



# Arkansas Impaired Driving Prevention Plan

(established 2013)

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# Executive Summary

The Arkansas Impaired Driving Prevention Task Force (AIDPTF) comes now to give notice of two cornerstone documents: 1) The **Charter and Establishing Documents** with the preamble of statewide collaboration to maximize resources to eliminate impaired driving and; 2) The **Arkansas Impaired Driving Prevention Plan (AIDPP)**.

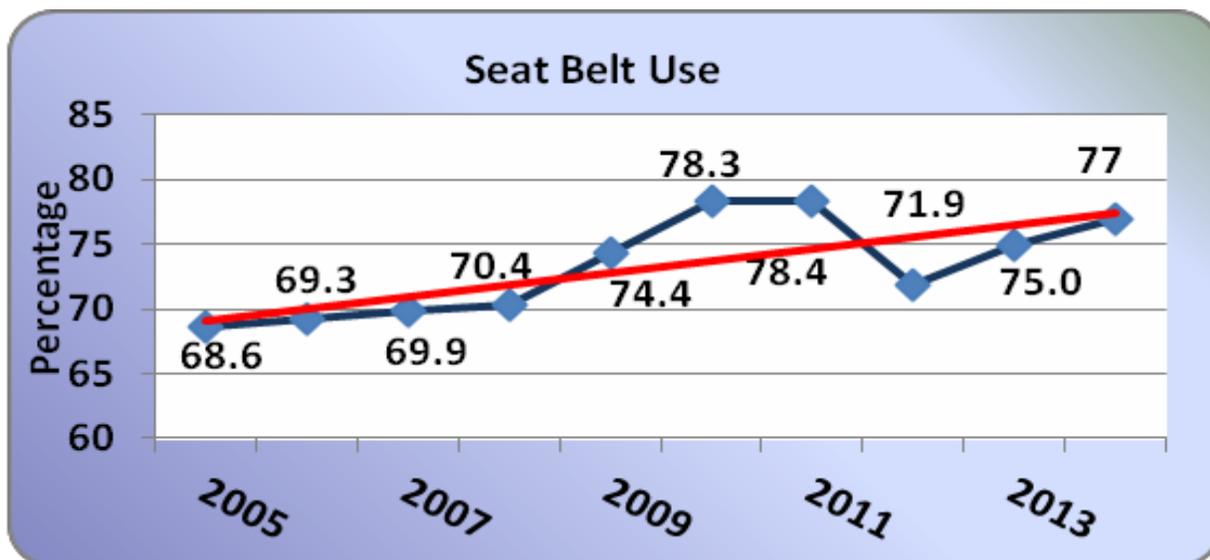
From a review of statewide data, problem analysis, and research, the task force concluded that **the most effective reduction of fatalities and injuries, attributed to motor vehicle crashes, could be achieved by the reduction of impaired driving, and a significantly increased occupant protection use rate in the state.**

The AIDPTF reviewed reports indicating that in Arkansas, serious injuries rose from 3,072 in 2007 to 3,693 in 2009 but are on the decline at 3,239 in 2011. FARS shows that **the number of fatalities declined from 649 in 2007 to 549 in 2011.** The preliminary state data from 2012 shows fatalities at 552. The fatality rate, per 100 MVMT, for the current period available (2007-2011) shows a decrease of 1.96 to 1.67.

<b>The Statewide Problem</b>	<b><u>2010</u></b>	<b><u>2011</u></b>	<b><u>% Change</u></b>
Statewide Crashes	60,984	59,076	-3.13
Fatal Crashes	517	509	-1.55
Fatalities	571	549	-3.85
Alcohol Related Fatalities	178	156	-12.36
Injuries (2 only**)	3,331	3,239	-2.76
Vehicle Miles Traveled (10 <sup>6</sup> )	33,504	32,955	-1.64
Fatality Rate*	1.70	1.67	-1.76
Fatal Crash Rate*	1.54	1.54	0
Alcohol Fatality Rate*	0.53	0.47	-11.32
Injury Rate*	9.94	9.82	-1.20
* per 100 Million vehicle miles traveled			
**Injury code #2 is incapacitating injury			

While figures indicate decreases in injury and fatal crashes, (based on the 5-year period 2007-2011) an average of 3,361 are seriously injured and 591 motorists lose their lives each year. In 2011, there were 549 total traffic fatalities compared to 571 the previous year. Over the past five years, alcohol-related fatalities averaged 172 per year. In 2011, there were 156 alcohol-related fatalities reported compared to 178 in 2010. Arkansas's **alcohol-related fatalities in 2011 stood at 28% of the total fatalities.**

Arkansas passed a primary enforcement safety belt law which took effect June 30, 2009. Immediately after the law took effect, the use rate rose from 70.4% to 74.4%, while the National use rate stood at 83%. The state's use rate increased to 78.4% in 2011. The results from the 2012 survey showed the use rate at 71.9%. Members noted disparity between certain counties and determined this to be of significance. As fatal



crash data was reviewed, another area of concern was that in 2011, **55 percent of the recorded impaired driving vehicle occupant fatalities were unrestrained.** This led to the conclusion that addressing occupant protection is a key part of a comprehensive impaired driving injury prevention strategy.

After agreeing to organize and adopt the charter, a review of data and discussion of findings by the task force members dictated that committing the time, energy, and resources to draft, review, refine, and **produce a statewide plan in very short-order was the primary objective.** Furthermore, the charter members have a scheduled timeline to ensure that short- and long-term objectives are being met, that the strategies are evaluated, data is reviewed and the plan is relevant.

A list of the members has been included in the plan. We will continue to expand the membership to ensure representation of parties interested in impaired driving issues in Arkansas. **All are committed to the implementation of a collaborative, carefully managed and intentional plan to prevent serious injury and fatal crashes** caused by the preventable behavior of impaired driving.

# Arkansas Highway Safety Plan

The AIDPP is closely related to Arkansas's Highway Safety Plan (HSP). The purpose of the HSP, developed by the Arkansas Highway Safety Office (HSO), is to identify traffic related safety problems in Arkansas and recommend programs that are most effective in reducing traffic fatalities, injuries and crashes. The HSP identifies impaired driving as a continuing high priority area because of problem identification and existing comprehensive statewide efforts. The **AIDPP serves as a complement to the HSP** by describing the impaired driving efforts deemed critical to improve the State's road safety and providing additional detail of the specific strategies and action steps to reduce impaired driving crashes. To ensure the HSP remains focused and strategic, the HSO works with other safety partners regarding the development and implementation of the HSP annually.

The Arkansas Highway Safety Plan is available online at:  
<http://asp.arkansas.gov/services-and-programs/detail/highway-safety-office>.

# Guiding Principles

## NHTSA Highway Safety Program Guideline No. 8 – Impaired Driving

- 1) An effective impaired driving plan should be based on strong leadership, sound policy development, program management and strategic planning, and an effective communication program.
- 2) Program efforts should be data-driven, focusing on populations and geographic areas that are most at risk, and science- based, determined through independent evaluation as likely to succeed.
- 3) Programs and activities should be guided by problem identification and carefully managed and monitored for effectiveness.
- 4) Adequate resources should be devoted to the problem and costs should be borne, to the extent possible, by impaired drivers.

## Mission

The State of Arkansas will work collaboratively to maximize its resources to eliminate impaired driving.

## Overall Goal

Prevent impaired driving serious injury and fatal crashes.

# Purpose

**Task Force:** The purpose of the task force is to foster leadership, commitment, and coordination among stakeholders interested in impaired driving issues, including both traditional and non-traditional parties, and to develop and implement an impaired driving prevention plan.

**Plan:** The purpose of the plan is to identify short- and long-term impaired driving activities to be **developed, implemented and evaluated** based on available **data, careful problem identification, and evidence-based prevention interventions** or strategies to achieve progress towards the mission and overall goal.

