposal for the Maryland Alcohol Action Safety Program (MASAP)

A subcommittee of the Task Force (TF) met on August 19, 2008 to craft a detailed implementation proposal for the recommendation to establish a Maryland Alcohol Safety Action Program (MASAP). The full Task Force reviewed the proposal and made revisions at its meeting on August 26, 2008.

MASAP's mission would be to address public safety and the overall health of the DUI offender. MASAP would be an oversight agency for local, county-based Alcohol Safety Action Programs (ASAP). The Task Force recommends that this model be introduced as a pilot program in two to three counties to help determine the best way to establish local programs and assess program impacts.

Overall Recommendations

Process for including MASAP into the legal process:

1. Arrest: An Offender would be eligible to opt in to a local ASAP upon arrest via an arraignment appearance.
2. Arraignment/Initial Appearance (within 15 days of arrest):
 - It is important to react to and sentence offenders in a timely manner – a fast turnaround time is essential to reducing lack of appearances at court trials and recidivism.
 - Arraignments could be handled by either a judge or a commissioner.
 - During the arraignment the offender will be informed of his/her options including the benefits of hiring an attorney and the benefits of opting into ASAP. The offender still retains the option to enter the program at a later date if they choose not to at this point.

- The offender can choose to participate in the evaluation program at this point. An ASAP case manager will be available to begin the evaluation process.
 - The offenders will not have to pay for the evaluation if eventually found not guilty. If found guilty, they will be responsible for payment of appropriate ASAP fees, which are established under the direction of the MASAP.
 - » A formal assessment will be provided by a MASAP approved public or private treatment provider.
 - It may be possible that a judge could address multiple offenders at once to limit the additional time from this step.
3. Administrative Per Se/Refusal (within 30 days of arrest).
- The offender can request a hearing or opt into the ignition interlock program for one year if found to have a high BAC (BAC > 0.15).
 - If the offender doesn't show up for their arraignment, their license is automatically suspended.
4. OAH Hearing (MVA) (within 75 days of arrest).
- OAH provides another venue in which the same information (see item #2 above) will be provided.
 - The Administrative Law Judge could require ignition interlocks, review by MAB, and /or license restrictions. Ignition interlock failure leads to an automatic license suspension.
5. Court Trial (intended to be as soon as possible).
- The local bar, in coordination with the judiciary, will attempt to hear these cases once per week.
 - If the offender is convicted of a DUI or given PBJ the offender would be subject to:
 - » Mandatory referral to a local ASAP instead of a traditional probation officer.
 - A sliding scale fee system based upon ability to pay will be in place.
 - If the offender violates ASAP conditions, then it is considered a violation of probation.
 - » Determines conditions of sentence they must follow to meet the lawful order of the ASAP case manager.
 - » An offender can petition for modification to the court for conditions of ASAP.
 - » ASAP cannot modify probation period or order jail time or electronic monitoring.

Components of Local ASAPs Include:

1. A screening and case management plan (to identify risk factors) and referral.
2. Treatment by certified providers based on the assessment.
3. Education (alcohol education program, victim impact, etc.).
4. The ASAP case manager has authority over the following actions:
 - a. Ignition interlocks.
 - i. The ASAP case manager has the authority to impose ignition interlock unless specifically stated as not being an option by the judge.
 - ii. Violations would be reported to ASAP which then determines the action against the offender. After three violations, the case manager can extend the ignition interlock or petition the court or MVA to extend ignition interlock use.
 - iii. Defense attorneys have the ability to appeal to the judge to not provide ASAP the authority to determine ignition interlock requirements including the need for:
 - b. Face to face reporting requirements.
 - c. Frequency of reporting.
 - d. Frequency of testing.
 - e. Type of testing required.
5. Mandatory referral to a local ASAP instead of a traditional probation officer or the DDMP.
6. Procedures for working with out-of-state offenders.
7. Administrative license suspension requirements that parallel MVA's.

Discussion items related to the above:

- The main arguments in support of early entry **upon arrest** into a local ASAP program include:
 - Having the ASAP evaluation available during court proceedings will allow the judge to make a more informed decision.
 - Getting offenders into the local ASAP program earlier helps ensure that offenders will get help sooner. The time lag between arrest and trial can be quite long.
 - VASAP is mandatory after arrest in Virginia and the program has been documented to reduce recidivism.
 - Interviews with “hard core” drunk drivers reveal that many say they would have liked to have gone through an ASAP program earlier.

- The main arguments in support of entry into the MASAP program **after conviction** include:
 - It will maintain judicial discretion.
 - It will be easier to get consensus with the task force.
- The group decided to combine these approaches and give the offender the opportunity to opt into a local ASAP program early in the process. If they do not opt in they will be ordered into the program upon conviction.
- There was discussion on how to structure the opt-in process. Having the arresting officer describe all of the options to the offender being arrested is not practical and would be inconsistently provided. Also, most offenders who are arrested do not make the contacts they are supposed to before showing up in court. It would be unlikely that the offender would actually make the effort to opt-in at this point.

Agreement was reached that having a judge – perhaps a retired judge – explain the options (including the benefits of ASAP and of hiring an attorney) at an arraignment within 15 days of arrest was preferable. At this time local ASAP staff would be available to immediately begin the evaluation process.

- The MASAP program would have the goal of being self-supporting. Fees for the program would be collected from those who are convicted. Judges would have discretion to use a sliding scale to meet the needs of the indigent population. To qualify for indigency, an offender needs to meet Federal policy guidelines or incarceration.

