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Resources to Prevent Impaired Driving in Rural Areas

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¹ An arm of Tennessee Tech University’s College of Business, iCube is dedicated to bringing creative solutions to traditional problems, according to its web site. It created the *Reduce TN Crashes* in 2013.

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Executive Summary

This report highlights promising practices to prevent impaired driving in rural areas. It provides information and tools through examples of programs in rural areas with the goal of helping readers identify and tailor approaches that might work for their communities to prevent impaired driving.

Objectives

This report was developed as part of a project with two objectives:

- To identify secondary sources to better understand the prevalence and characteristics of impaired driving in rural areas, and
- To identify and describe promising practices to enable a broad, multidisciplinary set of stakeholders to learn more about alcohol impairment prevention programs and initiatives that work, why they work, and how similar work can be started in other communities.

Examples of Promising Practices

It is important to use both quantitative and qualitative measures to assess the outputs and outcomes of projects and interventions to support a clear understanding of a project's impact in a particular community. Each community has specific needs and considers approaches that cater to the unique qualities of their community and may achieve successful outcomes in some countermeasures that may not work elsewhere. Continuous evaluations and check points on interventions have the potential to support the use of a countermeasure designed specifically for the population.

The examples of promising practices highlighted in this report share stories of how leaders and champions in rural areas thoughtfully applied what they knew about their community's culture—the needs, opportunities, and problems they encountered in their work or their lives—and sought to find a solution that would work to prevent impaired driving. In some cases, they sought to tailor a program or initiative that worked in an urban area or based on best practices to their more rural locality. In others, they considered the problem, sought to develop a solution that would best fit the needs, and then assessed the degree of success.

The programs featured as examples in this report include:

- BASSET: Responsible Beverage Service Training in Illinois;
- *Parents Who Host Lost the Most*: Social Host Campaign in Tuscarawas County, Ohio;
- *Reduce TN Crashes*: Teen Education Program in Tennessee;
- SafeCab: Safe Transportation in Isanti County, Minnesota;
- Western North Carolina DWI Task Force;
- San Carlos Apache Tribal Motor Vehicle Injury Program in Arizona;
- Regional DWI Court Program in Michigan; and
- 24/7 Sobriety Program in South Dakota.

The case studies featured have a broader focus than enforcement alone, even though enforcement is an important tool. In doing so, the report explores how partners across a community, region, or State can work together effectively, using a variety of strategies, to make positive change.

Finally, the report synthesizes and summarizes factors for success, as well as guidance for State and local jurisdictions across the examples. It concludes by outlining steps for action that States or localities should consider when assessing whether a program or practice is the right fit.

For the purpose of this report the term driving while intoxicated, DWI, encompasses DUI, OWI, and OUI. Also, while jurisdiction have different ways to report blood alcohol concentrations (BACs), this report uses the NHTSA standard of grams per deciliter (g/dL), such as a BAC of .08 g/dL. While the term “impaired” may include both impairment by drugs and alcohol, for most of this report impairment implies by alcohol unless otherwise stated.

Introduction

Purpose of Report

This report highlights promising practices to prevent impaired driving that have been implemented in rural areas. Its purpose is to provide information and tools to stakeholders in rural areas to let them identify and tailor approaches that make sense for their communities. The report focuses on laying out what has been done in other rural areas, highlighting key aspects of that work, and outlining considerations for replicability.

Understanding the Problem

While only 19 percent of the United States population lives in rural areas, 43 percent of traffic fatalities occur on rural roadways. The fatality rate per 100 million vehicle miles traveled (VMT) is also significantly higher in rural areas than urban areas (1.7 times higher in 2020) (National Center for Statistics and Analysis, 2024).

Rural areas are more likely to have higher speed limits than urban areas, which increases the likelihood of crashes. Seat belt use is also observed less in rural areas (NHTSA, 2024).

Impaired driving on rural roadways adds another layer of traffic safety challenges. Impaired driving continues to be a significant issue in the United States, with alcohol-related crashes contributing to 30 percent of overall driving fatalities in 2020 (NCSA, 2024). In 2019 and 2020, police-reported, alcohol-involved crashes increased by 16 percent, and then increased again in 2020 and 2021 by 5 percent (NCSA, 2024). In 2019 more than one million drivers were arrested for driving under the influence of alcohol or narcotics (FBI, 2019).

Project Objectives

This report was developed as part of a project that had two objectives:

- To identify secondary sources to better understand the prevalence and characteristics of impaired driving in rural areas.
- To identify and describe promising practices to let a multidisciplinary set of stakeholders to learn more about alcohol impairment prevention programs and initiatives that have shown promise, why they work, and how similar work can be started in their own communities.

The programs in this report were identified through a comprehensive scan of the literature and other internet sources. An expert panel to provided additional input, insight, and direction into identifying other successful programs that may not have been as well-documented. Eight programs that collectively gave a variety of approaches to reduce impaired driving in rural areas were selected. The case studies were completed for all eight programs through discussions with those who could speak knowledgeably about seven of the programs and published literature on the eighth program.

Audience

This report is intended for a broad, multidisciplinary group of stakeholders—essentially anyone who is interested in reducing impaired driving and improving rural road safety, including, for example:

- Law enforcement officials;
- Judicial officials;
- Public health officials;
- Engineers and transportation planners;
- Community coalitions and task forces;
- Community organizations;
- Community leaders;
- Prevention specialists; and
- Other advocates.

