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NHTSA

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Distracted Driving: 2010 Brings New Challenges and Responses

Hon. Peggy Fulton Hora (Ret.), Judicial Outreach Liaison Region 9, Walnut Creek CA

As if DWT (driving while texting), DWPOM (driving while putting on mascara) and DWDHCARTN (driving while drinking hot coffee and reading the newspaper) were not enough, Google and Intel are pairing up with car companies to move distracted driving to new heights. According to a recent *New York Times* article an Internet-connected 10-inch screen above the gearshift giving computer access to the front seat was demonstrated at the recent Consumer Electronics Show. In vehicles in which it is installed, occupants would be able to view hi-def videos, 3-D maps and Web pages on these "information systems." Drivers could view Yelp reviews on the way to a restaurant with the tap of a finger.

Audi cautions, "Please only use the online services when traffic conditions allow you to do so safely." Well that ought to take care of the problem. Driving a Jaguar XJ (you know you wish you were), you would be able to use voice commands to simultaneously show a map to the driver while the front-seat passenger watches a movie. What happened to CWD (conversing while driving)? Ford's technology would not allow use of a web browser while the car is in motion but Mustang drivers would still be able to call a friend or lower the temperature while on the road using voice controls.

Henry Ford would be very surprised to find Wi-Fi, USB ports and a keyboard outlet in the front seat of his cars. Soon there could also be voice systems that would allow retrieving and composing e-mail messages while driving.

Even limited information on a screen, such as a GPS, can increase the danger of crashes according to Charlie Klauner, a Virginia Tech Transportation Institute researcher[1]. Using a cell phone – hand-held or hands free — while driving is as dangerous as driving with a BAC of .08 g/dL.[2] Electronically-enhanced drivers are four times more likely to cause a crash than observant drivers and young, inexperienced drivers are more likely to use not only cell phones but MP3 players, games and other electronic devices while driving. Texting while driving raises the crash rate to eight times the rate of non-texting drivers. The user of electronics in the driver's seat is more likely to be female, illustrated most recently by California First Lady Maria Shriver who was caught on tape using a cell phone in violation of state law.

In 2008 almost 6,000 people died from Driving While Distracted (DWD) and another half million were injured by a distracted driver (www.distraction.gov/stats-and-facts/). These figures represent 16% of all fatal crashes and 21% of injuries in vehicle crashes. A Chicago woman was killed by a driver who was painting her nails and said she never saw the red light at the intersection. The deceased woman's son attended the Distracted Driving Summit held in September of 2009 and heard Department of Transportation (DOT) Secretary Ray LaHood call DWD "a deadly epidemic" in his opening speech.

Oprah Winfrey has taken up the cause to prevent distracted driving by dedicating an hour-long program to the subject in mid-January. According to the show, a stunning 71% of drivers 18-49 years of age admit to texting and driving. Dr. David Strayer, a University of Utah researcher, calls the results of texting and driving "inattention blindness." On the show he explained that peripheral vision is reduced while multitasking and objects such as pedestrians may be excluded from a distracted driver's vision. Ms. Winfrey asked her audience to take a "no phone zone" pledge and by the end of the show 21,516 people had done so on her website www.oprah.com.

"Distracted driving" as a phrase was chosen as the word of the year for 2009. According to Mike Agnes, Editor-in-Chief of *Webster's New World Dictionary*, the prize is given to a word that "reflects emerging language and a change in culture, habits and attitudes."[3] The objects that lead to distracted driving mirror "our ongoing romance with all things digital and mobile and the enhanced capabilities they provide," says Agnes. DWD also presents a linguistic challenge in that it is not the driving that is distracted but the driver; the same is true of "drunk driving." When the target of a modifier is changed it is called a "hypallage" leading to a less logical relationship. . .ah, sorry, I got distracted.