Organizational Structure of MASAP

The Task Force explored the following options for organizing MASAP:

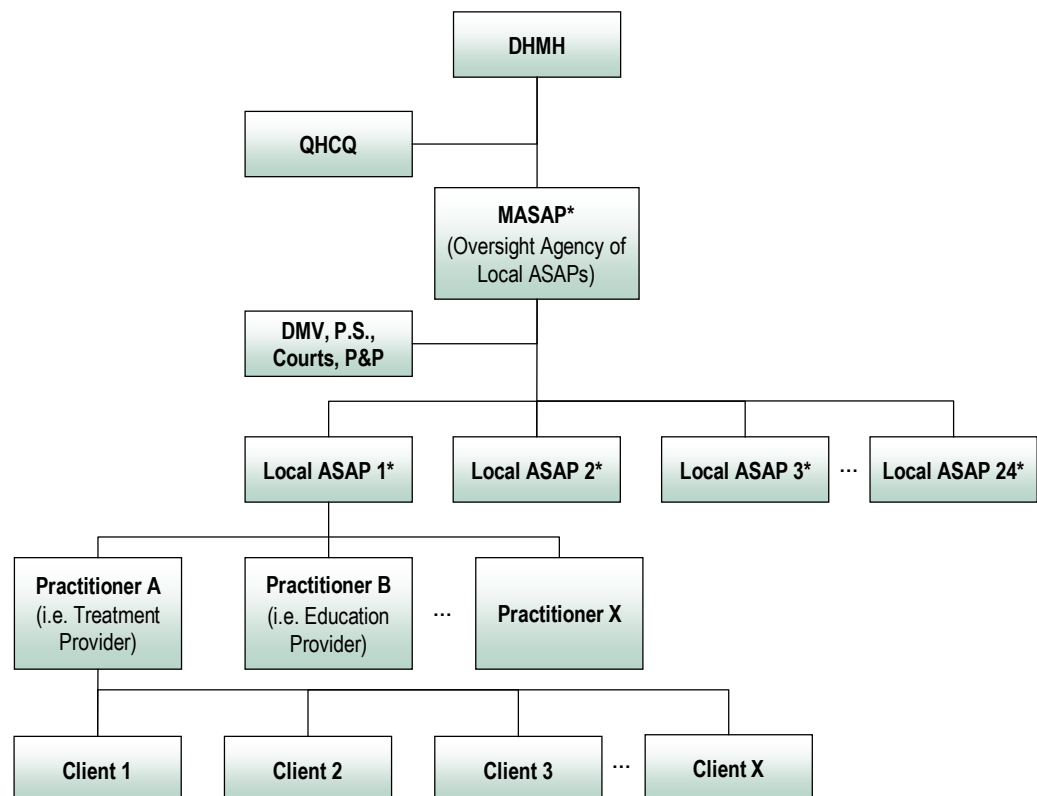
1. MASAP can be created by the Governor as a new agency;
2. MASAP can be administered through the Department of Parole and Probation; or
3. MASAP can be administered through the Department of Health and Mental Hygiene (DHMH) and the current DDMP organization could be absorbed back into Parole and Probation. This may require that a new Administration within the DHMH be created: the “Maryland Alcohol Safety Action Program Administration,” to be fully funded by offender fees, possibly grants and other user type fees as modeled by the Virginia Alcohol Action Safety Program.

The Task Force, with the exception of the States Attorney’s Office, recommends that MASAP be administered through the Department of Health and Mental Hygiene (DHMH) and that the current DDMP organization be absorbed back into Parole and Probation.

Parole and Probation personnel would be assigned to work with DHMH in order to provide appropriate expertise. One potential negative of using DHMH is concern that this would focus the program toward treatment of the offender and away from the main goal of protecting public safety. Administering MASAP through DHMH is recommended because:

- DHMH is already organized in a way that parallels the requirements of MASAP.
- The DDMP culture is to monitor offenders – the focus of the MASAP program is to help offenders to reduce recidivism to protect public safety. The MASAP focus is more in line with the mission of DHMH than with DDMP.
- DHMH is already involved in developing treatment and monitoring plans. The agency also ensures that care providers are properly licensed and certified, a key function of the MASAP program. DHMH also has an Office of Health Care Quality Control that functions like an inspector general. This office is already set up to monitor providers to ensure quality service.

Figure A.1 Proposed Organizational Structure



* MASAP and Local ASAPs will be governed by advisory boards.

Specifics about the proposed organizational structure of MASAP

- The MASAP Advisory Board as well as the Advisory Boards for the local ASAPs would consist of judges, prosecutors, defense attorneys, law enforcement personnel, treatment providers, and state and/or local government representatives.
- The MASAP office would eventually have 24 local ASAPs (one in each county) which coordinate with providers and exercise direct certification and quality assurance authority. Each provider would work with many clients.
- Approved providers for treatment and education would be determined through a quality control process that establishes criteria for approving providers.
- Agreed upon and consistent screening tools would be used by all providers for inclusion in the MASAP program.
- MASAP would conduct regular training to ensure uniformity of screening procedures statewide.
- Some DDMP personnel could be folded into the new MASAP organization to provide legal expertise.
- It is recommended that MASAP begin as a pilot program that would include a small number of jurisdictions. Prince George's County, Montgomery County, Anne Arundel County, Howard County, Charles County, Frederick County, Baltimore City as well as an Eastern Shore County and Western Maryland County were mentioned as possible locations for a pilot program.
- If it is determined that MASAP cannot be incorporated into DHMH it should be administered by a new agency or as a legislative commission, but that it is such an important need that it is the flagship recommendation of the Task Force.