The report is implementation-focused and is intended to give readers an understanding of what each program encompasses, how it started, keys to its success, pitfalls to avoid, and how to consider measuring success.

Strategies to Reduce Impaired Driving

The Community Preventive Services Task Force recommends interventions that involve community mobilization coupled with multi-component programs (enforcement, education, awareness, limiting access to alcohol, etc.) that change the community and environment (Shults et al., 2009). NHTSA’s *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway State Offices* (Kirley et al., 2023) identified four strategies to reduce impaired driving and driving under the influence, including:

- Deterrence: passing and prosecuting laws that prohibit impaired driving, then publicizing their enforcement;
- Prevention: reducing alcohol and drug use and discouraging impaired drivers from driving;
- Communications and outreach: raising public awareness about the dangers of impaired driving and encouraging social norms that are less tolerant of driving impaired; and
- Alcohol treatment: reducing alcohol dependence and addiction.

This report aims to highlight promising practices implemented in rural areas to reduce impaired driving. The examples have a broader focus than enforcement alone, even though enforcement is an important tool. A synthesis review of enforcement studies concluded that enforcement campaigns, particularly publicized sobriety checkpoints and high-visibility saturation patrols, were effective in reducing alcohol-impaired driving; although researchers could not determine the level of enforcement activity needed to change behavior (Office of Behavioral Safety Research, 2022). Instead of focusing on enforcement, this report explores how stakeholders

across a community, region, or State can work together effectively, using a variety of strategies, to make positive change.

Discussions about the possible effectiveness of these promising practices, based on NHTSA's *Countermeasures That Work* report, are included in each case study summary. However, often the evaluations were not conducted in rural areas so in some cases it may be difficult to know the potential effect of a practice for rural areas specifically.

Using Data to Define the Problem

Given the notable traffic safety culture in rural areas (Ward, 2007), it is important to understand the prevalence and characteristics of impaired driving in rural areas to inform interventions and better prevent crashes and fatalities. An important first step in addressing any problem is understanding what is happening in a community, locality, or State. This section describes data sources that may be useful in better understanding issues related to impaired driving and helping answer questions such as:

- How many lives are lost due to impaired driving?
- How are impaired driving crash rates calculated and used to compare areas over time?
- What factors are associated with impaired driving and impaired driving crash rates?

Many of the examples highlighted in this report used a variety of data sources, including some of those discussed in this section, to either understand and inform the intervention, to evaluate its effectiveness, or both. Using local data or comparing local data to other nearby jurisdictions can help gain buy-in and better engage stakeholders and decision-makers.

Data Sources

Below are brief descriptions of data sets that could be used to begin understanding the extent and scope of impaired driving in a rural area. The data sets are grouped into three categories—*injury data sources*, *exposure data sources*, and *contextual/environmental data sources* (e.g., possible contributors of impaired driving).

Crash Databases

NHTSA maintains several crash databases, each with different purposes and strengths, that could be useful in better understanding the degree to which drivers and passengers are being injured or dying from impaired-driving related crashes. Two useful data sources include:

- The **Fatality Analysis Reporting System (FARS)** is a widely used census of crashes involving at least one motor vehicle resulting in a death within 30 days. Its coding system is consistent over time and across locations, but it does not include non-fatal crashes.
- The **State Data System (SDS)** includes police-reported crashes of all severity levels, as well as injuries that exclusively involve pedestrians and/or bicyclists. Unlike FARS, the SDS does not cover the entire country; currently 34 States participate on a voluntary basis.

The FARS and SDS databases should overlap to some degree and yield similar findings, so there may not be a need to use both. These data sets can answer important questions related to:

- The number of impaired driving related crashes and crash severity.
- The factors and circumstances surrounding these crashes (e.g., the driver was speeding, the crash took place during nighttime hours, etc.).

Exposure and Impaired Driving Crash Rates

To better understand the scope of the problem in comparison to other areas (i.e., whether there are a lot of crashes per 100,000 people), it is often helpful to ground the crash data (counts) in local specifics, such as the number of crashes based on population, VMT, or person miles traveled. Data sets that can be helpful in providing this contextual layer include:

- **The Federal Highway Administration's** monthly traffic count reports, including VMT on rural roads by State, and annual *Highway Statistics* series, which includes information on highway infrastructure, VMT, the number of licensed drivers and registered vehicles, and various financial metrics.
- The Census Bureau's **American Community Survey**, which provides detailed estimates of populations at various geographical scales (census block, census tract, county, State, etc.) with the ability to exclude residents below legal driving age, when appropriate (U.S. Census Bureau, 2021). ACS also provides contextual factors such as income, home values, employment metrics, education levels, and others.
- **County Transportation Profiles** (CTPs), published by the Bureau of Transportation Statistics, which provide metrics including VMT and person trips (U.S. Department of Transportation, Bureau of Transportation Statistics, 2020).
- **The National Household Travel Survey**, which estimates the number of drivers and person miles, but only exists for 2001, 2009, 2017, 2022 (Federal Highway Administration, 2022). Interpolating between these years may provide additional insight into trends over time.

These data sets provide a context that is crucial for rural crash analysis. Rural areas differ from urban areas in terms of population size and demographics, roadway environments, infrastructure, and travel patterns, among other characteristics. There are often *fewer* crashes of a given type in rural areas, but accounting for different levels of exposure can tell a different story: that *rates* of certain types of crashes are higher in rural areas. This context is also helpful when travel patterns undergo dramatic changes, such as what occurred in response to the COVID-19 pandemic, or the natural growth of some cities and surrounding areas. Accounting for these fluctuations produces more precise crash rates over time, helping planners identify growing problems and act accordingly.