## Foci

To create a plan that would focus on the problem areas with the greatest opportunity for improvement, and establish a successful task force, it was essential to have representation from agencies and organizations with a working knowledge and deep understanding of the various parts of Arkansas's impaired driving system and how the parts interrelate.

First, a strong Chair was recruited; mandated members were recruited and convened to provide developmental leadership; and a listing of subject-matter experts, sector/discipline representatives was assembled.

Focused strategic planning on the areas of program management, prevention, laws, enforcement, high visibility efforts, prosecution, adjudication, administrative sanctions, communication programs, alcohol and other drug misuse, screening, assessment, treatment and rehabilitation, program evaluation and data will be conducted throughout the implementation of the plan at the direction of the task force leadership.

In addition to planning, reporting, and evaluation, speakers will be invited to provide detailed first-hand information about key issues or program implementation at regular meetings.

# Charter and Establishing Documents

## The Arkansas Impaired Driving Prevention Task Force

### **Background.**

In July of 2013, the Arkansas Highway Safety Office (HSO) convened a meeting for the purpose of recruiting leadership for a statewide impaired driving prevention task force whose purpose would be to foster planning, commitment, and coordination among stakeholders interested in impaired driving issues, including both traditional and non-traditional parties and to develop and implement an overall plan for short- and long-term impaired driving prevention activities based on careful and data-driven problem identification.

### **Preamble.**

The State of Arkansas will work collaboratively to maximize its resources to eliminate impaired driving.

### **Overall Goal.**

Prevent impaired driving serious injury and fatal crashes.

### **Official Name.**

The name of the task force will be the Arkansas Impaired Driving Prevention Task Force (AIDPTF).

### **Impaired Driving.**

The term *impaired driving* means operating a motor-vehicle while affected by alcohol and/or other drugs, including prescription drugs, over-the-counter medicines, or illicit substances.

### **Officers.**

There will be two officers of the task force. Their responsibilities, appointment and terms of office are as follows:

- Chair
  - Ensures the effective action of the task force leadership and task force as a whole.

- Develops agendas for meetings (based on member input) and facilitates meetings.
  - Administers affairs to ensure that matters are handled properly, including preparation of pre-meeting materials, meeting notification, committee functioning, and orientation of new members.
- Vice-Chair
  - Acts as the Chair in their absence; assists Chair with responsibilities or other specified duties.
- Appointment and Terms of Office
  - Officers will be appointed based on input from Arkansas Highway Safety Office recommendations and the consent of the whole. Terms of Office will be subject to availability to serve.

### **Leadership.**

The leadership of the Task Force is the Arkansas HSO, Law Enforcement, Criminal Justice System Representatives (Prosecution, Adjudication, and Probation), and Public Health. These serve as the task force leadership to ensure that the program is managed effectively and that program activities are implemented.

### **Members.**

Key stakeholders will be recruited to ensure a comprehensive membership roster of parties interested in impaired driving issues, including both traditional and non-traditional parties, such as highway safety enforcement, criminal justice, driver licensing, treatment, liquor law enforcement, business, medical, health care, public health, advocacy and multicultural groups, the media, institutions of higher education, and the military.

### **Committees.**

At the direction of the whole, the Chair will appoint committees. Committees will exist for a stated purpose and time period. Each committee will have a Chairperson to ensure that the committee convenes in order to serve its stated purpose and that committee recommendations are presented to the full task force in a timely manner. Generally, these committees will establish procedures to ensure that program activities are implemented as intended.

**Meeting Schedule.**

The task force will meet on the second Tuesday of each odd month.

**Acceptable Meetings.**

It is acceptable to conduct interim meetings at the call of the Chair, via email, or telephone as necessity dictates.

**Quorum.**

A quorum for voting is fifty percent (50%) of the number of NHTSA mandated members. In the event of a tie, the Chair will determine outcome.

**Proxy.**

A mandated member agency representative may designate a proxy to attend a meeting.

**Rules of Order.**

Decisions will be made by consensus. At the vote of the whole, Robert's Rules of Order may be invoked for the purpose of formal, binding business decisions.

**Amendments.**

The Charter may be amended with 30 days written (via electronic or posted correspondence) notice to members and a seventy-five percent (75%) of the number of NHTSA mandated members vote to amend.

## **Member Representatives**

### **Arkansas Highway Safety Office.**

Arkansas State Police – Highway Safety Office  
One State Police Plaza Drive  
Little Rock, AR 72209  
Chip Payne, Impaired Driving Program Specialist

### **Law Enforcement.**

Pulaski County Sheriff's Department  
2900 S. Woodrow  
Little Rock, AR 72204  
Lt. Cody Burk

University of Arkansas Criminal Justice Institute  
26 Corporate Hill Drive  
Little Rock, AR 72205  
Tim Hibbs, Law Enforcement Liaison

### **Criminal Justice System (Prosecution, Adjudication and Probation).**

Arkansas Office of the Prosecutor Coordinator  
Tower Building, Suite 750  
323 Center Street  
Little Rock, AR 72201  
John Snyder, Traffic Safety Resource Prosecutor

Arkansas Administrative Office of the Courts  
Justice Building  
625 Marshall Street  
Little Rock, AR 72201  
Kari Powers, State Drug/DWI Court Coordinator

Arkansas Department of Community Correction, Parole and Probation  
Two Union National Plaza  
105 W. Capitol Avenue  
Little Rock, AR 72201  
Dana Otto, Assistant Area Manager for Parole/Probation, Area 6 Conway

## **Public Health.**

Arkansas Department of Health  
Injury Prevention and Control Branch  
4815 West Markham, Slot 4  
Little Rock, AR 72205

Teresa Belew, Section Chief, Injury and Violence Prevention

## **Ex Officio Members – Arkansas Highway Safety Office and NHTSA.**

Bridget White, Administrator, Highway Safety Office

Debra Hollis, Manager, Highway Safety Office

Ann Whitehead, Public Information/Education Program Specialist, Highway Safety Office

Sherri Cannon, Regional Program Manager, NHTSA

NOTE: Key stakeholders will be recruited to ensure a comprehensive membership roster of parties interested in impaired driving issues, including both traditional and non-traditional parties, such as highway safety enforcement, criminal justice, driver licensing, treatment, liquor law enforcement, business, medical, health care, public health, advocacy and multicultural groups, the media, institutions of higher education, and the military.

## AIDPTF Meeting Schedule through 2014

### Meetings Held:

July 5, 2013  
August 8, 2013  
August 21, 2013

### Meetings Scheduled:

September 10, 2013  
November 12, 2013  
January 14, 2014  
March 11, 2014  
May 13, 2014  
July 8, 2014  
September 10, 2014  
November 11, 2014

### Meeting Time, Location and Meeting Room.

Time: 1:00 pm – 2:30 pm  
Location: Freeway Medical Tower  
5800 West 10<sup>th</sup> St.  
Little Rock, AR 72204  
Meeting Room: Room 906 (Board Room – 9<sup>th</sup> Floor)

*There will be access via conference call or Tandberg Video Conference System as needed by members.*

### Acceptable Meetings.

It is acceptable to conduct interim meetings at the call of the Chair, via email, or telephone as necessity dictates.

# The Arkansas Impaired Driving Prevention Plan

(established 2013)

## 1. PROGRAM MANAGEMENT AND STRATEGIC PLANNING

Objective 1.1 Form a subcommittee of the task force to review the administrative processes in Arkansas; review practices in other states, review the literature.

Performance Measure: Subcommittee formed, report assembled.

Measurement Method: Task Force response.

Strategy 1.1.1 Subcommittee reports findings and makes recommendations to AIDPTF.

Action Step 1.1.1.a Secure commitments from agencies and individuals to actively participate in the Subcommittee activities.