Appendix B

Task Force Meeting Schedule and Agendas

B. Task Force Meeting Schedule and Agendas

Date	Meeting Participants	Purpose
September 14, 2007	Full Task Force	Kickoff Meeting, Establish Purpose, Goals, Process
November 5, 2007	Public Awareness Subcommittee	Data Gathering, Develop Draft Recommendations
November 6, 2007	Apprehension and Adjudication Subcommittee	Data Gathering, Develop Draft Recommendations
November 7, 2007	Intervention and Treatment Subcommittee	Data Gathering, Develop Draft Recommendations
January 7, 2008	Apprehension and Adjudication Subcommittee	Data Gathering, Develop Draft Recommendations
January 14, 2008	Public Awareness Subcommittee	Data Gathering, Develop Draft Recommendations
January 22, 2008	Intervention and Treatment Subcommittee	Data Gathering, Develop Draft Recommendations
February 7, 2008	Management Team, Consultants, NHTSA	Refine Recommendations Developed at Subcommittee Meetings
March 13, 2008	Public Awareness Subcommittee	Discuss, Refine, and Prioritize Draft Recommendations
March 24, 2008	Apprehension and Adjudication Subcommittee	Discuss, Refine, and Prioritize Draft Recommendations
March 28, 2008	Intervention and Treatment Subcommittee	Discuss, Refine, and Prioritize Draft Recommendations
May 1, 2008	Full Task Force	Discuss Draft Recommendations, Data Gathering for Drugged Driving
July 23, 2008	Full Task Force	Discuss and Refine Draft Recommendations
August 20, 2008	MASAP Subcommittee	Discuss implementation issues for the MASAP proposal
August 26, 2008	Full Task Force	Refine and Finalize Recommendations



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Maritime Institute of Technology and Graduate Studies

September 14, 2007

9:00 AM – 3:30 PM

9:00 AM Morning refreshments

9:30 AM Welcome & Introductions

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Jennifer Allgair, State Ethics Commission, Assistant General Council

10:30 AM Leadership Panel: An overview of the impaired driving issue

- Ron Lipps, State Highway Administration, Assistant Director Office of Traffic and Safety
Maryland's Impaired Driving Program Achievement over the past 20 years
- Vernon Betkey, Maryland Highway Safety Office, Chief
An overview of Maryland's current impaired driving programs and efforts
- Tim Kerns, National Study Center for Trauma and EMS, University of Maryland, Database Engineer
A review of Maryland's impaired driving crash data, trends
- Q & A

11:10 AM Break

11:20 AM Leadership Panel continued

- John Kuo, Motor Vehicle Administration, Administrator
A review of MVA's impaired driving programs and efforts: administrative practices, policies, reviews, programs
- Dr. Elizabeth Baker, National Highway Traffic Safety Administration, Region III Administrator
Comparative Analysis: Regional impaired driving enforcement programs and how Maryland compares to surrounding States

- Jim Fell, Pacific Institute for Research and Evaluation, Director, Traffic Safety & Enforcement Programs
National best practices related to impaired driving enforcement strategies, laws, judicial practices, new technologies and how Maryland compares
- Q & A

12:00-12:45 Lunch

12:45 AM – 3:30 PM Task Force Administrative Process Discussion/Facilitation

- Greg Brittingham, Virginia Commonwealth University, Office of Public Policy Training

I. Instructions, goals, objectives, priority issues, tasks:

1. Review past 20 years achievements
2. Identify and assess current efforts –
 - a. Enforcement
 - b. Judicial
 - c. Court proceedings
 - d. Legislation
 - e. Prosecution
 - f. Licensing
 - g. Screening and Brief Intervention, treatment and rehabilitation
 - h. Advocacy, victim issues, prevention and community programs
 - i. Liquor control
 - j. Data overview
 - k. Traffic records and evaluation
3. Identify national best practices, determine gaps between current State efforts and national best practices
4. Recommend steps necessary to reach national best practices
5. Recommend new State initiatives to address all impaired drivers, including those disproportionately responsible for fatalities (i.e., repeat offenders, drivers with high blood alcohol concentration, underage drinkers)
6. Recommend sustained and enhanced public awareness programs about the dangers of drunk driving
7. Recommend improved coordination of and between State and local partners, including funding and human resources
8. Interim Report – December 31, 2007
9. Final Report – October 2008

II. Identify priority issues

III. Initial identification of subcommittees

IV. Proposed Task Force Procedures and meeting schedule:

1. Mid-October to mid-November 2007 – first round of subcommittee meetings (3)
2. Late March to April 2008 – second round of subcommittee meetings (3)
3. June 2008 – second Task Force meeting

3:00 PM Public Comment

3:15 PM Wrap Up

3:30 PM Adjourn



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Subcommittee: Raising Public Awareness About and Involvement in Reducing Impaired Driving Monday, November 5, 2007

State Highway Administration, Hanover Complex, OOTS Training Room
7491 Connelley Drive, Hanover, Maryland

Subcommittee Members: Judge Thomas Dewberry, Office of Administrative Hearings, Joe Sikes, Mother's Against Drunk Driving, Larry Richardson, State Farm Insurance, Sheriff Dallas, Pope, Maryland Sheriff's Association, Clyde Kelly, Maryland Beer Wholesalers Association, Barry Hamilton, District Court of Maryland

Topics:

- Youth attitudes about impaired driving and perceived risks
- Efforts to educate and assist parents in youth education efforts
- School-based programs and driver education curriculums
- Access to alcohol by minors
- Modifying attitudes and behaviors to prevent offenses from occurring
- Outreach and education efforts for young adults who can legally purchase alcohol
- Reducing easy access to alcohol sales