Contextual Factors

The data sources outlined below can provide information about the characteristics of impaired driving and provide some context in which it occurs. Questions about substance use and misuse, attitudes towards substance use disorders (SUD), and behaviors related to driving impaired or impaired riding are included in a number of data sets. Unfortunately, because these data sets are not derived from population-based surveys, some of their relevance to rural areas is limited.

- **County Health Rankings & Roadmaps.** The University of Wisconsin Population Health Institute collects data that spans nearly every county in the United States since 2010 and includes metrics on excessive drinking, and drug overdose deaths. Although it does not perform any primary data collection itself, CHR&R provides estimates for several relevant metrics on a county level (County Health Rankings & Roadmaps, n.d.).
- **Behavioral Risk Factor Surveillance System.** The Centers for Disease Control and Prevention (CDC) conducts a national survey of adults that is limited to State-level data and metropolitan statistical areas, but includes annual questions about health-risk behaviors (CDC, n.d.).
- **National Survey on Drug Use and Health.** The Substance Abuse and Mental Health Services Administration collects valuable data, related to alcohol and drug usage and abuse, but access to county-level estimates involves an application process which can take time (SAMHSA, n.d.).

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Promising Practices

To identify programs to feature in this report, the contract team first focused on identifying promising practices for reducing impaired driving in rural areas, and then identified specific examples of programs that have successfully implemented these practices. It is important to note that an assessment of efficacy to determine a program or practice as “promising” was not conducted. The next section of this report describes the selected programs. Table 1 describes practices that were identified from a program scan and input from an expert panel.

Table 1. Promising Practices Identified Through the Program Scan and Expert Panel

Practice	Objective
Local or Regional Impaired Driving Task Forces	Develop comprehensive, achievable strategies to reduce impaired driving in a given region or jurisdiction. Typically, this includes developing education and enforcement activities.
Tribal Motor Vehicle Injury Prevention Program	Decrease alcohol-impaired driving and increase restraint use in Tribal areas.
Low-Staff Sobriety Checkpoints	Conduct sobriety checkpoints with fewer officers.
Multijurisdictional Sobriety Checkpoints	Conduct sobriety checkpoints with resources from multiple jurisdictions to reduce the burden on individual agencies.
State Tribal Collaboration Act	Strengthen law enforcement activities in tribal communities with a specific focus on impaired driving and drug-related crimes, domestic violence, violence against children and other violent crimes (New Mexico).
Rural Driving While Intoxicated Court Programs	Therapeutically address the substance use disorders of nonviolent offenders. Seek to provide repeat DWI offenders with the tools to address their SUDs and reduce the likelihood of re-offense.
Intensive Supervision Programs	Provide programs aimed toward repeat DWI offenders and similar offenders who have had alcohol-related repeat convictions. Used as a condition of bond or sentencing during the offender’s hearing and allows the offender to participate in the program, requiring daily check-ins and testing, rather than face jail time. Judges may require offenders to undergo treatment, attend Very Integrated Programs (VIP), and/or perform a certain number of hours of community service.
24/7 Sobriety Programs	Maintain Driving Under the Influence offenders’ sobriety 24 hours a day, 7 days a week through efforts such as twice daily breathalyzer tests, transdermal alcohol monitoring, drug patches, urine analysis, etc. Participants who fail to show up for a scheduled test or who test positive for alcohol or drug use may have their probation, parole, or bond instantly revoked and be immediately jailed for a predetermined, brief period of time.

Practice	Objective
Holistic Approach	Reduce impaired driving fatalities and arrests through a variety of programs, such as safe cab rides, intensive supervision, alcohol education, etc.
Key Messages About Drug-Impaired Driving in Rural and Remote Areas	Use public awareness campaigns to combat the issue of drug-impaired driving in rural areas. Messaging targets specific populations, such as those who rely on off-road vehicles for transportation.
Alternative Transportation (cabs, ridesharing companies, public transportation, etc.)	Increase the availability, convenience, affordability, and safety of transportation alternatives for drinkers who might otherwise drive. This includes enhancing public transportation options (especially during nighttime and weekend hours) and boosting or incentivizing transportation alternatives.
Alcohol Ignition Interlocks	Prevent a vehicle from starting unless the driver provides a breath sample with a BAC lower than a pre-set level, usually .02 g/dL. Interlocks typically are used as a condition of probation for DWI offenders to prevent them from driving while impaired by alcohol after their driver's licenses have been reinstated (Kostrzewski & Haskett, 2024).
Reduce Teen Crashes Web Programs	Teach and educate young people about the risks involved with drinking and driving and other risky driving behaviors.
Social Host Campaigns	Remind parents and other adults that it is unsafe, unhealthy, unacceptable, and illegal to provide alcohol for youth underage.
Responsible Beverage Service Training	Provide servers with the necessary skills to responsibly serve alcoholic beverages and mitigate alcohol-related harm.

Methods for Gathering Information

Program/Practices Scan

The program/practices scan focused primarily on identifying practices that have been successfully used in rural areas. A literature review and an online scan first searched for known practices for reducing impaired driving in any type of area, adding “rural” to each of the following search terms:

- Sober ride,
- Sobriety checkpoints,
- Impaired driving task forces,
- Alcohol ignition interlocks, and
- Zero deaths initiatives.