The DOT is taking this new challenge quite seriously. It has produced a public service announcement titled "Calling Plan" that shows people talking to their dog on the phone, discussing time travel with a friend and laughing hysterically while texting "LOLOLOLOL" and, at the last moment, swerving to avoid an accident. It has received 32,700 hits on YouTube. DOT has also launched a new website, www.Distraction.gov, with state laws, research and FAQs. "Distracted driving is unsafe, irresponsible and in a split second, its consequences can be devastating," says Secretary LaHood.

"[DWD] is the hottest safety issue in the states right now by far," said Jonathan Adkins, spokesman for the Governors Highway Safety Association, which represents state highway safety agencies.[4] Although 21 states currently ban texting and only eight impose a full ban on any hand held device[5] over 200 bills have already been introduced by state legislators this year to prevent distracted driving. Industry opposition has changed to support from auto makers and cell phone companies who are lobbying for a ban on texting while driving. Insurance carriers,

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physicians and safety advocates are expected to be out in full force to support legislation. Nine out of 10 members of the public have come around to support such a ban. "Four bills are pending in Congress that would push the states to regulate various types of cellphone (sic) use by drivers, including banning texting, requiring hands-free devices or prohibiting motorists under the age of 21 from using any devices," according to *The New York Times* New Year's Day front page story. Some lawmakers are reluctant to impose such bans without more research on the issue. Many police agencies do not collect data on DWD and some state laws may change to require statistics be kept.

Employers are getting into the act as well. State employees in Kentucky, workers for the Chrysler Corporation, 4.5 million Federal employees under President Obama's Executive Order signed in October and 8,000 House of Representatives' staff members are banned from texting while on government business or in employer automobiles. The New York City Taxicab Commission has also imposed a texting ban on cabbies.

Public safety campaigns are on their way to normalizing a ban on electronic devices while driving. The norm may soon become locking all such devices in the glove box when sitting in the driver's seat. The safety slogan for 2010 is "Stay Alive – Just Drive." A new advocacy group has formed to bring awareness to the problem. See: http://www.focusdriven.org.

A sample texting law has been developed and is available at www.distraction.gov.

[1] *Id. at p. A4*
[2] *University of Utah research cited at http://www.distraction.gov/stats-and-facts/*
[3] *http://newworldword.com/2009/11/02/word-of-the-year-2009/*
[4] *Richtel, Mitch, "Bills to Curb Distracted Driving Gain Momentum," The New York Times, Jan. 1, 2010*
[5] *A full state-by-state list is available on the Distraction.gov website*

Driving Them to Sobriety: The Mechanics of Creating and Operating a DWI/Drug Court

Hon. Brian MacKenzie, Judicial Fellow, Novi, MI

Judges, prosecutors and defense attorneys have all experienced the frustration of being part of a system that does not seem to work effectively to prevent recidivistic drunk driving. A prosecutor reviewing a warrant request for a repeat drunk driver worries that no conviction or resulting sentence will have an impact on the defendant's behavior. A defense attorney understands there is little that can be done, but plead the client and try to limit the chance of jail or prison. The judge is painfully aware that the problem of effectively sentencing a person, who either is incapable or unwilling to change the behavior that brings them to court, seems insurmountable. Each understands a better approach must be found, as these defendants are only one serious traffic crash away from killing someone. There must be a better way to deal with this problem.

At the Annual Meeting of the American Bar Association in San Francisco in August, 2010,there will be a panel presentation concerning an effective solution to this problem. The Panel is sponsored by the National Highway Traffic Safety Association, and entitled "Driving Them to Sobriety: The Mechanics of Creating and Operating a DWI/Drug Court." The program, whose panel will be composed of national experts is designed to be a complete primer for creating and operating a DWI/Drug court.

The session will begin with an overview by a judge who runs one of the four nationally recognized DWI/Drug Academy Courts. A Judicial Fellow of the National Association of Drug Court Professionals will provide a detailed ethical review of DWI/Drug court operations. The discussion will then focus on team building.

The basics of building a DWI/Drug court team will be presented by the American Bar Association/NHTSA Judicial Fellow who will be joined by a leading prosecutor and a defense attorney to discuss the roles that each has in the operation of the DWI/Drug court team.