I. In depth briefing of topics (presentations, technical expert testimony):

- Office of the Comptroller
- Mac McWilliams, Harford County Liquor Control Board
- Kathy Durbin, Montgomery County Board of Liquor Control
- Dr. Kenneth Beck, University of Maryland
- Thelma Fields, Motor Vehicle Administration
- Peter Moe, Maryland Highway Safety Office, Young Driver Program Coordinator
- Jim Fell, Pacific Institute for Research and Evaluation
- Tim Kerns and Cindy Burch, National Study Center for Trauma and EMS, UMD

II. Question and Answer & round table discussion

III. Identify additional need for literature search, research and evaluation, speakers

IV. Prioritize key topics, discuss the need for any additional topics

V. Potential Recommendations

VI. Develop plan for next set of meetings

VII. Schedule meeting(s)



Task Force to Combat Driving Under the Influence of Drugs and Alcohol
Subcommittee: Increasing the Effectiveness of Apprehending and Adjudicating Offenders
Tuesday, November 6, 2007

State Highway Administration, Hanover Complex, State Operations Center Conference Room
7491 Connelley Drive, Hanover, Maryland

Subcommittee Members: Delegate Kathleen Dumais, Larry Greenburg, Maryland Trial Lawyers, Stephen Walker, Maryland Chief's of Police Association, Dave Weinstein, Maryland State Attorney's Association, Lt. Col. Matthew Lawrence, Maryland State Police, Tom Woodward, MSP-Technical Expert, Senator Jennie Forehand

Topics:

- Increasing the consistency of prosecution and outcomes across courts for similar offenses
- Judicial and prosecutorial education and training
- System accountability
- Consistency of law enforcement procedures and priorities

I. In depth briefing of topics (presentations, technical expert testimony):

- Gray Barton, Maryland Drug Court Commission
- Tom Liberatore, Driver Wellness, Motor Vehicle Administration
- Roxanne Langford, Maryland Motor Vehicle Administration
- Judge Ben Clyburn, Maryland District Court
- Judge J. B. McClellan, Administrative Law Judge
- Bill Katcef, Maryland State Attorney's Association

II. Question and Answer & round table discussion

III. Identify additional need for literature search, research and evaluation, speakers

IV. Prioritize key topics, discuss the need for any additional topics

V. Potential Recommendations

VI. Develop plan for next set of meetings

VII. Schedule meeting(s)



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Subcommittee: Intervention and Treatment

Wednesday, November 7, 2007

Judicial Training Center
2009D Commerce Park Drive
Annapolis, Maryland 21401

Subcommittee Members: Dr. Robert Bass, Maryland Institute for Emergency Medical Services Systems, Patricia Chappell, Maryland Public Defender's Office, Patrick McGee, Division of Parole and Probation, Darrell Longest, WRAP, Christopher Flohr, Ron Engle

Topics:

- Issues surrounding repeat offenders/recidivism
- High refusal rates for breath tests
- High BAC offenders
- Linking and coordinating statewide programs and services
- Best practices in intervention and treatment

I. In depth briefing of topics (presentations, technical expert testimony):

- Roxanne Langford, Maryland Motor Vehicle Administration
- Dr. Carl Soderstrom, Medical Advisory Board, Motor Vehicle Administration
- Helen Reines, Drug Treatment Center
- Molly Nussear, Anne Arundel County DUI/Drug Court

II. Question and Answer and round table discussion

III. Identify additional need for literature search, research and evaluation, speakers

IV. Prioritize key topics, discuss the need for any additional topics

V. Potential Recommendations

VI. Develop plan for next set of meetings

VII. Schedule meeting(s)



Task Force to Combat Driving Under the Influence of Drugs and Alcohol
Subcommittee: Increasing the Effectiveness of Apprehending and Adjudicating Offenders
Monday, January 7, 2008

State Highway Administration, Hanover Complex, State Operations Center Training Room
7491 Connelley Drive, Hanover, Maryland

Subcommittee Members: Delegate Kathleen Dumais, Larry Greenberg, Maryland Trial Lawyers, Stephen Walker, Maryland Chief's of Police Association, Dave Weinstein, Maryland State Attorney's Association, Lt. Col. Matthew Lawrence, Maryland State Police, Tom Woodward, MSP-Technical Expert, Senator Jennie Forehand

Topics:

- Youth attitudes about impaired driving and perceived risks
- Efforts to educate and assist parents in youth education efforts
- School-based programs and driver education curriculums
- Access to alcohol by minors
- Modifying attitudes and behaviors to prevent offenses from occurring
- Outreach and education efforts for young adults who can legally purchase alcohol
- Reducing easy access to alcohol sales

I. In depth briefing of topics (presentations, technical expert testimony):

9:00 AM – 12:00 PM Panel A

- William Faulk, Special Assistant, Division of Parole and Probation/DDMP
- Jim Fell, Director, Traffic Safety and Enforcement Programs
Pacific Institute for Research and Evaluation
- Kevin Quinlan, Chief of Safety Advocacy Division, National Transportation Safety Board

12:00 PM – 12:45 PM Lunch

12:45 PM – 3:45 PM Panel B

- Judge Ben Clyburn, Chief Judge, Maryland District Court
- Judge Axel, DUI/Drug Court, Howard County District Court
- Mark Tyler, State Attorney, Anne Arundel County State's Attorneys Office

II. Question and Answer & round table discussion

III. Prioritize key topics, discuss the need for any additional topics

IV. Potential Recommendations

V. Develop plan for next set of meetings

VI. Schedule meeting(s)



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Subcommittee: Raising Public Awareness About and Involvement in Reducing Impaired Driving Monday, January 14, 2008

State Highway Administration, Hanover Complex, OOTS Training Room
7491 Connelley Drive, Hanover, Maryland