Additional search terms included:

- Impaired driving in rural areas,
- Reducing/addressing/mitigating impaired driving in rural areas,
- Programs to reduce/address/mitigate impaired driving in rural areas, and
- Strategies for reducing/addressing/mitigating impaired driving in rural areas.

Only results specific to rural areas were documented. Documentation included locations that had implemented the practices, findings if the practice had been evaluated, resources for further information, and points of contact.

Expert Panel

The expert panel was comprised of multi-disciplinary professionals with expertise in rural impaired driving. This included representatives from law enforcement, State and local public health agencies, advocacy groups, associations, and community coalition.

Following the initial identification of potential practices, an expert panel convened two meetings to:

- Identify the target audience for this report;
- Obtain input on factors to consider for data analysis;
- Review the current list of promising practices;
- Brainstorm additional promising practices;
- Discuss other critical factors of implementation and how to define success; and
- Review the report outline to ensure it is tailored for the audience's needs.

The merits and concerns of each of the practices identified during the literature review were discussed. The expert panel suggested adding additional practices based on the success of these programs in rural areas and ease of replicating the programs in other areas: impaired driving task forces, social host campaigns, and responsible beverage service programs.

Site Selection and Discussions

These programs were selected based on input from the expert panel and the availability of information online identifying sites where the programs had been implemented, indication that the programs had been in place in those sites for several years, measures of success, and contact information for a program manager or other point of contact. Other factors included ease of program replication, scalability of the program based on available staff and funding, and activities that go beyond enforcement and focus on education and rehabilitation as well.

Telephone discussions were held with a representative from each program to gather further information beyond what was available online. Of these programs, one contact could not be reached. In this instance, the case study was developed based on existing literature. The following programs are featured as examples in this report:

- BASSET: (Beverage Alcohol Sellers and Servers Education and Training): Responsible beverage service training in Illinois;

- *Parents Who Host Lose the Most*: Social host campaign in Tuscarawas County, Ohio;
- *Reduce TN Crashes*: Teen program in Tennessee;
- SafeCab: Safe transportation in Isanti County, Minnesota;
- Western North Carolina DWI Task Force;
- San Carlos Apache Tribal Motor Vehicle Injury Program (MVIPP) in Arizona;
- Regional DWI court program in Michigan; and
- 24/7 Sobriety Program in South Dakota.

The next section describes each of these programs in more detail.

Examples of Promising Practices

BASSET: Responsible Beverage Service Training in Illinois

Program Overview and Goals

Responsible beverage service (RBS) training gives servers the necessary skills to responsibly serve alcoholic beverages and mitigate alcohol-related harm. Training programs for managers and owners typically provide guidance on how to implement service policies and practices. Training programs for servers focus on knowledge and skills to help them prevent customers from excessive consumption of alcoholic beverages and recognize when overconsumption has occurred. Server training may address checking for proper identification, practices that reduce the likelihood of excessive consumption, identifying occurrences of overconsumption, refusing service to those customers, and intervening to prevent impaired driving (Community Preventive Services Task Force, 2012). Server training programs can be effective if they involve applicable, face-to-face, high-quality training for servers that is supported by strong and engaged management (Shults et al., 2009).

The RBS program in Illinois, known as Beverage Alcohol Sellers and Servers Education and Training (BASSET) is managed by the Illinois Liquor Control Commission (ILCC). BASSET was “designed to encourage profitable, responsible, and legal alcohol sales and service.” The goals of the BASSET program are to (ILCC, n.d.):

- Train and educate sellers and servers to engage in responsible alcohol service;
- Spot signs of intoxication and use various intervention techniques;
- Prevent DWIs and alcohol-related fatalities;
- Stop underage sales and underage drinking;
- Create safer communities and establishments where alcohol is served; and
- Educate owners, managers and staff on insurance, State laws, and local ordinances regarding alcohol service (BASSET Program, 1996.; ILCC, n.d.).

As of July 1, 2018, all on-premises alcohol servers (and those required to check identification for alcohol service) are mandated to take BASSET training.

Program Development & Initiation

BASSET training was initially developed in 1986 by the ILCC with input from law enforcement, medical professionals, advocacy groups, and industry professionals. At that time, BASSET training was not a State mandate, and it was up to individual municipalities to require training and certification. As a result, BASSET programs differed across municipalities and people who attended a BASSET program in one municipality often found that they would have to pay and attend another program to work in a neighboring municipality.

Standardizing BASSET Training

In 1991, the Illinois Department of Transportation and Illinois Department of Alcoholism and Substance Abuse (DASA) worked to standardize the program across the State, with the goal to streamline the course and requirements throughout the State mandate BASSET through State

statute (235 I.L.C.S. 5/6-27.1). A statewide conference in March 1991 brought together stakeholders from law enforcement, drug rehabilitation centers, fire and rescue, insurance providers, liquor license holders, attorneys, and political officials to tie the BASSET curriculum to objectives for three different types of alcohol selling and service models: on-premise sales where alcohol is more than 40 percent of gross sales, on-premise sales where alcohol is less than 40 percent of gross sales, and off-premise sales (Advance Design & Concepts, 1991).