Action Step 1.1.1.b Subcommittee reviews Arkansas's administrative process, review practices in other states, and review literature on impaired driving-related administrative processes.

Action Step 1.1.1.c Subcommittee submits recommendations for improving the efficiency and effectiveness of the administrative process.

## 2. PREVENTION

Objective 2.1 Decrease access to alcohol among Arkansas's middle school and high school students.

Performance Measure: Decrease youth access to alcohol.

Measurement Method: Youth Risk Behavior Surveillance (YRBS) Survey and Arkansas Prevention Needs Assessment (APNA) Survey.

Strategy 2.1.1 Reduce sales to minors through environmental strategies and enhanced compliance checks and enforcement.

Action Step 2.1.1.a Identify counties/regions with low compliance rates.

Action Step 2.1.1.b Engage ABC Enforcement and local coalitions in a collaborative effort to enhance compliance checks with sanctions and a communication component, responsible vendor training, party patrols,

training on fake ID and enforcement of fake ID laws, and alcohol-free entertainment and community events.

Action Step 2.1.1.c Identify and research promising new technologies that can help reduce youth access to alcohol.

Objective 2.2 Decrease alcohol consumption and riding with a driver who has been drinking among Arkansas's middle school and high school students.

Performance Measure: Past 30-day use and riding with an impaired driver.

Measurement Method: Youth Risk Behavior Surveillance (YRBS) Survey and Arkansas Prevention Needs Assessment (APNA) Survey.

Strategy 2.2.1 Implement evidence-based school prevention programs.

Action Step 2.2.1.a Identify evidence-based programs through CDC and SAMSHA material reviews.

Action Step 2.2.1.b Prioritize and implement identified programs.

### **3. CRIMINAL JUSTICE SYSTEM**

#### **A. Possible Laws/Legislative/Policy Priorities**

1. Increase the alcohol wholesale levy so that increased receipts are designated to fund prevention, treatment and law enforcement efforts.

2. Increase penalties for chemical test refusals that will result in the first refusal carrying the same criminal penalty as a DWI offense.

3. Pass legislation to allow forcible blood draws in refusal cases.

4. Require mandatory employee certification for the service and selling of alcoholic beverages.

5. Amend Arkansas Statutes to include the language, "...the person is under the influence of alcoholic beverages, any impaired compound, or any combination of impaired compounds when affected to the extent that the person's normal faculties are impaired."

6. Pass per se legislation criminalizing driving or operating a vehicle with any detectable amount of controlled drug or substance which has been illegally ingested or obtained.

7. Increase the criminal penalties to the social host for underage drinking at private parties and require that all parents or guardians of underage offenders successfully complete an approved alcohol education program.

8. Provide civil liability penalties for sales or service to visibly intoxicated persons to the server and licensee.

9. Review vehicle forfeiture laws to incentivize implementation so that arresting agencies can utilize funds to support enforcement activities.

10. Review Arkansas's DWI Court probation programs actions as relates to impaired driving related technical violations.

Objective 3.1 Establish a legislative committee within the task force to review Arkansas impaired driving statutes, make recommendations for improving or streamlining existing laws, and secure support for passage of priority legislation.

Performance Measure: Draft language is developed, fiscal notes written, members identified, legislative sponsor(s) secured.

Measurement Method: Copy of law(s) passed and signed by the Governor.

Strategy 3.1.1 Develop and implement a legislative strategy for each piece of priority legislation.

Action Step 3.1.1.a Draft proposed legislative measures.

Action Step 3.1.1.b Research and identify supportive groups and individuals (i.e., law enforcement, educators, prevention groups); approach above groups and individuals and secure support.

Action Step 3.1.1.c Obtain legislative support for proposed bills; and work with legislators to get passed.

Strategy 3.1.2 Identify and support legislation restricting youth access to alcohol and other drugs.

Action Step 3.1.2.a Draft proposed legislative measures.

Action Step 3.1.2.b Research and identify supportive groups and individuals (i.e., law enforcement, educators, prevention groups); approach above groups and individuals and secure support.

Action Step 3.1.2.c Obtain legislative support for proposed bills; and work with legislators to get passed.

## **B. Enforcement**

Objective 3.2 Increase the number of officers trained in approved National Highway Traffic Safety Administration (NHTSA), International Association of Chiefs of Police (IACP), or Arkansas Department of Law Enforcement (FDLE) advanced DWI/DRE enforcement courses.

Performance Measure: The number of officers trained by course type.

Measurement Method: Training agency quarterly reports.

Strategy 3.2.1 Encourage agencies to develop DWI specialists who become mentors to assist new officers with the procedures involved in a DWI arrest and prosecution.

Action Step 3.2.1.a Develop a certification program to raise the level of experience and expertise in DWI.

Action Step 3.2.1.b Develop process to increase communication among prosecutors and law enforcement to improve the DWI process.

Strategy 3.2.2 Examine data to determine the level of participation and interest in Standardized Field Sobriety Test (SFST) and Drug Recognition Expert (DRE) training.

Action Step 3.2.2.a Poll training centers to determine course offerings and availability.

Action Step 3.2.2.b Poll agencies at the local level to determine the level of interest in training, type of courses needed, and number of officers needing training.

Strategy 3.2.3 Examine opportunities for regional training.

Action Step 3.2.3.a Conduct regional trainings at least once a year.

Action Step 3.2.3.b Conduct DWI instructor class for qualified personnel in various regions once a year.

Objective 3.3 Increase the number of specialized DWI law enforcement units.

Performance Measure: Number of specialized DWI law enforcement units.

Measurement Method: LEL survey and report.

Strategy 3.3.1 Increase the number of agencies with a policy or strategic plan indicating DWI enforcement and assistance with prosecution is a priority.

Action Step 3.3.1.a Work with Sheriff's Association and Police Chief's Association to promote the inclusion of DWI strategies in agency strategic plans.

Action Step 3.3.1.b Use the DWI Challenge to promote DWI strategies in agency plans.

Strategy 3.3.2 Educate law enforcement agencies on cost-effective ways to create a DWI specialized unit.

Action Step 3.3.2.a Provide examples of the various types of units; i.e., full-time, part-time, one person, or multiple people.

Action Step 3.3.2.b Educate and utilize new approaches to DWI enforcement; e.g., Data-Driven Approaches to Crime and Traffic Safety (DDACTS).

Objective 3.4 Reduce to three hours or less the average time it takes an arresting officer to complete the DWI arrest process, including on-scene and paperwork.

Performance Measure: Average Time from out-of-service to in-service (agency reports).

Measurement Method: Citation records, ATP (Alcohol Testing Program) data on time of arrest to time of end of test.

Strategy 3.4.1 Survey agencies, pull records, and conduct an analysis on the average time from stop to back in service.

Action Step 3.4.1.a Prepare survey instrument to be sent to all law enforcement agencies to obtain reasons for times exceeding three hours.

Action Step 3.4.1.b Analyze agency responses and create report detailing the survey findings.

Strategy 3.4.2 Decrease law enforcement officers' time used in anticipation of actual participation in court hearings; e.g., through training, virtual testimony, setting date certain for DWI trials etc.

Action Step 3.4.2.a Develop training materials to assist law enforcement officers in preparing for hearings.

Action Step 3.4.2.b Explore the possibility of allowing law enforcement officers to testify via electronic methods in lieu of physical appearance.

## **C. Publicizing High Visibility Enforcement**

Objective 3.5 Increase local agency participation in Crackdowns.

Performance Measure: Number of agencies signing up for mobilizations (agency reports).

Measurement Method: Citation records, Media Advisories and Sign Up.

Strategy 3.5.1 Assist local agencies with local media and other visibility efforts.

Action Step 3.5.1.a Involve local coalitions and grassroots to help recruit.