Subcommittee Members: Judge Thomas Dewberry, Office of Administrative Hearings, Joe Sikes, Mother's Against Drunk Driving, Larry Richardson, State Farm Insurance, Sheriff Dallas, Pope, Maryland Sheriff's Association, Clyde Kelly, Maryland Beer Wholesalers Association, Barry Hamilton, District Court of Maryland, Patricia Chappell, Maryland Public Defender's Office

Topics:

- Increasing the consistency of prosecution and outcomes across courts for similar offenses
- Judicial and prosecutorial education and training
- System accountability
- Consistency of law enforcement procedures and priorities

I. In depth briefing of topics (presentations, technical expert testimony):

9:00 AM – 9:45 AM Panel A

- Brian Griffith, Specialist for Comprehensive Health Education, State Board of Education
- Thelma Fields, Division Manager Driver Instructional Services, Motor Vehicle Administration

9:45 AM – 11:15 AM Panel B

- Chip Weinman, President, MD/DC/Delaware Broadcasters Association
- First Sergeant Tom Woodward, Commander CTAU-DRE Coordinator, Maryland State Police
- Jeff Becker, Beer Institute

Break

11:30 AM – 12:00 PM Panel C

- Ngeri Nnachi, SADD Member
- Steven Margolies, Owings Mills High School, SADD Chapter Chair
- Cindy Wasserman, Owings Mills High School, Student Advisor

Lunch 12:00 PM – 12:45 PM

12:45 PM – 2:00 PM Panel D

- Cindy Shaw-Wilson, Maryland Board of Professional Counselors and Therapists
- Jim Fell, Director, Traffic Safety and Enforcement Programs
Pacific Institute for Research and Evaluation
- Kevin Slack, CH2M Hill, NCHRP Report 500 Series on Impaired Driving

Break 2:00 PM – 2:15 PM

2:15 PM – 3:30 PM Panel E

- Kurt Gregory Erickson, President, Washington Regional Alcohol Program
- Lon G. Anderson, Director of Communications, AAA Mid-Atlantic

- II. Question and Answer & round table discussion
- III. Prioritize key topics, discuss the need for any additional topics
- IV. Potential Recommendations
- V. Develop plan for next set of meetings
- VI. Schedule meeting(s)



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

Subcommittee: Intervention and Treatment

Tuesday, January 22, 2008

State Highway Administration, Hanover Complex, State Operations Center Training Room
7491 Connelley Drive, Hanover, Maryland

Subcommittee Members: Dr. Robert Bass, Maryland Institute for Emergency Medical Services Systems, Patricia Chappell, Maryland Public Defender's Office, Patrick McGee, Division of Parole and Probation, Darrell Longest, WRAP, Christopher Flohr, Ron Engle, Citizen Representative

Topics:

- Issues surrounding repeat offenders/recidivism
- High refusal rates for breath tests
- High BAC offenders
- Linking and coordinating statewide programs and services
- Best practices in intervention and treatment

I. In depth briefing of topics (presentations, technical expert testimony):

9:00 AM – 11:00 AM Panel A

- Rob White, National Council on Alcoholism and Drug Dependence
- Dr. Peter Luongo, Maryland Alcohol and Drug Administration
- Betty Malkus, Addiction Services Director, Caroline County, Maryland Addiction Directors Council

11:00 AM – 11:30 AM Panel B

- Tom Liberatore, Driver Wellness and Safety, Maryland Motor Vehicle Administration

Break

11:45 AM – 12:15 PM Panel C

- Debra Gardner, Executive Director, Virginia Alcohol Safety Action Program

Lunch

1:00 PM – 1:30 PM Panel C

- Dr. Patricia Thomas, Associate Dean for Curriculum, John's Hopkins Medical School

1:30 PM – 2:00 PM Panel C

- Maryland Insurance Administration

2:00 PM – 3:30 PM

VIII. Review key topics, recommendations

IX. Identify additional need for literature search, research and evaluation, speakers

X. Prioritize key topics, discuss the need for any additional topics

XI. Potential Recommendations

3:30 PM – 4:00 PM Panel C

- Judge Axel, Howard County, DUI/Drug Court, District Court

XII. Next Meeting – March 13, 2008 – 9:00 AM – 5:00 PM

Location: TBD



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

State Highway Administration, Hanover Complex

7491 Connelley Drive, Hanover, MD 21076

March 13, 2008

8:00 AM – 5:00 PM

Public Awareness Subcommittee

7:45- 8:15 AM Morning refreshments

8:15 AM Welcome & Introductions

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Liza Lemaster, Impaired Driving Prevention Coordinator, Lead Staff

8:30 AM Facilitation: Greg Brittingham, VCU

1. Identify any additional key issues related to presentations
2. Review current recommendations, identify gaps between current State efforts and national best practices
3. Recommend steps necessary to reach national best practices
4. Discuss new ideas/recommendations
5. Recommend sustained and enhanced public awareness programs about the dangers of drunk driving
6. Recommend improved coordination of and between State and local partners, including funding and human resources
7. Process for feedback
8. Final Report – October 2008
9. Next meeting

12:00 PM Working Lunch

5:00 PM Adjourn Meeting



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

State Highway Administration, Hanover Complex
7491 Connelley Drive, Hanover, MD 21076
March 24, 2008
8:00 AM – 5:00 PM

Apprehension and Adjudication Subcommittee

7:45- 8:15 AM

Morning refreshments

8:15 AM

Welcome & Introductions

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Liza Lemaster, Impaired Driving Prevention Coordinator, Lead Staff