Ultimately, the BASSET program was divided into standards for on-premises and off-premises training and rules and regulations for BASSET were codified in 1996 under 77 Illinois Administrative Code, Chapter XVI, Part 3500 (BASSET Programs, 1996). While the BASSET rules and regulations set standards for training curriculum, fees, and licensing, they did not require statewide implementation of BASSET training and still left the adoption of the training programs up to the municipalities.

Mandating BASSET Training

BASSET became a statewide requirement for on-premises establishments in July 2015 through Public Act 99-0046 (Illinois General Assembly, 2015). This law requires alcohol servers and those who check IDs for alcohol service in on-premises establishments to successfully complete a BASSET class every 3 years. The law was rolled out over a period of three years, based on county population from the 2010 U.S. Census:

- By July 1, 2015 – Cook County;
- By July 1, 2016 – Counties with populations of 200,000 or more;
- By July 1, 2017 – Counties with populations of more than 30,000; and
- By July 1, 2018 – Counties with populations of 30,000 or less.

Some municipalities and county liquor licensing authorities have additional RBS training requirements beyond the State law. It is important that all alcohol retailers are familiar with both the State law and local requirements in their community.

Leadership/Champions and Partnerships

Program Development

The ILLC began by working with law enforcement agencies, medical professionals, the Illinois Licensed Beverage Association, the Wine and Spirits Distributors of Illinois, and victim advocacy groups such as MADD, among others, to develop BASSET training. The March 1991 BASSET conference to standardize training included participation from attorneys, law enforcement, drug rehabilitation specialists, fire and emergency services, insurance representatives, liquor license holders, political officials, educators, Students Against Drunk Driving (SADD), Alliance Against Intoxicated Motorists (AAIM), municipal agencies, and DASA.

BASSET is currently managed by one person, who continues to champion the program and build partnerships with law enforcement and business owners and managers.

Ongoing Partnerships

The ILCC has a strong partnership with law enforcement in the State to aid in enforcement of BASSET regulations and to educate them about the various components of BASSET. The ILCC holds periodic training with law enforcement agencies to ensure new officers are up to date on BASSET and to help officers know how to ask the right questions of alcohol sellers and servers to ensure that they are following BASSET requirements.

The ILCC also maintains strong relationships with business owners and managers to inform them about the importance of BASSET and how it benefits their businesses through improved customer service, saving money on liquor liability insurance, and ensuring that they are compliant with State laws and local ordinances.

Program Implementation

BASSET is comprised of two facets:

- BASSET License – allows people or organizations to conduct BASSET training, and
- BASSET Certification – obtained by personnel working in establishments that serve or sell alcoholic beverages after completing the BASSET training.

In addition, outreach and education for stakeholders about the BASSET program are important to its success.

BASSET License to Provide Training

In order to provide training, a person or organization must obtain a BASSET license by taking an instructor training course, completing an application, and providing the following to the ILCC:

- A copy of the training curriculum;
- A copy of the certificate of course completion;
- A copy of the pre- and post-tests given to course participants;
- A copy of any instructional materials used in the course; and
- If the applicant is a corporation, proof from the Office of the Illinois Secretary of State that the applicant is registered to do business in Illinois and is in good standing.

A BASSET training license must be renewed on an annual basis; renewal notices are sent 5 to 7 weeks prior to license expiration.

ILCC maintains a list of all licensed BASSET training providers in the State and also provides information about obtaining a BASSET license at <https://ilcc.illinois.gov/divisions/education/programs/basset.html>.

Within 10 days of completion of a training course, the course provider must submit to the ILCC a roster of attendees, the date of successful completion by the attendee, the name of the trainer that conducted the cost, and whether the training was on- or off-premises instruction.

BASSET training providers must also submit the following information to the ILCC on a semi-annual basis.

- The number of participants trained during the reporting period.
- The number of BASSET courses scheduled and completed during the reporting period and the location of each course.
- The total fees charged for BASSET training per course during the reporting period.
- The number of businesses represented by participants completing BASSET programs and the respective counties of those businesses.

BASSET Training Curriculum and Certification

The BASSET training is a standardized curriculum offered through in-person and online classes. Online classes make it easier for people in rural areas to attend training without requiring travel and excessive time. Managers and servers for on-premise establishments must complete a four-hour course. A three-hour course is available for off-premise managers and servers for municipalities where off-premise BASSET training is required.

All BASSET courses must contain at a minimum the following areas of instruction (BASSET Programs, 1996):

Area 1: Physical Properties of Alcohol, Drugs and Alcoholism. BAC, alcoholism, the effects of alcohol and/or drugs on driving performance. BAC levels related to body weight, sex, and amount of alcohol consumed per hour.

Area 2: Prevention and Intervention Techniques. Maintenance of professional demeanor, use of alternative beverages, designated driver programs, visual and behavioral cues that may help participants recognize potential problems, assuring customer safety, refusal of service.

Area 3: Illinois State Statutes, Local Ordinances, Illinois DWI Laws. Laws pertaining to the sale of alcohol and the differences between civil and criminal charges and the penalties each carries, Illinois DWI laws and associated penalties.

Area 4: Proper Identification Techniques, Police Policies and Expectations. Secretary of State's procedures to ensure security of driver's licenses and State ID cards, other acceptable forms of identification and enhanced identification techniques. Proper use of municipal support services (police, fire, and paramedic services).

Area 5: Dram Shop Liabilities, Insurance, and Victim's Rights. Vicarious liability, third party liability, procedures for protection against possible litigation, State insurance requirements and legal terms used in litigation.