Action Step 3.5.1.b . Acknowledge agency participation.

NOTE: See 4. Communication Program

## **D. Prosecution**

Objective 3.6 Increase the number of DWI prosecutors who remain prosecuting DWI-related cases for a minimum three years.

Performance Measure: Number of prosecutors who complete the three year commitment.

Measurement Method: Information from Prosecutor Coordinator's Office.

Strategy 3.6.1 Encourage State Attorneys to keep specialized DWI prosecutors in place prosecuting DWI-related cases.

Action Step 3.6.1.a Implement pilot program establishing a specialized DWI Prosecuting Attorney.

Action Step 3.6.1.b Explore opportunities to provide increased compensation and other incentives to DWI prosecutors.

Strategy 3.6.2 Reduce the lag time between blood draw, test results, and submission of results to the submitting agency/officer and prosecutor.

Action Step 3.6.2.a Survey all laboratories that conduct testing to determine the time and factors that contribute to delay in returning results to charging agencies.

Action Step 3.6.2.b Based on survey results, identify methods to decrease the lag time.

Objective 3.7 Increase the number of prosecutors who attend DWI training.

Performance Measure: Number of prosecutors trained.

Measurement Method: Traffic Safety Resource Prosecutor report, Prosecuting Attorneys Association report.

Strategy 3.7.1 Develop a master DWI prosecutor program within three years for each judicial circuit, including specialized training.

Action Step 3.7.1.a Review existing training.

Action Step 3.7.1.b Create curriculum and other materials for the Master DWI Prosecutor Program and market.

Strategy 3.7.2 Encourage Elected Prosecuting Attorneys to send deputy prosecutors to DWI Training.

Action Step 3.7.2a Increase the number and variety of locations of DWI training classes.

Action Step 3.7.2b Promote DWI trainings by meeting with Court Officials.

## **E. Adjudication**

Objective 3.8 Decrease to under a year the average time for the final disposition of DWI cases.

Performance Measure: Average time.

Measurement Method: Information from Clerks of Court, Administrative Office of the Court.

Strategy 3.8.1 Include case management best practices in judicial educational programs concerning impaired driving.

Action Step 3.8.1.a Develop a program to inform judges, court administrators, clerks of court, prosecutors, and the defense bar concerning model adjudication process (arraignment first court date, five weeks to case management, and another five weeks to a pretrial, and five weeks to jury trial).

Action Step 3.8.1.b Conduct training on effective case management; e.g., workshops at judicial and prosecutor conferences.

Objective 3.9 Increase the number of judges who preside over DWI cases who have completed the DWI Adjudication Lab.

Performance Measure: Number of judges who complete DWI Adjudication Lab.

Measurement Method: Yearly DWI Adjudication Lab roster.

Strategy 3.9.1 Explore ways to require new judges attend DWI Adjudication Lab during their first year and require other judges to attend once every five years.

Action Step 3.9.1.a Meet with relevant Judges Associations, to urge adoption of a standard to require attendance by Judges who preside over DWI cases to complete the DWI Adjudication Lab.

Strategy 3.9.2 Promote current DWI Adjudication Lab as a continuing education elective for all Judges.

Action Step 3.9.2.a Encourage Arkansas Bar Association to promote attendance at DWI Adjudication Lab as a continuing education elective in their newsletters and other educational outreach.

Action Step 3.9.2.b Add to the DWI Adjudication Lab curriculum information regarding the ability of judges to implement or at a minimum, review the principles of DWI Courts.

Objective 3.10 Increase from the number of DWI Courts which meet the guiding principles of DWI Courts for sentencing and supervision of impaired drivers.

Performance Measure: Number of DWI Courts established.

Measurement Method: Clerks of Court records, ASP HSO Annual Evaluation Report.

Strategy 3.10.1 Determine if DWI Courts would be a valuable addition to existing treatment/supervision services by examining existing DWI adjudication processes.

Action Step 3.10.1.a Identify areas where DWI Courts would provide a valuable service.

Action Step 3.10.1.b Determine where DWI Courts would best complement existing services.

Strategy 3.10.2 Establish a DWI Court in additional counties.

Action Step 3.10.2.a Obtain commitment from local judges to establish the DWI Court.

Action Step 3.10.2.b Conduct community assessments in the identified communities/counties.

Action Step 3.10.2.c Form teams in the selected locations that will implement the DWI Court and send the team to specialized DWI Court training.

Action Step 3.10.2.d Establish protocols and procedures to screen potential participants.

Action Step 3.10.2.e Establish coordination and communication between the DWI Court and local licensed DWI programs.

Objective 3.11 Increase court automation, eCite, TRCC project participation and reporting.

Performance Measure: Number of courts using the Administrative Office of the Courts, Court Automation Project, Contexte Case Management System and receiving citations electronically from the Arkansas eCite Project.

Measurement Method: Contexte and eCite reports.

Strategy 3.11.1 Promote use of the systems to the courts.

Action Step 3.11.1.a Meet with relevant Judges and Court Clerk Associations.

Action Step 3.11.1.b Add more courts using Contexte and eCite.

## **F. Administrative Sanctions and Drivers Licensing**

Objective 3.12 Decrease the number of misdemeanor DWI cases that are plead no contest and then appealed to Circuit Court.

Performance Measure: Number of pleas appealed and number of BAC reduction stipulations by the court.

Measurement Method: Clerks of Court records.

Strategy 3.12.1 Provide accountability for the stipulation to a reduction of BAC among prosecutors.

Action Step 3.12.1.a Require written justification for stipulating to a reduction.

Action Step 3.12.1.b Meet with prosecutors to discuss the reduction of BAC as a tool for plea negotiation.

Objective 3.13 Increase the number of license suspensions that are sustained.

Performance Measure: Number of courses held, number of law enforcement and hearing officers trained, and suspensions upheld.

Measurement Method: Driver Control Report.

Strategy 3.13.1 Train hearing officers to effectively conduct administrative hearings.

Action Step 3.13.1.a Conduct statewide training for hearing officers; e.g., National Judicial College.

Action Step 3.13.1.b The Task Force shall monitor the administrative process to identify additional efficiencies.

Action Step 3.13.1.c Create database to identify Driver Control actions and outcomes.

Action Step 3.13.1.d Task Force will report on the consistency and efficiency of the administrative suspension process to the ASIDPTF at least annually.

## **4. COMMUNICATION PROGRAMMING**

Objective 4.1 - Increase awareness of the dangers, costs, and consequences of impaired driving among the general public with a focus on those ages 18 to 34 in conjunction with high-visibility enforcement.

Performance Measure: Level of awareness among general public.

Measurement Method: ASP HSO pre- and post-surveys.

Strategy 4.1.1 Implement a statewide public information and education to promote awareness of the impacts of impaired driving and support national mobilizations such as “Drive Sober or Get pulled Over” (DSGPO) targeting messages to young persons age 18 to 34 and motorcycle operators. The components of this may include, but are not limited to, educational materials such as brochures, posters, public service announcements (PSAs), and/or corresponding promotional items to enhance other traffic safety projects.

Action Step 4.1.1.a Identify the parameters and scope of the comprehensive campaign.

Action Step 4.1.1.b Identify partners in order to develop a coordinated communications calendar.

Action Step 4.1.1.c - This task will also emphasize the .08 BAC law, Act 561 of 2001.

Action Step 4.1.1.d - This task will provide funds for the services of a full-service advertising agency to create and develop traffic safety public information materials.

Action Step 4.1.1.e - This task will provide assistance with PI&E efforts in specific community projects such as selective traffic enforcement projects (STEPS), support national mobilizations like “DSGPO”, and state mobilizations.