8:30 AM

Facilitation: Greg Brittingham, VCU

1. Identify any additional key issues related to presentations
2. Review current recommendations, identify gaps between current State efforts and national best practices
3. Recommend steps necessary to reach national best practices
4. Discuss new ideas/recommendations
5. Recommend sustained and enhanced public awareness programs about the dangers of drunk driving
6. Recommend improved coordination of and between State and local partners, including funding and human resources
7. Process for feedback
8. Final Report – October 2008
9. Next meeting

12:00 PM

Working Lunch

5:00 PM

Adjourn Meeting



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

State Highway Administration, Hanover Complex
7491 Connelley Drive, Hanover, MD 21076
March 28, 2008
8:00 AM – 5:00 PM

Intervention and Treatment Subcommittee

7:45- 8:15 AM **Morning refreshments**

8:15 AM **Welcome & Introductions**

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Liza Lemaster, Impaired Driving Prevention Coordinator, Lead Staff

8:30 AM **Facilitation:** Greg Brittingham, VCU

1. Identify any additional key issues related to presentations
2. Review current recommendations, identify gaps between current State efforts and national best practices
3. Recommend steps necessary to reach national best practices
4. Discuss new ideas/recommendations
5. Recommend sustained and enhanced public awareness programs about the dangers of drunk driving
6. Recommend improved coordination of and between State and local partners, including funding and human resources
7. Process for feedback
8. Final Report – October 2008
9. Next meeting

12:00 PM **Working Lunch**

5:00 PM **Adjourn Meeting**



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

State Highway Administration, Hanover Complex

7491 Connelley Drive, Hanover, MD 21076

May 1, 2008

8:00 AM – 5:00 PM

7:45- 8:15 AM

Morning refreshments

8:15 AM

Welcome & Introductions

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Liza Lemaster, Impaired Driving Prevention Coordinator, Lead Staff

8:30 AM

Facilitation: Greg Brittingham, VCU

- Consensus: definition of, documentation of...
- Brief review – objectives of the bill:
 1. Identify Key issues:
 - a. Enforcement
 - b. Judicial
 - c. Court proceedings
 - d. Legislation
 - e. Prosecution
 - f. Licensing
 - g. Screening and Brief Intervention, treatment and rehabilitation
 - h. Advocacy, victim issues, prevention and community programs
 - i. Liquor control
 - j. Data overview
 - k. Traffic records and evaluation
 2. Identify national best practices, determine gaps between current State efforts and national best practices
 3. Recommend steps necessary to reach national best practices
 4. Recommend new State initiatives to address all impaired drivers, including those disproportionately responsible for fatalities (i.e., repeat offenders, drivers with high blood alcohol concentration, underage drinkers)
 5. Recommend sustained and enhanced public awareness programs about the dangers of drunk driving
 6. Recommend improved coordination of and between State and local partners, including funding and human resources
 7. Interim Report – December 31, 2007
 8. Final Report – October 2008

12:00 PM Working lunch

- Drugged Driving recommendations – discussion, draft recommendations
- Review and revise draft recommendations
- Additional recommendations
- Next steps
- Next meeting

5:00 PM Adjourn



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

State Highway Administration, Hanover Complex

7491 Connelley Drive, Hanover, MD 21076

July 23, 2008

9:00 AM – 5:00 PM

9:00- 9:45 AM Consultants Pre-Meeting

9:45 – 10:00 AM Registration

10:00 AM Welcome & Introductions

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Liza Lemaster, Impaired Driving Prevention Coordinator, Lead Staff

10:00 AM -5:00 PM Group Facilitation

12: PM Working Lunch

Facilitator: Greg Brittingham, VCU

1. Review, discuss, revise recommendations
2. Presentation – Maryland Motor Vehicle Administration
3. Review and discuss MASAP Implementation Plan
4. Develop and approve additional implementation strategies
5. Final Report – October 2008
6. Next steps
7. Next meeting

5:00 PM Adjourn



Task Force to Combat Driving Under the Influence of Drugs and Alcohol

State Highway Administration, Hanover Complex
State Operations Center, Training Room
7491 Connelley Drive, Hanover, MD 21076

August 26, 2008
8:00 AM – 5:00 PM

8:00- 9:00 AM Consultants Pre-Meeting/Registration/Breakfast

9:00 AM Welcome & Introductions

- Neil J. Pedersen, Maryland State Highway Administrator, Task Force Chair
- Liza Lemaster, Impaired Driving Prevention Coordinator, Lead Staff

10:00 AM -5:00 PM Group Facilitation

12:00 PM Working Lunch

Facilitator: Greg Brittingham, VCU

1. Review and discuss MASAP Implementation Plan
2. Review, discuss, new recommendations
3. Review, and approve updated research support and recommendations
4. Final Report – October 2008
5. Next steps
6. Next meeting

5:00 PM Adjourn

Appendix C

*Publications Reviewed in Development and Support
of Recommendations*

C. Publications Reviewed in Development and Support of Recommendations

Alcohol Ignition Interlocks Studies

Observational Study of the Extent of Driving While Suspended for Alcohol-Impaired Driving
Alberta Interlock Program
Alcohol Ignition Interlock Programs
Alcohol Ignition Interlock Devices Report, Publisher: International Council on Alcohol, Drugs and Traffic Safety (ICADTS)
Alcohol-Impaired Driving Recidivism Among First Offenders More Closely Resembles That of Multiple Offenders
Any First Alcohol-Impaired Driving Event Is a Significant and Substantial Predictor of Future Recidivism
Barriers to Interlock Implementation
Behavioral measures of drinking: patterns from the Alcohol Interlock Record
Dealing with the No Car Problem
Effects of Ignition Interlock License Restrictions on Drivers With Multiple Alcohol Offenses: A Randomized Trial in Maryland
Elements of Best Practices in Ignition Interlock Programs, Final Report
Evaluation of the New Mexico Ignition Interlock Program, May 2008
Interlock Effectiveness on First Offenders 2007
Interlock for All Offenders
New Mexico Interlock Law
Observational Study: Driving Suspended
STUDY 2: Effectiveness of Interlocks for First Offenders⁹
Technical Summary: Observational Study of the Extent of Driving While Suspended for Alcohol-Impaired Driving
West Virginia Interlock

⁹ Substantial portions of this section appeared in *Traffic Injury Prevention* (2007), Roth, Voas & Marques, 8(4), 346-352.