Upon successful completion of training, participants receive a State-issued BASSET card that is good for three years. IILC maintains a database of BASSET card holders and anyone is able to search this database or print a replacement card at <https://ilcc.illinois.gov/divisions/education/programs/basset.html>. It is recommended managers and servers have their card on them at all times when working and establishments maintain copies of training certificates or cards for all employees. New employees who do not currently possess a BASSET card have 120 days after they are hired to take the training and obtain a card.

Outreach and Education

Outreach and education to bars and restaurants, as well as outreach to law enforcement about BASSET, have been key in making the BASSET program successful. The BASSET program

works in coordination with other ILCC efforts to curb liquor sales to minors. This includes the “We Card Hard” and “Project 21” efforts, to educate establishments about State laws and local statutes on selling alcohol to minors and provide guidance on checking IDs. ILCC makes materials such as posters, brochures, and window stickers available at no charge to establishments to inform patrons that IDs will be checked. They also provide brochures and pamphlets to educate employees about BASSET and how to properly check for IDs. The BASSET program manager visits with bars and restaurants to share the importance and benefits of BASSET training and listen to challenges and concerns.

Outreach to law enforcement agencies and the ILCC Enforcement Division is important to ensuring the enforcement of BASSET in all establishments where it is required by law. The ILCC also works with law enforcement to implement a “last drink” program, in which law enforcement officers ask people who are arrested on an alcohol-related offense where they obtained their last drink and then the ILCC Enforcement Division follows up with the named establishment to remind them about the BASSET requirements related to refusal of service and safety of patrons.

Program Finances: Costs and Funding

The primary cost to the ILCC was the initial development of the BASSET training curriculum, which was completed in 1991 through a grant provided to a contractor by the IDOT and DASA. Ongoing costs for outreach materials and administration of the program comes from revenue from liquor licenses.

Obtaining a license to teach BASSET training currently costs \$350. The BASSET training providers set the cost of their training courses, which typically range from \$10 to \$20. Employers and/or employees are responsible for paying for their own training.

Successes, Challenges, and Lessons Learned

Initially there was pushback from the Illinois service industry against the required program. However, as Illinois establishments became more aware of the benefits, they realized the importance of the program and that it was necessary for them to safely and effectively operate a business that sells alcoholic beverages. The ILCC focused on the fact that BASSET was established to help businesses and serve as a partnership between the business, the ILCC, and law enforcement. By ensuring patrons leave and arrive home safely, the partnership reduces the possibility of fines, civil lawsuits, suspension of liquor licenses, loss of reputation and livelihood, and other liabilities to the business.

While the effectiveness of BASSET has not been formally measured, the BASSET program manager believes BASSET has been successful in reducing alcohol sales to minors and reducing impaired driving. An October 2010 study of RBS programs in general evaluated the effects of RBS training programs on establishments’ alcohol service policies, server practices, alcohol consumption and intoxication among patrons, and alcohol-related harms. Although the study found positive results on these outcomes, the results were determined to be inconclusive as they primarily came from academic research studies that evaluated programs focused on individual establishments and were implemented under favorable conditions (e.g., intensive training programs and short follow-up times) (Community Preventive Services Task Force, 2012).

Encouraging businesses to partner with taxicab and ridesharing companies has also been an important element of the BASSET program in providing patrons with the ability to go home without having to drive.

Outcomes

After attending BASSET training, managers and servers are equipped with the knowledge and skills they need to enter the hospitality industry with confidence and assist in the effort to reduce impaired driving. RBS programs similar to BASSET can be easily implemented in other States and municipalities with minimal start-up costs. The BASSET program manager is willing to share curriculum and outreach material information with others and can be contacted through the BASSET website: <https://ilcc.illinois.gov/divisions/education/programs/basset.html>.

Parents Who Host Lose the Most: Social Host Campaign in Tuscarawas County, Ohio

Program Overview and Goals

Parents Who Host Lose the Most is a public health media campaign, launched in 2000 by the Prevention Action Alliance (formerly Ohio Parents for Drug Free Youth) to prevent underage drinking. The Prevention Action Alliance is an Ohio-based organization that focuses on leading healthy communities in the prevention of substance misuse and the promotion of mental health wellness (Prevention Action Alliance, n.d.). The campaign focuses on reminding parents that it is illegal, as well as unsafe, unhealthy, and unacceptable to provide alcoholic beverages to underage youth. The goal is to decrease underage access to alcohol and ultimately reduce the likelihood that teens will drink alcohol and engage in risky behaviors.

The campaign is based upon community conversation and includes yard signs, posters for schools and businesses, digital billboards, fact cards, stickers, and social media posts to educate the community about the health and safety effects of underage drinking. While it is a year-round effort, emphasis is placed on the campaign during timeframes when underage drinking is more likely, such as football season, homecoming weekends, prom, and graduation.

Since its creation, the campaign has been used by hundreds of organizations in all 50 States as well as Puerto Rico, Japan, Canada, and the U.S. Virgin Islands. This program description is related to the use of the campaign in Tuscarawas County, a primarily rural county in Ohio.

Program Development and Initiation

In rural Ohio, Empower Tusc, formerly the Tuscarawas County Anti-Drug Coalition, Ohio, launched their initial *Parents Who Host Lose the Most* campaign in 2012 with four goals:

- Raise awareness about the legality of social hosting for parents and underage drinking for youth;
- Educate parents about the issues and impacts of underage drinking;
- Build capacity in the coalition; and
- Change community norms around alcohol.