Finally, the program will turn to the important issue of how to fund your DWI/Drug court in this era of scarce resources, and will be presented by the Director of the National Drug Court Institute.

This program will show you why you want to create a DWI/Drug court. If you are a judge, you will learn that sentencing outcomes are significantly better than any other approach you may be using. In fact, the outcomes are so much better that one major study has found such courts reduce recidivism by as much as 19 times versus other types of sentences. If you are a prosecutor, you will learn that a defendant placed in a DWI/Drug court is not likely ever to be charged with drunk driving again, and that you can therefore focus your resources on other crimes. If you are a defense attorney you will learn that by helping your clients choose to enter a DWI/Drug court you will not only be keeping them out of jail, but you will be helping them make a choice that really improves lives.

Editor's Note

Highway to Justice is a publication of the American Bar Association ("ABA") and the National Highway Traffic Safety Administration ("NHTSA"). The views expressed in *Highway to Justice* are those of the author(s) only and not necessarily those of the ABA, the NHTSA, or the government agencies, courts, universities or law firms with whom the members are affiliated.

We would like to hear from other judges. If you have an article that you would like to share with your colleagues, please feel free to submit it for inclusion in the next edition of *Highway to Justice*. Deadline for submission articles for inclusion in Summer, 2010 issue is May 1, 2010.

To submit an article, please send it to Judge John Priester, Division of Administrative Hearings, Iowa Department of Inspections & Appeals, 3rd Floor Wallace State Office Building, Des Moines, IA 50319, or email to venspriester@prodigy.net.

Women Drivers

Hon. Peggy Fulton Hora (Ret.), Judicial Outreach Liaison Region 9, Walnut Creek CA

The phrase "women drivers," when used in the DWI context, has a very different connotation than its original sexist intent. The answer to Professor Henry Higgins' question, "Why can't a woman be more like a man?" turns out to be based on metabolism and body composition as well as social conventions.

In one way, unfortunately, women are becoming more like men in their rates of driving while impaired. According to a recent NHTSA press release, female DWI arrests have increased by almost 30% in ten years. This much we know is true: women reach higher Blood Alcohol Concentrations (BACs) than men with the same amount of alcohol; therefore, when in treatment, they need different things to be successful.

Although there are no known cases of prosecutors, or for that matter defense attorneys, making metabolic arguments to juries, those who have responsibility for and oversight of alcohol treatment programs should be addressing these issues. Criminal justice is the primary "referral agency" for substance abuse treatment and we have to understand the different issues presented by women in the system.

Physical Differences

Everything from female hormones to the amount of fat in women's bodies can have not only short but long term effects on alcohol and other drug use. A recent study found that women have a genetic predisposition towards the rewards found in drugs, suggesting sex chromosomes may influence habit formation. Alcohol dehydrogenase, an enzyme associated with alcohol metabolism, may be lower in females than in males. Even timing the beginning of abstinence to coincide with a woman's menstrual cycle can increase success rates.

Addiction, including alcoholism, is telescoped for women. Women are at high risk because they are more susceptible to alcohol's "brainwashing" effects, that is, less able to deal with alcohol's toxicity. Differences in the way women absorb, distribute, eliminate, and metabolize alcohol may increase their vulnerability. Women also develop more severe complications such as cirrhosis earlier and they die of alcohol related diseases at twice the rate of men. Because of these differences, "moderate" drinking for women is less than one drink per day.

Barriers to Treatment

Historically alcohol research was done on men. It was not until fairly recently that women's treatment issues were even addressed. Now there is a plethora of literature in the treatment field proving programs of recovery for women need to be structured differently and offer diverse services to help their clients become and remain clean and sober.

According to a recent article in the ABA's "Highlights," the newsletter of the Commission on Lawyer Assistance Programs, there are four interrelated external and internal barriers to women's treatment: family, money, shame and denial.