Assessment and Treatment

An Examination of Recidivism of Offenders Receiving Services from the Virginia Alcohol Safety Action Program
Cost-Effectiveness of Alcohol Treatment 2007
Final Results from a meta-analysis of remedial interventions with drink/drive offenders
Screening for Alcohol Use and Alcohol-Related Problems [National Institute on Alcohol Abuse and Alcoholism]
Virginia Alcohol Safety Action Program Phases

Blood Alcohol Concentration Testing

Arizona Department of Public Safety: Affidavit in Support of Tele-Fac Search Warrant
Blood Alcohol Concentration Test Refusal Laws: Traffic Safety Facts January 2008
Blood Alcohol Concentration Refusal Maryland Case Study
Blood Alcohol Concentration Refusal Rates 2005: Refusal Notes
Breath Test Refusals in DWI Enforcement Report 2005
Nebraska Laws on BAC Testing in Fatal Crashes
Nebraska Testing for Stat Purposes Law
Nebraska Testing Purpose Law 2008
New Jersey Implied Consents
Pennsylvania Implied Consents
The Use of Warrants for Blood Draws: One Promising Solution to the Issue of Breath Test Refusals in DWI Cases, Traffic Safety Facts January 2008
Virginia Implied Consents

Brief Interventions

Addressing Impaired Driving in Acute-Care Medical Settings
Screening for Our Safety Report, AAASF
Primary Care Intervention to Reduce Alcohol Misuse – Ranking Its Health Impact and Cost-Effectiveness
Effectiveness of Brief Interventions After Alcohol-Related Vehicular Injury: A Randomized Controlled Trial
Intervention Strategies

Citizen Reporting of DUI

Citizen Programs Reporting DWI Final Report 2007
Citizen Reporting of DUI – Extra Eyes to Report Impaired Driving
Programs Across the United States That Aid Motorists in the Reporting of Impaired Drivers to Law Enforcement

DUI Courts

DUI Courts Recidivism
Guiding Principles of DWI Court
Impaired-driving recidivism among repeat offenders following an intensive court-based intervention
Michigan DUI Courts Outcome Evaluation Final Report
New York Drug Court Evaluation

DUID

Arizona DUID Law

Department of Transportation Statute

Iowa DUID Law

Ohio DUID Law

Pennsylvania DUID Law

Saliva as Second Sample [Publisher: International Council on Alcohol, Drugs and Traffic Safety] (ICADTS) 2007

Screening for Drugs in Oral Fluid (ICADTS) 2007

Saliva in United States Roadside Survey (ICADTS) 2007

Recovery of Drugs of Abuse from the Immunalysis Quantisal Oral Fluid Collection Device

Wisconsin DUID Law

Kansas Statutes: Automobiles and Other Vehicles

DWI Arrest Procedures

Evaluation of Lower Blood Alcohol Concentration Limits for OUI Offenders in Maine – Technical Report

LEADRS – Law Enforcement Advanced DUI/DWI Reporting System

Traffic Safety Digest, Fall 2003:

Alcohol and Other Drugs

BATmobile (OUIL Mobile Testing Van) (Michigan)

Court Ordered Reporting Program (Vermont)

Jefferson County Sheriff's Department Underage Drinking Multijurisdictional Task Force (Missouri)

Rappahannock Area Alcohol Safety Action Program DUI Recidivism Court (Virginia)

Law Enforcement and Prosecution

Iowa Law Enforcement Cooperates for Traffic Safety (Iowa)

Prosecutor Training Assistance Program (North Carolina)

Safety Corridors (New Mexico)

Multicultural Outreach

EI Protector (Washington)

Occupant Protection

Graduated Driver's License Partnership (Washington)

Mall Market Research (Washington)

Traffic Records

DWI Forms Packet (Minnesota)

Youth Programs

Oregon Partnership YouthLink Project (Oregon)

Teddy Bear Hospital Safety Day (New York)

Youth Alcohol Enforcement and Education Road R.A.V.E. (Wisconsin)

DWI Enforcement

Aggressive Traffic Enforcement: A Simple and Effective Injury Prevention Program

A Review of New York State's Stop-DWI Program

Connecticut's 2003 Impaired-Driving High-Visibility Enforcement

Guidelines for a Suspended or Revoked Operator Enforcement Program

Effect of Community-Based Interventions on High-Risk Drinking and Alcohol-Related Injuries

Effectiveness of Sobriety Checkpoints for Reducing Alcohol-Involved Crashes [Traffic Injury Prevention (TIP)]

Evaluation of Seven Publicized Enforcement Demonstration Programs to Reduce Impaired Driving: Georgia, Louisiana, Pennsylvania, Tennessee, Texas, Indiana, and Michigan

Low Manpower Checkpoints: Can They Provide Effective DUI Enforcement in Small Communities?