Action Step 4.1.1.f - This task may provide for the placement of traffic safety messages relating to impaired driving public information campaigns in the media. The media placements may include television, radio, internet and print. Funding could also provide for PSA creation and production, PI&E materials creation and production, and meeting expenses including meals and/or promotional items.

## **5. ALCOHOL AND OTHER DRUG MISUSE; Screening, Assessment, Treatment and Rehabilitation**

Objective 5.1 Reduce recidivism by improving individualized treatment and case management plans.

Performance Measure: Reduction in recidivism among clients with individualized treatment and case management plans.

Measurement Method: DWI Program summary report.

Strategy 5.1.1 Identify Best Practices in processes that provide individualized treatment and case management plans.

Action Step 5.1.1.a Provide information and outreach to DWI Education Program Directors and Clinical Supervisors.

Action Step 5.1.1.b Identify treatment providers who conduct treatment specific to the issue of impaired driving.

Action Step 5.1.1.c Develop and distribute best practices and training materials for DWI programs and treatment providers.

Objective 5.2 Promote expansion of screening and brief intervention program within the medical community.

Performance Measure: Number of hospitals with a screening and brief intervention policy, number of patients screened.

Measurement Method: Information from Department of Health.

Strategy 5.2.1 Examine data to identify barriers to hospitals and health care providers adopting screening and brief intervention policies.

Action Step 5.2.1.a Develop and distribute a screening and brief intervention survey to hospitals and health care providers to identify policies, barriers and problems with conducting the screenings, and the number of patients screened annually.

Strategy 5.2.2 Encourage hospitals and health care providers to adopt a screening and brief intervention policy.

Action Step 5.2.2.a Develop a campaign to increase awareness of the benefits of screening and brief intervention policies and best practices for implementing the policy.

Action Step 5.2.2.b Provide materials to increase health care professionals' awareness and knowledge of the benefits of screening patients.

## 6. PROGRAM EVALUATION AND DATA

Objective 6.1 Increase to 100 percent the number of DWI judgment, sentence, and plea forms that are maintained by clerks of the court for 10 years.

Performance Measure: Number of clerks that maintain the judgment, sentences, and plea forms.

Measurement Method: Arkansas Association of Clerks of the Court records.

Strategy 6.1.1 Facilitate DWI information sharing and retrieval capabilities through the use of electronic storage methods.

Action Step 6.1.1.a Survey the Clerks of Court to determine their records retention schedules and current practice for retention of DWI records.

Action Step 6.1.1.b Work with the Clerks of Court Association to adopt uniform recordkeeping procedures to electronically maintain and facilitate retrieval of DWI judgment, sentence, and plea form documents.

Action Step 6.1.1.c Compile and report survey results to Administrative Office of the Court.

Strategy 6.2.1 Increase the use of standardized data templates for probable cause affidavit and alcohol influence reports by law enforcement officers.

Action Step 6.2.1.a Revise existing probable cause and alcohol affidavit forms.

Action Step 6.2.1.b Revise the existing administrative rule to require the use of the data templates.

Action Step 6.2.1.c Implement the use of standardized data templates through training, presentations, conferences, etc.

Objective 6.3 Identify a statewide data collection instrument to track DWI offenses and information from arrest through completion of all requirements within the DWI system.

Performance Measure: Ability to track a DWI offender from arrest through completion of all requirements

Measurement Method: Arkansas Association of Clerks of the Court.

Strategy 6.3.1 Identify a statewide data collection instrument to track DWI offenders from arrest through completion of all requirements.

Action Step 6.3.1.a Identify and analyze the current status of Arkansas's DWI-related data systems and determine the possibility for data linkages.

Action Step 6.3.1.b Make recommendations for implementation of a comprehensive statewide DWI data collection instrument for the State.

# Core Outcome Measures

## Impaired Driving

### GOAL SETTING AND PERFORMANCE MEASURES

NHTSA and the Governors Highway Safety Association (GHSA) have agreed on a minimum set of performance measures to be used in the development and implementation of behavioral highway safety plans. These goals have been set for Core Outcome Measures relevant to Impaired Driving.

	Calendar Years					Projections		
Core Outcome Measures	2007	2008	2009	2010	2011	2012	2013	2014
C-1: Traffic Fatalities (FARS)	649	600	596	571	549	552	531	510
C-2: Serious Traffic Injuries (FARS)	3072	3471	3693	3331	3239	3150	3060	3000
C-3: Mileage Death Rate (Fatalities Per 100 Million Vehicle Miles Traveled) (FARS)	1.96	1.81	1.80	1.70	1.67	1.63	1.57	1.53
C-3: "Rural" Mileage Death Rate (Rural Road Fatalities Per 100 Million Vehicle Miles Traveled) (FARS)	2.47	2.25	2.52	2.36	N/A	N/A		
C-3: "Urban" Mileage Death Rate (Urban Road Fatalities Per 100 Million Vehicle Miles Traveled) (FARS)	1.17	1.17	0.86	.81	N/A	N/A		
C-4: Unrestrained Passenger Vehicle Occupant Fatalities (all seat positions) (FARS)	274	266	253	244	220	207	197	185
C-5: Alcohol Impaired Driving Fatalities (Fatalities involving a driver or a motorcycle operator with a BAC of .08 and above) (FARS)	181	170	173	178	156	155	154	153
C-9: Drivers Age 20 or Younger Involved in Fatal Crashes (FARS)	120	103	91	58	68	66	63	60
Core Behavior Measure			2009	2010	2011	2012	2013	2014
B-1: Seat Belt Use Rate (statewide Observational surveys for passenger Vehicles, front seat outboard occupants)			74.4	78.3	78.4	71.9	75.0*	77.0

# 2014 Arkansas Highway Safety Plan Goals

## ALCOHOL AND OTHER DRUGS COUNTERMEASURES

- Reduce the number of alcohol-related fatalities in crashes involving a driver or motorcycle operator with a blood alcohol concentration of .08 or higher from 156 in 2011 to 153 in 2014.

## Performance Measures

- Number of traffic alcohol-related fatalities

## Funded-Project Objectives

- 1) To provide DWI adjudication training to approximately 90 municipal judges.
- 2) To provide an ABA Traffic Court Seminar from approximately 30 Arkansas judges.
- 3) To provide a Statewide DRE training conference for Arkansas certified DREs.
- 4) To provide SFST and TOPS practitioner training to 400 Arkansas law enforcement officers.
- 5) To provide ARIDE Training to approximately 125 law enforcement officers.
- 6) To provide SFST refresher training to 200 Arkansas law enforcement officers.

- 7) To conduct a minimum of two Drug Recognition Expert (DRE) training classes for a total of approximately 50 law enforcement officers.
- 8) To provide SFST instructor development to 25 law enforcement officers.
- 9) To provide DRE instructor development to 15 law enforcement officers.
- 10) To provide a DWI seminar for a minimum of 40 prosecutors and 40 law enforcement officers along with an awards ceremony for law enforcement officers.
- 11) To provide one or two 8-hour courses on Introduction to Drugged Driving throughout the State.
- 12) To provide awareness campaign to emphasize the reduction of impaired driving crashes among the 21 to 34 year old age group.
- 13) To conduct a high visibility enforcement/media campaign emphasizing impaired driving, such as "Drive Sober or Get Pulled Over".
- 14) To purchase incentive equipment for STEP and other law enforcement agencies which participate in mobilizations.
- 15) To achieve an average of 1 DWI/DUI arrest per eight/twelve hours, during DWI/DUI enforcement.
- 16) To conduct two mobilizations of increased enforcement emphasizing DWI/DUI laws.
- 17) To conduct an ongoing public information and education campaign as a component of all enforcement projects.
- 18) To provide applicable training for Arkansas Department of Health, Office of Alcohol Testing (OAT) personnel.