Children and Intimate Partners: Despite decades of change due to the 60's and 70's women's movement, children remain the primary responsibility of their mothers whether or not they have full time jobs outside the home. Only 13% of substance abuse treatment facilities provide child care. If there is no access to child care while the woman is in treatment, she simply cannot go despite the fact that children are a great motivator in women's recovery. Advanced stages of alcoholism requiring in-patient treatment will be particularly hard to access because few provide for children. Despite these challenges, women who have their children with them while in treatment do better than those who do not.

Another family factor is any romantic relationships in which the woman may be involved. Women tend to be more "relational" and the threat of the loss of a partner while she is in treatment is a very real barrier. And if the partner is also alcoholic, her chances of abstinence after treatment are low.

Financial Constraints: Unless the woman has health coverage for substance abuse treatment or is qualified for public assistance, her ability to pay for treatment is limited. Very few women who need treatment get it and a monetary constraints is one of the major reasons.

Shame: Imagine coming out of a nice restaurant with your spouse after a lovely dinner. As you are walking to your car, you see a drunk reeling towards you on the sidewalk. If it is a man, you may just move aside or may even find his condition funny. However, if it is a woman, usually the first emotion felt is disgust. Women who lose control after drinking are assumed to be sexually provocative or promiscuous and bad mothers. Women are simply looked down upon more than men for their alcoholism. These opinions from the outside combined with a woman's own sense of shame may keep her from seeking treatment. Former First Lady Betty Ford says, "As a recovering woman, I have personally suffered the scorn of others who are confused, bitter and misled about addiction. …[H]ow could a nice person like me be an alcoholic?"

Denial: In addition to personal denial, women alcoholics escape detection because of their age. Young women are binge drinking at alarming rates and colleges have turned into alcoholic recruiting centers. The younger one starts drinking, the more likely future problems with alcohol will occur. A child who starts drinking at age 13 has a 42% chance of becoming an alcoholic; waiting until 21 drops the risk to about 10%. More than half of current substance abusers started using before age 18. The number of teens entering treatment for addictive disorders has jumped 65% since 1992 and the average teen entering treatment is 15 years old. It's hard to believe that someone that young could be an alcoholic. On the other hand, despite the fact that there are over 5 million older women addicted to alcohol or prescription drugs, in one study, 94% of primary physicians missed a diagnosis of substance abuse. There was a recent news story about the woman who was driving with a .19 BAC on Long Island and killed eight people, including her daughter and herself. Her bewildered husband, a county public safety officer, insisted she was a social drinker and would have never driven her children and nieces while impaired. There

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were multiple follow-up stories about how well women hide their disease of alcoholism and how the families around them are kept in the dark. A combination of denial and shame keeps many women out of treatment.

Components of Successful Treatment for Women

Women in treatment bring multiple challenges to the table. They are likely to be trauma survivors; most have been victims of incest, childhood physical and mental abuse, domestic violence and/or rape. The Substance Abuse Mental Health Services Administration says substance abuse treatment must be "trauma informed." A history of abuse is closely associated with Post Traumatic Stress Disorder and it is estimated that 70-90% of women in treatment suffer this disability. Other co-occurring mental health and substance abuse disorders occur in women at a rate two to three times that of men. Treatment programs used by the courts must screen and assess for co-occurring disorders to be considered adequate facilities.

Women-focused and women-only programs have long-term positive outcomes; this is particularly true for alcohol treatment programs. Participants in women-only programs are more than twice as likely to complete treatment as those in mixed programs. Despite this evidence, only 2-21% of treatment facilities, depending on type, are women only and only 1/3 have programs specifically for women.

Courts should be monitoring not only gender specificity in treatment programs but cultural competency as well. Statistics showing gender breakdowns between those who start and complete treatment and those who fail out should be monitored by community corrections. Filing of probation violations to determine if there are statistical gender differences could be very illuminating in evaluations of treatment programs used by the courts. We know that a major effective response to DWI is appropriate treatment and monitoring and we must be sure that all court users are equally served by these programs.