Low Staffing Sobriety Checkpoints [National Highway Traffic Safety Administration (NHTSA) Guide 2006]

Low Manpower Sobriety Checkpoints in Rural and Small Communities [National Traffic Law Center]

NHTSA Low Staff Article

NHTSA Statewide Traffic Enforcement Plan

Reviews of Evidence Regarding Interventions to Reduce Alcohol-Impaired Driving

Sobriety Checkpoints: Evidence of Effectiveness Is Strong, but Use Is Limited (TIPS)

Strategies to Reduce Impaired Driving in Maryland 2008

Strategies to Reduce Impaired Driving in Maryland

The "PASpoint" System – Passive Sensors at Mini-Checkpoints: Bringing Australia's Random Breath-Test System to the United States

The Washington State Nighttime Seat Belt Enforcement Project

DWI Sanctions

Alaska Alcohol Safety Action Program: ICHS Efficacy Study Report

Guide to Sentencing DWI Offenders

Crash Risk of Alcohol Impaired Driving

Controlling Impaired Driving Through Vehicle Programs: An Overview

Demonstration Project Report: A Campaign to Reduce Impaired Driving Through Retail-Oriented Enforcement in Washington State

DWI System Improvements: Stopping the Revolving Door

Evaluation of Use & Lose Laws: Technical Summary

Effects of Drivers' License Suspension Policies on Alcohol-Related Crash Involvement: Long-Term Follow-Up in Forty-Six States and Jail Penalties: Long-term follow-up in 32 states

From the Governor's Task Force to Combat Driving Under the Influence of Drugs and Alcohol: Report and Recommendations (July 2003)

General deterrence effects of U.S. statutory DUI fine

Hardcore Drinking Drivers and Other Contributors to the Alcohol-Impaired Driving Problem: Need for a Comprehensive Approach

New Jersey Teen Driver Study Commission: Recommendation Report

DWI Sanctions (continued)

Observational Study of the Extent of Driving While Suspended for Alcohol-Impaired Driving

Point/Counterpoint – Questions and Issues Frequently Raised by Opponents of Enhanced Sanctions for Drivers with High Blood Alcohol Concentrations

Summary of Research Relevant to Enhanced Sanctions for Drivers with High Blood Alcohol Concentrations

The SCRAM System (through February 29, 2008)

Task Force to Combat Driving Under the Influence of Drugs and Alcohol Technical Report December 2004: Evaluation of Lower BAC Limits for Convicted DUI Offenders in Maine

Web Site Launch: StopDruggedDriving.org (2007)/Drug and Alcohol Use Among Drivers Admitted to a Level-1 Trauma Center

DWI Tracking Systems

DWI Tracking System Federal Register E6-14463

State DWI Tracking Systems

Driving While Intoxicated Tracking Systems. Volume 1: Design & Operation

Driving While Intoxicated Tracking Systems. Volume 2: State Tracking System Descriptions

Driving While Intoxicated Tracking Systems. Volume 3: DWI Estimates for the United States

Funding for DWI Programs

A Review of New York's STOP-DWI Program

Increasing Alcohol Taxes to Fund Programs to Prevent and Treat Youth-Related Alcohol Problems

New York STOP-DWI: A Model of Excellence

Model Laws

Assessment of Maryland's DUI Laws, Washington Regional Alcohol Program 2007-2008

2007 DUI Model Law [National Committee on Uniform Traffic Laws and Ordinances (NCUTLO)]

Kansas Ordinance No. POC-2654

Kansas DUI Laws

Safe Streets Act (NCUTLO)

Stopping Drunk Driving Before It Starts: A Technological Solution for Repeat Offenses (Interlock for all Offenders)

Summary of Differences Between Maryland DUI Laws and NCUTLO Model DUI Law

Summary of News Articles Mentioning Maryland DUI Laws

National Highway Traffic Safety Administration Recommendations

Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices

National Highway Traffic Safety Administration (NHTSA) Recommended Laws Maryland Does Not Have

Reviews of Evidence Regarding Interventions to Reduce Alcohol-Impaired Driving

Section 410 Legislation, SAFTEA-LU

Uniform Guidelines for Highway Safety Offices: Guideline No. 8 Impaired Driving Standard (2006)

Responsible Beverage Service

A Campaign to Reduce Impaired Driving through Retail-Oriented Enforcement in Washington State, Demonstration Project Report

A Community-Wide Responsible Beverage Service Program in Three Communities: Early Findings

Circumstances of Drinking Prior to DUI Arrest: A Report of the 2002 Orange County Drinking Driver Program Survey

Department of Transportation Highway Safety 809, 878

Drinking Characteristics of Drivers Arrested for Driving While Impaired, 2005

Interventions in the Alcohol Server Setting for Preventing Injuries (Review)

Responsible Beverage Service: A Promising Strategy to Reduce Impaired Driving Especially Among 21- to 34-Year Olds

Preventing Over-Consumption of Alcohol – Sales to the Intoxicated and “Happy Hour” (Drink Special) Laws

Underage Drinking

A Guide for Reducing Collisions Involving Young Drivers [National Cooperative Highway Research Program (NCHRP)]

Alcohol Beverage Control Enforcement: Legal Research Report

Community Prevention of Young Adult Drinking and Associated Problems

Does the Maryland Graduated Driver Licensing Law Affect both 16-Year Effectiveness of School-Based Programs for Reducing Drinking and Driving and Riding with Drinking Drivers: A Systematic Review

New Jersey Administrative Code Evaluation of Use & Lose Laws

Old Drivers and Those Who Share the Road with Them?

Protecting You/Protecting Me

Reducing Underage Drinking: A Collective Responsibility

The Relationship of Underage Drinking Laws to Reductions of Drinking Drivers in Fatal Crashes in the United States

Underage Drinking – Highlights From The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking

Underage Drinking Laws Descriptions (2007)

Underage Drinking – Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented?