- 19) To provide for the purchase portable breath testing devices, radar equipment, and passive alcohol sensors for selected STEPs.
- 20) To distribute and evaluate the use of Alcohol Safety PSAs and document a minimum of \$300,000 worth of donated airtime.
- 21) To provide State Alcohol Safety Education Programs statewide.
- 22) To provide a BAT mobile unit with facilities, equipment and evaluation tools to train and assist law enforcement officers and agencies in impaired driving checkpoints.
- 23) To maintain three pilot DWI courts.
- 24) To provide initial and supplemental training for Arkansas DWI courts.
- 25) To employ at least one Law Enforcement Liaison to encourage DWI enforcement statewide.
- 26) To convene a statewide impaired driving task force to develop a statewide impaired driving plan.

# NHTSA Guidance

## NHTSA Highway Safety Program Guideline No. 8 – Impaired Driving

### I. PROGRAM MANAGEMENT AND STRATEGIC PLANNING

- **Task Forces or Commissions:** Convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment, and coordination among all parties interested in impaired driving issues, including both traditional and non-traditional parties, such as highway safety enforcement, criminal justice, driver licensing, treatment, liquor law enforcement, business, medical, health care, advocacy and multicultural groups, the media, institutions of higher education, and the military.
- **Strategic Planning:** Develop and implement an overall plan for short- and long-term impaired driving activities based on careful problem identification.
- **Program Management:** Establish procedures to ensure that program activities are implemented as intended.
- **Resources:** Allocate sufficient funding, staffing, and other resources to support impaired driving programs. Programs should aim for self-sufficiency and, to the extent possible, costs should be borne by impaired drivers.
- **Data and Records:** Establish and maintain a records system that uses data from other sources (e.g., U.S. Census, Fatality Analysis Reporting System [FARS], Crash Outcome Data Evaluation System [CODES]) to fully support the impaired driving program, and that is guided by a statewide traffic records coordinating committee (TRCC) that represents the interests of all public and private sector stakeholders and the wide range of disciplines that need the information.
- **Communication Program:** Develop and implement a comprehensive communications program that supports priority policies and program efforts and is directed at impaired driving; underage drinking; and reducing the risk of injury, death, and resulting medical, legal, social, and other costs.

### II. PREVENTION

Prevention programs should aim to reduce impaired driving through public health approaches, including altering social norms, changing risky or dangerous behaviors, and creating safer environments. Prevention programs should promote communication strategies that highlight and support specific policies and program activities and promote activities that educate the public on the effects of alcohol and other drugs, limit the availability of alcohol and other drugs, and discourage those impaired by alcohol and other drugs from driving.

Prevention programs may include responsible alcohol service practices, transportation alternatives, and community-based programs carried out in schools, work sites, medical and health care facilities, and by community coalitions. Prevention efforts should be directed toward populations at greatest risk. Programs and activities should be science-based and proven effective and include a communication component. Each State should:

- **Promote Responsible Alcohol Service:** Promote policies and practices that prevent underage drinking by people under age 21 and over-service to people age 21 and older.

- Promote Transportation Alternatives: Promote alternative transportation programs, such as designated driver and safe ride programs, especially during high-risk times, which enable drinkers age 21 and older to reach their destinations without driving.
- Conduct Community-Based Programs: Conduct community-based programs that implement prevention strategies at the local level through a variety of settings, including schools, employers, medical and health care professionals, community coalitions and traffic safety programs.
  - Schools: School-based prevention programs, beginning in elementary school and continuing through college and trade school, should play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant and coordinated with drug prevention and health promotion programs.
  - Employers: States should provide information and technical assistance to employers and encourage employers to offer programs to reduce underage drinking and impaired driving by employees and their families.
  - Community Coalitions and Traffic Safety Programs: Community coalitions and traffic safety programs should provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level and provide communications toolkits for local media relations, advertising, and public affairs activities. Coalitions may include representatives of government such as highway safety; enforcement; criminal justice; liquor law enforcement; public health; driver licensing and education; business, including employers and unions; the military; medical, health care and treatment communities; multicultural, faith-based, advocacy and other community groups; and neighboring countries, as appropriate.

### **III. CRIMINAL JUSTICE SYSTEM**

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

Specific deterrence focuses on individual offenders and seeks to ensure that impaired drivers will be detected, arrested, prosecuted, and subject to swift, sure, and appropriate sanctions. Using these measures, the criminal justice system seeks to reduce recidivism. General deterrence seeks to increase the public perception that impaired drivers will face severe consequences, discouraging individuals from driving impaired.

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

#### **A. LAWS**

Each State should enact impaired driving laws that are sound, rigorous, and easy to enforce and administer. The laws should clearly define offenses, contain provisions that facilitate effective enforcement, and establish effective consequences. The laws should define offenses to include:

- Driving with a blood alcohol concentration (BAC) limit of .08 grams per deciliter, making it illegal “per se” to operate a vehicle at or above this level without having to prove impairment;
- Driving with a high BAC (i.e., .15 BAC or greater) with enhanced sanctions above the standard impaired driving offense;
- Zero Tolerance for underage drivers, making it illegal “per se” for people under age 21 to drive with any measurable amount of alcohol in their system (i.e., .02 BAC or greater);
- Repeat offender with increasing sanctions for each subsequent offense;
- BAC test refusal with sanctions at least as strict or stricter than a high BAC offense;
- Driving with a license suspended or revoked for impaired driving, with vehicular homicide or causing personal injury while driving impaired as separate offenses with additional sanctions;
- Open container laws, prohibiting possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way (limited exceptions are permitted under 23 U.S.C. 154 and its implementing regulations, 23 CFR Part 1270); and
- Primary seat belt provisions that do not require that officers observe or cite a driver for a separate offense other than a seat belt violation.

The laws should include provisions to facilitate effective enforcement that:

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

The laws should establish effective penalties that include:

- Administrative license suspension or revocation for failing or refusing to submit to a BAC or other drug test;
- Prompt and certain administrative license suspension of at least 90 days for first-time offenders determined by chemical test(s) to have a BAC at or above the State’s “per se” level or of at least 15 days followed immediately by a restricted, provisional or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock;
- Enhanced penalties for BAC test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide, or causing personal injury while driving impaired, including longer license suspension or revocation; installation of ignition interlock devices; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and threat of imprisonment;

- Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring; and
- Driver license suspension for people under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs.

## **B. ENFORCEMENT**

Each State should conduct frequent, highly visible, well publicized and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, especially in locations where alcohol-related fatalities most often occur. To maximize visibility, States should maximize contact between officers and drivers using sobriety checkpoints and saturation patrols and should widely publicize these efforts - before, during, and after they occur. Highly visible, highly publicized efforts should be conducted periodically and also on a sustained basis throughout the year. To maximize resources, the State should coordinate efforts among State, county, municipal, and tribal law enforcement agencies. States should utilize law enforcement liaisons for activities such as promotion of national and local mobilizations and increasing law enforcement participation in such mobilizations, and for collaboration with local chapters of police groups and associations that represent diverse groups to gain support for enforcement efforts.

Each State should coordinate efforts with liquor law enforcement officials. To increase the probability of detection, arrest, and prosecution, participating officers should receive training in the latest law enforcement techniques, including Standardized Field Sobriety Testing, and selected officers should receive training in media relations and Drug Evaluation and Classification (DEC).

## **C. PUBLICIZING HIGH VISIBILITY ENFORCEMENT**

Each State should communicate its impaired driving law enforcement efforts and other elements of the criminal justice system to increase the public perception of the risks of detection, arrest, prosecution and sentencing for impaired driving. Each State should develop and implement a year-round communications plan that provides emphasis during periods of heightened enforcement, provides sustained coverage throughout the year, includes both paid and earned media and uses messages consistent with national campaigns. Publicity should be culturally relevant, appropriate to the audience, and based on market research.