NHTSA Names New Administrator

David L. Strickland was sworn in as Administrator of the National Highway Transportation Safety Administration (NHTSA) on January 4, 2010. Prior to his appointment, he served for eight years on the staff of the U.S. Senate Committee on Commerce, Science, and Transportation. As the Senior Counsel for the Consumer Protection Subcommittee, he was the lead staff person for the oversight of NHTSA, the Federal Trade Commission, and the Consumer Product Safety Commission. He also served as the lead Senate staff person in the formulation of the Corporate Average Fuel Economy (CAFE) reforms and standards included in the Energy Independence and Security Act of 2007. He held a staff leadership role in the 2005 reauthorization of NHTSA in the Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU).

His work in advising Commerce Committee members led to the inclusion of several significant vehicle safety mandates, including the electronic stability control mandate for every passenger vehicle. Mr. Strickland advised Congressional members on safety reforms and funding increases for NHTSA's seat-belt and drunk-driving grant programs and earned national recognition from Mothers Against Drunk Driving, who named him Congressional Staffer of the Year in 2004 for his role in making the driving public safer.

Mr. Strickland's hometown is Atlanta, GA. He earned his J.D. degree from Harvard Law School, and his B.S. degree in communication studies and political science at Northwestern University. He and his wife live in Alexandria, VA.

Dates to Remember

Lifesavers 2010 Conference
Philadelphia, PA
April 11 – 13, 2010

Lifesavers is the premier national highway safety meeting in the United States dedicated to reducing the tragic toll of deaths and injuries on our nation's roadways.

Click It or Ticket Mobilization
May 24 – June 6, 2010

Drunk Driving: Over the Limit. Under Arrest National Crackdown
August 20 – September 6, 2010
December 16 – January 3, 2011

The South Dakota 24/7 Sobriety Project: A Summary Report

Attorney General Larry Long,
*Attorney General of South Dakota**
Stephen K. Talpins, Chief Executive Officer,
National Partnership on Alcohol Misuse and Crime
Robert L. DuPont, M.D., President,
Institute for Behavior and Health, Inc.

Overview

The 24/7 Sobriety Project is a court-based management program originally designed for repeat Driving Under the Influence (DUI) offenders. The program began in South Dakota and new programs are now being initiated in other states. The 24/7 Sobriety Project sets the standard of no use of alcohol and no use of illegal drugs as a condition of continuing to drive and remaining in the community, rather than being incarcerated. This standard is enforced by intensive monitoring by law enforcement agencies with alcohol and drug testing mandated for each participant. Violation of program rules leads to immediate and usually brief incarceration of the offender. This combination of a strictly monitored no-use standard with swift, certain, and meaningful, but usually not severe, consequences has been extremely successful.

Conceived and administered by South Dakota Attorney General Larry Long, this progressive program received the prestigious John P. McGovern Award for Innovation in Drug Abuse Prevention from the Institute for Behavior and Health, Inc., on June 30, 2009 in Washington, D.C. The 24/7 Sobriety Project:

- reduces recidivism;
- improves public safety;
- serves as an alternative to incarceration that reduces the number of people in local jails and state prisons;
- allows offenders to remain in the community with their family and friends;
- permits offenders to maintain employment;
- saves tax dollars because most monitoring costs are paid by the offenders and because offenders are being diverted from jail and prison where appropriate.

24/7 Monitoring and Accountability

Participants in the 24/7 Sobriety Project have been arrested for DUI offenses on multiple occasions. The program utilizes a variety of mechanisms to ensure abstinence from alcohol and other drugs, including twice-daily breath testing for alcohol, SCRAM® (Secure Continuous Remote Alcohol Monitor) ankle bracelets that continuously monitor wearers for alcohol consumption, PharmChem drug patches that collect sweat samples for laboratory drug testing, and random urine testing for drugs. Offenders are given breath and urine tests at their local sheriff's office. If they test positive, they are taken into custody ***immediately and brought to court within 24 hours***. Judges typically give them escalating jail terms. A first violation typically results in incarceration of one or more nights in jail. Repeat violations of the no-use standard or missing test appointments leads to increased periods of incarceration and the revocation of any pretrial release. All sanctioning is swift and certain.