Empower Tusc is an organization that encourages local youth to live healthy, drug-free lives by ensuring consistent access to support, education, and resources for youth, parents, businesses, and local communities. It consists of seven standing committees focused on alcohol, tobacco, marijuana, prescription drugs, faith-based programs, a youth advisory board, and suicide prevention, as well as ad hoc committees. The *Parents Who Host Lose the Most* campaign falls under the alcohol committee's work.

Empower Tusc felt the campaign could be useful in a rural community where it is common for families to consume alcohol together and teens to host parties on large expanses of land. The campaign ensures that Empower Tusc is having important conversations with parents and other citizens about the dangers of teen alcohol consumption. As campaign materials were already available through the Prevention Action Alliance, little work was needed to develop marketing materials aside from customizing the existing materials with the Empower Tusc's logo and other location specifics. The alcohol committee begins planning the campaign each February with the goal of implementing it each April—prior to prom and graduation when teens are more likely to engage in underage drinking.

Leadership/Champions and Partnerships

Within Tuscarawas County, Empower Tusc has been the primary champion and owner of the campaign. Empower Tusc works with community partners to implement the program each year, such as working with local schools, businesses, and faith-based organizations to share campaign signage and other materials.

Empower Tusc has worked with the Ohio State Patrol to implement the campaign, and many other *Parents Who Host Lose the Most* campaigns around the country work with law enforcement to help share the message by hosting events to remind parents that it is illegal to serve alcohol to minors.

Program Implementation

The campaign in Tuscarawas County uses outreach materials such as press releases, letters to the editor, paid newspaper ads, social media ads and messages, radio public service announcement (PSAs), proclamations, yard signs placed throughout the county, and banners at each school district and in community downtowns to get out the message of, "Parents who host lose the most: Don't be a party to underage drinking. It's against the law." The Prevention Action Alliance makes outreach materials available and individual campaigns have free rights to make changes to the materials as needed after purchase.

Tuscarawas County has also developed bottle hangers that include the *Parents Who Host Lose the Most* logo and information about the legality of social hosting and work with retail establishments to place the hangers on six packs of beer. They have made door-hangers that local stores place on their entry doors and other communities have created stickers to hang in business windows.

The Prevention Action Alliance has a subscription-based membership for *Parents Who Host Lose the Most* that provides everything needed to plan, implement, and evaluate a campaign (Prevention Action Alliance, n.d.). This includes a digital implementation guidebook, social media resources, press engagement tools, and more. It also includes social media graphics that are optimized for use on Facebook and Twitter and emphasize and reinforce the messages found

on the *Parents Who Host Lose the Most* fact cards and posters. Membership includes templates and guides for hosting press conferences and issuing press releases, letters to the editor, and PSAs to spread the word about the campaign and the sponsoring organization, as well as resources designed to guide sponsoring organizations through advocating on behalf of their cause to local or State officials, and a branding kit to help create tailored *Parents Who Host Lose the Most* messages without compromising the brand.

Program Finances: Costs and Funding

Because the Prevention Action Alliance makes all materials needed to launch a campaign available at a low cost, funding needs for a local campaign are minimal. The previously mentioned membership is \$49 per year and additional campaign materials range from \$4 to \$22 for posters and handouts, \$45 for a banner, and \$240 for a yard sign. Individual locations may have other costs, such as if they choose to develop other materials, use paid media, host events, or hire a consultant to manage the campaign, but these are all optional costs and not necessary to have a successful campaign.

Successes, Challenges, and Lessons Learned

Tuscarawas County has not faced any challenges in implementing the *Parents Who Host Lose the Most* campaign, which has been well-accepted.

Some lessons learned that could be useful for other counties wanting to implement similar campaigns include:

- **Leverage all of your potential partners.** To have an effective campaign, the message needs to be saturated within the community.
- **Be mindful of how your community communicates.** If social media is commonly used, it can be used to spread the *Parents Who Host Lose the Most* message; if there is a local newspaper that is read by most of the community, ads should be placed in that paper.
- **Think outside of the box.** If faith-based or other organizations are a large part of the community, they can serve as an effective partner in sharing the message; if there is a particular local business where alcohol is commonly purchased, work with that store to display signs or other materials.

Outcomes

Within Tuscarawas County, *Parents Who Host Lose the Most* has given Empower Tusc the opportunity to educate parents about the dangers of serving alcoholic beverages to minors. Because there was no baseline data about how many parents served alcohol to minors prior to the campaign, there is no quantitative evaluation of the program available. Empower Tusc believes the campaign has been successful in, at a minimum, generating conversations and awareness among families and community members.

In terms of the original campaign, started by the Prevention Action Alliance, telephone surveys in 2006 showed that about 55 percent of parents and youth had heard messages about underage drinking. About two-thirds of those who had heard a message said that it prompted a conversation between parents and their teenagers about drinking. In comparison with surveys

conducted in 2001, there was a 42 percent decrease among youth who reported knowing of parents who host parties where alcohol is served to teens (Applied Research Center, 2008).