## **D. PROSECUTION**

States should implement a comprehensive program to visibly, aggressively, and effectively prosecute and publicize impaired-driving-related efforts, including use of experienced prosecutors (e.g., traffic safety resource prosecutors), to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State.

## **E. ADJUDICATION**

States should impose effective, appropriate, and research-based sanctions, followed by close supervision and the threat of harsher consequences for non-compliance when adjudicating cases. Specifically, DWI courts should be used to reduce recidivism among repeat and high-BAC offenders.

DWI courts involve all criminal justice stakeholders (prosecutors, defense attorneys, probation officers, and judges) along with alcohol and drug treatment professionals and use a cooperative approach to systematically change participant behavior. The effectiveness of enforcement and prosecution efforts are strengthened by knowledgeable, impartial, and effective adjudication. Each State should provide state-of-the-art education to judges, covering SFST, DEC, alternative sanctions, and emerging technologies.

Each State should utilize DWI courts to help improve case management and to provide access to specialized personnel, speeding up disposition and adjudication. DWI courts also increase access to testing and assessment to help identify DWI offenders with addiction problems and to help prevent them from re-offending. DWI courts additionally help with sentence monitoring and enforcement. Each State should provide adequate staffing and training for probation programs with the necessary resources, including technological resources, to monitor and guide offender behavior.

#### **F. ADMINISTRATIVE SANCTIONS AND DRIVER LICENSING PROGRAMS**

States should use administrative sanctions, including the suspension or revocation of an offender's driver's license; the impoundment, immobilization or forfeiture of a vehicle; the impoundment of a license plate; or the use of ignition interlock devices, which are among the most effective actions to prevent repeat impaired driving offenses. In addition, other licensing activities can prove effective in preventing, deterring and monitoring impaired driving, particularly among novice drivers. Publicizing related efforts is part of a comprehensive communications program.

- Administrative License Revocation and Vehicle Sanctions: Each State's Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the State's impaired driving laws, including administrative driver's license suspension, vehicle sanctions and installation of ignition interlock devices.
- Programs: Each State's driver licensing agency should conduct programs that reinforce and complement the State's overall program to deter and prevent impaired driving, including graduated driver licensing (GDL) for novice drivers, education programs that explain alcohol's effects on driving, the State's zero-tolerance laws, and a program to prevent individuals from using a fraudulently obtained or altered driver's license.

#### **IV. COMMUNICATION PROGRAM**

States should develop and implement a comprehensive communication program that supports priority policies and program efforts. Communication programs and material should be culturally relevant and multilingual as appropriate. States should:

- Develop and implement a year-round communication plan that includes policy and program priorities; comprehensive research; behavioral and communications objectives; core message platforms; campaigns that are audience-relevant and linguistically appropriate; key alliances with private and public partners; specific activities for advertising, media relations, and public affairs; special emphasis periods during high-risk times; and evaluation and survey tools;
- Adopt a comprehensive marketing approach that coordinates elements like media relations, advertising, and public affairs/advocacy.

## **V. ALCOHOL AND OTHER DRUG MISUSE: SCREENING, ASSESSMENT, TREATMENT AND REHABILITATION**

Impaired driving frequently is a symptom of a larger alcohol or other drug problem. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crimes.

In addition, alcohol use leads to other injuries and health care problems. Frequent visits to emergency departments present an opportunity for intervention, which might prevent future arrests or motor vehicle crashes, and result in decreased alcohol consumption and improved health.

Each State should encourage its employers, educators, and health care professionals to implement a system to identify, intervene, and refer individuals for appropriate substance abuse treatment.

- **Screening and Assessment:** Each State should encourage its employers, educators, and health care professionals to have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment. A marketing campaign should promote year-round screening and brief intervention to medical, health, and business partners and to identified audiences. In particular:
  - **Criminal Justice System:** Within the criminal justice system, people convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and whether they need treatment. The assessment should be required by law and completed prior to sentencing or reaching a plea agreement.
  - **Medical and Health Care Settings:** Within medical or health care settings, any adults or adolescents seen by medical or health care professionals should be screened to determine whether they may have an alcohol or drug abuse problem. A person may have a problem with alcohol abuse or dependence, a brief intervention should be conducted and, if appropriate, the person should be referred for assessment and further treatment.
- **Treatment and Rehabilitation:** Each State should work with health care professionals, public health departments, and third-party payers to establish and maintain treatment programs for persons referred through the criminal justice system, medical or health care professionals, and other entities. This will help ensure that offenders with alcohol or other drug dependencies begin appropriate treatment and complete recommended treatment before their licenses are reinstated.
- **Monitoring Impaired Drivers:** Each State should establish a program to facilitate close monitoring of impaired drivers. Controlled input and access to an impaired driver tracking system, with appropriate security protections, is essential. Monitoring functions should be housed in the driver licensing, judicial, corrections, and treatment systems. Monitoring systems should be able to determine the status of all offenders in meeting their sentencing requirements for sanctions and/or rehabilitation and must be able to alert courts to noncompliance.

Monitoring requirements should be established by law to assure compliance with sanctions by offenders and responsiveness of the judicial system. Noncompliant offenders should be handled swiftly either judicially or administratively. Many localities are successfully utilizing DWI courts or drug courts to monitor DWI offenders.

## **VI. PROGRAM EVALUATION AND DATA**

Each State should have access to and analyze reliable data sources for problem identification and program planning. Each State should conduct several different types of evaluations to effectively measure progress, to determine program effectiveness, to plan and implement new program strategies, and to ensure that resources are allocated appropriately.

Each State should establish and maintain a records system that uses data from other sources (e.g., U.S. Census, FARS, CODES) to fully support the impaired driving program. A statewide traffic records coordinating committee that represents the interests of all public and private sector stakeholders and the wide range of disciplines that need the information should guide the records system.

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

# Attachment 1 - 2013 General Assembly

The 89th General Assembly of the State of Arkansas, Legislative Session began on January 14, 2013 and adjourned on May 17, 2013. During this session a number of bills were passed that impact highway safety issues in Arkansas. The next regular session is scheduled to begin in January of 2015. A legislative session scheduled for February 2014 will be held to discuss fiscal issues only. Legislative activity related to impaired driving and seat belts that took place during the 89th General Assembly was as follows:

## BILLS THAT WERE SIGNED IN TO LAW/ACTS:

**Act 224** PROVIDES THAT ALL PASSENGER VEHICLES NOT OPERATED FOR HIRE ARE REQUIRED TO COMPLY WITH CHILD SAFETY RESTRAINT LAWS

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act224.pdf>

**Act 282** PROVIDES FUNDING FOR COURTS AND COURT-RELATED SERVICES BY AMENDING CERTAIN FEES AND FINES ASSESSED BY THE COURTS. THE ACT ALSO AMENDS THE ASSESSMENT, COLLECTION, AND REMITTANCE OF FUNDING FOR THE STATE ADMINISTRATION OF JUSTICE FUND. THE ACT DECLARES AN EMERGENCY AND IS EFFECTIVE ON AND AFTER MARCH 6, 2013. (ADDS \$25.00 IN COURT COSTS TO MANDATORY SEAT BELT LAW)

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act282.pdf>

**Act 361** PROVIDES ADDITIONAL, SALIVA CHEMICAL TESTS TO SHOW THAT A PERSON WAS DRIVING WHILE INTOXICATED, OPERATING A MOTORBOAT WHILE INTOXICATED, OPERATING OR NAVIGATING AN AIRCRAFT WHILE INTOXICATED, OR DRIVING UNDER THE INFLUENCE WHILE UNDERAGE. THE ACT ALSO PROVIDES THE ADDITIONAL CHEMICAL TESTS TO BE USED REGARDING COMMERCIAL DRIVER'S LICENSES, DRIVER'S LICENSES, AND HUNTING LICENSES.