The 24/7 Sobriety Project as originally constituted does not incorporate any screening, assessments or treatment. However, state law required DUI offenders to participate in treatment programs upon conviction. There is no requirement that these offenders undergo treatment pretrial. Currently the treatment and justice systems operate in parallel but separate from one another.

Program Results

The program's results are impressive, particularly given the fact that almost half of the participants have been convicted three or more times for DUI offenses: [1]

- As of March 15, 2009, almost 11,000 offenders participated in twice-daily alcohol breath testing. They took over 1.8 million tests, passing 99.6% of them. Over 66% of the offenders were totally compliant during their entire term of their participation.[2]
- As of March 25, 2009, 1,244 offenders wore the SCRAM ankle bracelet. Over 900 offenders completed the SCRAM program, 331 remain on the device. Offenders wore the device for an average of 105 days; compliant offenders averaged 96 days, non-compliant offenders averaged 130 days. Approximately 75% of offenders were totally compliant, over 95% were totally compliant or violated only one or two times. The daily compliance rate is 95.5%.[3]
- Forty offenders wore drug patches, passing 92.8% of the tests.[4]
- Over 1,000 offenders took urine tests, passing 97.6% of the time.[5]

In addition, the large majority of participants who were surveyed about the program indicated that the program helped them stop using substances, improved their family functioning and helped them maintain or improvement their employment.[6]

Public Impact

While early skeptics of the 24/7 Sobriety model predicted that close monitoring with a strict no-use standard would fill the jails with offenders, the results of the program are exactly the opposite. The program has reduced incarceration leading to reductions in jail populations and jail costs.

At the time the program was introduced, South Dakota had one of the highest rates of adults 18 and older who reported driving under the influence of alcohol in the nation (21.6% in the previous year). Additionally, nearly three-fourths of those involved in fatal crashes in South Dakota had a blood alcohol level (BAC) of 0.15 or higher. The number of people killed in alcohol-impaired crashes[7] in the state has declined steadily. From 2006 to 2007, alcohol-impaired traffic deaths in South Dakota declined by 33% (National Highway Traffic Safety Administration, 2008). In a year where the U.S. had a 4% decline in DUI fatalities, South Dakota outperformed every other state in its percentage reduction of DUI fatalities. Preliminary data indicates that the number fell another 45% from 2007 to 2008.[8]

It is important to note other important initiatives in South Dakota may have impacted South Dakota's success in combating DUI offenses. In 2006, South Dakota repealed its implied consent law. Any person arrested for a DUI offense must provide a sample of their blood, breath or urine to law enforcement. No longer is a defendant able to refuse to provide evidence of their intoxication. Law enforcement officers increased enforcement efforts through the use of checkpoints and saturation patrols. South Dakota substantially revised required classes for DUI first offenders, which has reduced recidivism. There has been a con-

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The South Dakota 24/7 Sobriety Project: A Summary Report

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certed effort to increase the use of media campaigns. Finally, South Dakota started a "Parents Matters" program to combat underage drinking. The combination of these programs should be considered when discussing South Dakota's success in combating DUI offenses.

It is difficult to attribute the improvements to any one cause or causes; however, the 24/7 Sobriety Project is a contributing component.

Conclusions

The 24/7 Sobriety Project is not just saving lives; it is reducing DUI recidivism and saving tax dollars. Jail populations have decreased in most counties across South Dakota and in the two largest counties these populations have dropped by almost 100 people on any given day. With jail costs estimated at $75 per day per person, the state is saving millions of dollars.[9] At least part of these gains are due to the 24/7 Sobriety Project.