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act361.pdf>

**Act 479** PROVIDES THAT A RESTRICTED DRIVER'S LICENSE SHALL BE AVAILABLE IMMEDIATELY TO A PERSON WHO HAS BEEN CHARGED WITH DRIVING WHILE INTOXICATED IF HE OR SHE IS ALLOWED TO USE AN IGNITION INTERLOCK DEVICE.

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act479.pdf>

**Act 412** INCREASES THE LOOK-BACK PERIOD ALLOWABLE FOR THE SEIZURE OF A PERSON'S MOTOR VEHICLE WHEN HE OR SHE IS CONVICTED OF A FOURTH OFFENSE OF DRIVING WHILE INTOXICATED.

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Acts/Act412.pdf>

# Attachment 2 - Public Awareness Survey

## PUBLIC AWARENESS SURVEY RESULTS

As required, a public awareness survey was conducted by the University of Arkansas at Little Rock, Survey Research Center to track driver attitudes and awareness of highway safety enforcement and communication activities and self-reported driving behavior. The survey addressed questions related to the three major areas of impaired driving, seat belt use and speeding. The following is a summary of the results for the questions covering impaired driving and seat belt use.

### IMPAIRED DRIVING

A-1: In the past 30 days, how many times have you driven a motor vehicle within 2 hours after drinking alcoholic beverages?

92% of respondents interviewed said they have “Never” driven a motor vehicle within 2 hours after drinking alcohol in the past 30 days.

A-2: In the past 30 days, have you read, seen or heard anything about alcohol impaired driving (or drunk driving) enforcement by police?

Approximately 77% of Arkansans said they were aware of some type of impaired or drunk driving enforcement by police in the last 30 days.

A-3: What do you think the chances are of someone getting arrested if they drive after drinking?

When respondents were asked what the chances were that someone would get arrested if they drive after drinking, around 25% said this was likely to occur “Half of the time.” This response was followed closely with 34% of Arkansans who said this would occur “Most of the time.”

### SEAT BELT USE

B-1: How often do you use seat belts when you drive or ride in a car, van, sport utility vehicle or pick up?

When Arkansans were asked how often they wear their seat belt when driving, the majority (93%) of those interviewed said they wear their seat belt “Always” or “Most of the time” while driving.

B-2: In the past 30 days, have you read, seen or heard anything about seat belt law enforcement by police?

Around 5 out of 10 (52%) Arkansans surveyed said they had not read, seen, or heard of any special effort by police to ticket drivers in their community for seat belt violations.

B-3: What do you think the chances are of getting a ticket if you don't wear your safety belt?

Around (44%) of all respondents thought the chances of getting a ticket for not wearing a seat belt was likely “Always” or “Most of the time.” Even those respondents who thought the likelihood of getting a ticket was not as high still believed it would happen, either “Half of the time” (20%) or “Rarely” (25%).

# Attachment 3 – AIDPTF Meeting Minutes

## Arkansas Impaired Driving Prevention Task Force

### MINUTES

JULY 5, 2013

11:00 – 12:30

ARKANSAS STATE POLICE HSO

TYPE OF MEETING	Administrative
FACILITATOR	Bridget White
RECORDER	Teresa Belew
ATTENDEES	Bridget White, Debra Hollis, Chip Payne, Ann Whitehead, Teresa Belew

Meeting Purpose/General Comments: Recruit Leadership and Identify Members

EST. TIME 1.5 HOURS

ITEM: RECRUIT LEADERSHIP

DISCUSSION	General discussion and review of NHTSA Guidance regarding establishing a state wide DWI Prevention Task Force.

CONCLUSIONS	Teresa Belew was recruited as Chair of the Task Force with a goal of providing charter documents, assisting in identifying and recruiting members to serve as initial leadership and others who will be needed to establish an effective task force.

ACTION ITEMS	PERSON(S) RESPONSIBLE	DEADLINE
Meeting Location and Date	Teresa Belew	7/10/13
Invitation Email and list of Invitees	Chip Payne and Teresa Belew	7/10/13
Research	All	7/10/13

CLOSING	
ADJOURNMENT	
NEXT MEETING	TBD

## Arkansas Impaired Driving Prevention Task Force

### AGENDA

AUGUST 8, 2013

1:00 – 3:00 PM

FREEWAY MEDICAL CENTER BOARD ROOM

TYPE OF MEETING	PILOT MEETING OF TASK FORCE LEADERSHIP/MEMBERS
FACILITATOR	Chip Payne and Teresa Belew
ADMINISTRATOR	Jim Brown
INVITED	HSD Leadership, Task Force Chair, Task Force Leadership/Members

Review research, Approve Charter and Establishing Documents, Authorize Format and Contents of State Plan

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Welcome and Organizational Comments by Bridget White

Charter and Establishing Documents

Review of Guidelines and Research

Review of Proposed Format and Contents of State Plan

Determine Timeline and Meeting Schedule

Identify additional Members/Stakeholders

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MEETING TIME	1:00 – 3:00 PM
MEETING LOCATION	Freeway Medical Tower 5800 West 10 <sup>th</sup> Street Little Rock, AR 72204

## Arkansas Impaired Driving Prevention Task Force

### MINUTES

AUGUST 8, 2013

1:00 – 3:00 PM

FREEWAY MEDICAL CENTER BOARD ROOM

TYPE OF MEETING	PILOT MEETING OF TASK FORCE LEADERSHIP/MEMBERS
FACILITATOR	Bridget White and Teresa Belew
ADMINISTRATOR	Jim Brown
ATTENDEES	HSO Leadership, Task Force Chair, Task Force Leadership/Members (See Sign-In List)

Review research, Approve Charter and Establishing Documents, Authorize Format and Contents of State Plan

#### Welcome and Organizational Comments by Bridget White

Members were welcomed and charged to work collaboratively to address the issue of Impaired Driving in Arkansas.

#### Charter and Establishing Documents

Teresa led line-by-line review of documents and consensus approval was obtained subject to recommended changes.

#### Review of Guidelines and Research

Discussion of Guidance and Research was led by Teresa.

#### Review of Proposed Format and Contents of State Plan

Consensus approval of format and contents to be included in State Plan was obtained.

#### Determine Timeline and Meeting Schedule

Task Force to meet every other month.

#### Identify additional Members/Stakeholders

Specific names and organizations were offered to fulfill membership needed to fulfill plan objectives.

NEXT MEETING TIME	1:00 – 3:00 PM
NEXT MEETING DATE	September 10, 2013
MEETING LOCATION	Freeway Medical Tower 5800 West 10 <sup>th</sup> Street Little Rock, AR 72204

## Arkansas Impaired Driving Prevention Task Force

### MINUTES

AUGUST 21, 2013

1:00 – 2:30

ARKANSAS STATE POLICE HSO

TYPE OF MEETING	Administrative
FACILITATOR	Bridget White
RECORDER	Teresa Belew
ATTENDEES	Bridget White, Debra Hollis, Chip Payne, Ann Whitehead, Teresa Belew, Sherri Cannon

Meeting Purpose/General Comments: Technical Review of Documents for Impaired Driving Prevention Task Force and Plan

EST. TIME 1.5 HOURS

ITEM: TECHNICAL REVIEW

DISCUSSION	Technical review of Task Force Charter and Establishing Document as well as State Impaired Driving Prevention. Plan Document
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CONCLUSIONS	Incorporation of edits, clarification and format recommendations were noted and will be completed for timely submission to NHTSA
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ACTION ITEMS	PERSON(S) RESPONSIBLE	DEADLINE
Incorporate Edits	ALL and Members	8/30/2013
Review	ALL and Members	8/30/2013
Submit	Bridget White	8/30/2013

CLOSING	
ADJOURNMENT	
NEXT MEETING	TBD