The 24/7 Sobriety Project is also an important response to critics who erroneously claim that it is not possible to stop DUI offenders from drinking and/or using drugs because they believe relapse is inevitable. It also belies claims that efforts need to focus exclusively on preventing DUI offenders from driving. If efforts to prevent driving without stopping drinking and drugging were possible and successful, there would not be so many repeat DUI offenses. It is the repeat DUI offenders that the 24/7 Sobriety Project identifies and positively impacts changes in behaviors. The 24/7 Sobriety program is continuing to evolve including plans to develop brief screening and intervention modules and formal links to treatment. The comprehensive monitoring and care management model being developed for the 24/7 Sobriety Project has wide applicability within the criminal justice system, well beyond the DUI offense, because alcohol and illegal drug use are major contributors to crime and incarceration. This program demonstrates a powerful ability to stop alcohol and drug use and the criminal behavior that alcohol and drug use often lead to among arrested offenders. The program has been extended to a wide range of criminal charges related to alcohol and drug use, including domestic violence and civil abuse and neglect cases. These changes show the broad applicability of the 24/7 Sobriety Program, far beyond the original focus only on DUI offenders and alcohol use.

Although funding for the program was initially provided by the South Dakota Office of Highway Safety and then supported through legislative appropriations, it is anticipated that it will be a cost neutral program since it is supported through offender fees. Other states have expressed interest in implementing a similar program. The North Dakota Attorney General's Office began a pilot of its own 24/7 Sobriety Project in January 2008 and, with legislative support, is taking it statewide.

The impressive, positive results of the 24/7 Sobriety Project reinforce the results of other related programs, HOPE Probation[10] (Hawaii's Opportunity Probation with Enforcement) in Honolulu,[11, ,12] and DUI/Drug Court programs. These programs have a zero tolerance standard for any use of alcohol or other drugs that is enforced by intensive monitoring and linked to meaningful and swiftly applied consequences. Each of these programs has produced results that set a new and far higher outcome standard for substance abuse among alcohol and drug dependent people. This unique and transferable model has applicability both in the criminal justice system and in substance abuse treatment. The 24/7 Sobriety Project model holds the promise of reducing the serious problems caused by alcohol and other drug use while making substance abuse treatment and the criminal justice system far more successful in promoting both public safety and public health than they are today.

A complete listing of the administrative rules, copies of forms, and program statistics can be found on the South Dakota Attorney General's website at: www.state.sd.us/attorney/DUI247/index.htm.

ENDNOTES

[1] R. Loudenberg, "Analysis of South Dakota 24-7 Sobriety Program Data" at 3 (Mountain Plains Evaluation, LLC January 2007).
[2] South Dakota Office of the Attorney General 2009.
[3] Alcohol Monitoring Systems, Inc., 2009.
[4] South Dakota Office of the Attorney General 2009.
[5] South Dakota Office of the Attorney General 2009.
[6] South Dakota Office of the Attorney General 2009.
[7] NHTSA defines an alcohol-impaired crash as one where at least one driver had a blood or breath alcohol level at or above the 0.08 illegal limit.
[8] South Dakota Department of Public Safety 2009.
[9] South Dakota Office of the Attorney General 2009.
[10] Hawken, A. & Kleiman, M. (January, 2009). Research brief: Evaluation of HOPE probation. Retrieved July 23, 2009, from http://www.state.hi.us/jud/pdf/Hope_Brief_Feb09.pdf.
[11] McLellan, A. T., Skipper, G. E., Campbell, M. G. & DuPont, R. L. (2008). Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. British Medical Journal, 337:a2038.
[12] DuPont, R. L., McLellan, A. T., Carr, G., Gendel, M & Skipper, G. E. (2009). How are addicted physicians treated? A national survey of physician health programs. Journal of Substance Abuse Treatment, 37, 1-7

**Editor's Note: Since submission of this article, Larry Long has been appointed as Circuit Judge for the 2nd Judicial Circuit (Minnehaha and Lincoln Counties), State of South Dakota. He took office on September 4, 2009*

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