Reduce TN Crashes: Teen Education Program in Tennessee

Program Overview and Goals

Reduce TN Crashes is a crash prevention and alcohol awareness program that teaches teens in Tennessee high schools about the dangers of drinking and driving and other risky driving behaviors such as not wearing seat belts, texting and driving, speeding, and drowsy driving, and how to effectively share the road with pedestrians and bicyclists. Participating schools earn points for completing various traffic safety activities in their school and community. The healthy competition motivates schools to provide more hands-on learning opportunities for their students throughout the year. While *Reduce TN Crashes* offers activity suggestions to challenge and educate students about safe driving and alcohol impairment, schools are also encouraged to implement their own educational program ideas. Although *Reduce TN Crashes* is open to all schools in Tennessee, schools in rural counties account for the majority of the participants in the program.

Program Development and Initiation

Reduce TN Crashes launched in 2013 and was developed by Tennessee Tech University with a traffic safety grant from the Tennessee Highway Safety Office (THSO). The goal was to develop a program that involved many partners in highway safety across the State. The Governor's Highway Safety Association (GHSA) publication, *Curbing Teen Driver Crashes: An In-Depth Look at State Initiatives* (2012) loosely guided the development of the program. The publication focuses on six key areas to address teen driver safety, including graduated driver's licenses, driver education and training, risky behaviors, and media coverage of teen driving. *Reduce TN Crashes* focuses on the education, student involvement, and overall outreach components of these areas.

Tennessee Tech used the traffic safety grant to develop marketing materials to raise awareness of *Reduce TN Crashes* and produce handout materials such as signs, posters, and cards for participating schools. The grant was also used to develop the *Reduce TN Crashes* website, which not only provides information about the program but also serves as the portal for schools to enter their activities and track their points.

Leadership/Champions and Partnerships

While Tennessee Tech developed the *Reduce TN Crashes* program, it could not have been done without the support of the THSO and partners such as SADD, the Tennessee Trucking Foundation, AAA, State Farm, the Tennessee Health Department, Tennessee Coordinated School Health, the Tennessee Department of Transportation, the Tennessee Department of Safety and Homeland Security, State and local law enforcement, the Tennessee Teen Institute, and especially the schools. The *Reduce TN Crashes* program manager continues to look for partnerships to help with outreach and sponsorship opportunities.

Because there is a high rate of turnover in high schools with students graduating and SROs moving on to other positions, it is important that the *Reduce TN Crashes* program has a consistent leader to ensure continuing momentum. The program manager takes on this

responsibility, maintaining contact with the schools and other stakeholders, keeping the website updated, and continuing partnerships to ensure that new activities are added and participating schools are recognized with awards and other means of acknowledgement.

Program Implementation

Registration

Participating high schools register in the fall on the *Reduce TN Crashes* website. Upon registering, a school receives 100 points and a welcome kit that includes:

- Graduated driver's license (GDL) wallet cards;
- Teen driver laws banner;
- *One Text or Call Could Wreck It All* banners;
- Educational rack cards; and
- Metal signs for student parking lots.

Activities

Each school selects activities from the *Reduce TN Crashes* website (<https://reducetncrashes.org/activities/>) throughout the school year, engaging their students and community, and then submit documentation of their completion of those activities to earn points and a spot on the *Reduce TN Crashes* leaderboard. On average, participating schools complete 7 to 12 activities per year.

There are currently 79 activities available on the website. Examples of impaired driving related activities include:

- Passport to Safe Driving by SADD: Share the material in a high school common area (e.g., cafeteria, lobby, athletic venue) or digitally share on social media, email, school digital signs, or other media.
- Impaired Driving Goggles: Goggles can be borrowed from *Reduce TN Crashes* for up to two weeks. Set up cones or place tape on the floor for students to attempt to walk. Have them put on the goggles and complete the course. Encourage the students to talk about how the goggles made them walk or their classmates interact with their surroundings.
- National Drug and Alcohol Facts Week: Promote this week in school by posting infographics in school and online through social media or other media.
- Arrive Alive Tour: This program, which can be requested for schools, uses a high-tech simulator, impact video, and other resources to educate people and communities about the dangers of texting while driving, drugged driving, and impaired driving.
- AAA Shifting Gears: This web-based program educates about the effects of cannabis on the teenage brain.
- 21 or Bust: This campaign is a partnership of SADD and NHTSA to prevent the use of alcohol under the age of 21. Schools can order 21 or Bust campaign kits and promote the campaign.

- Guest Speaker: Host a guest speaker such as someone who has been personally affected by impaired driving.

Most of the activities make use of free resources and do not incur any cost to participating schools. Sponsored activities are all vetted programs that have been recognized at the national or State levels.

Awards and Recognition

At the end of the school year, participating schools receive a THSO certificate with a ranking indicative of the respective school's placement: Bronze (100+ points), Silver (1,300+ points), or Gold (3,000+ points). Gold level schools also receive media recognition and an award kit with highway safety resource materials provided by sponsoring organizations. The top scoring school is honored at a press event.

Outreach

Ensuring that schools are aware of the *Reduce TN Crashes* program is essential for the program's success. The *Reduce TN Crashes* program manager typically coordinates with School Resource Officers (SRO) to provide information about the program, including a detailed flyer so that the SROs can then take it back to the school and encourage participation. The program manager also sends annual emails to all schools within the State to remind them about the program, and also attends the SRO conference, school superintendents' conference, and school health conference annually to market the program. Attending regional law enforcement agency networking meetings is also useful for sharing information about the program so that law enforcement officers can help disperse the information to schools within their jurisdictions.

Program Finances: Costs and Funding

Starting a program such as *Reduce TN Crashes* requires funding for labor and programming, which can range from \$8,000 to \$15,000, depending on the size of the program and the number of partnerships willing to assist with costs. Grant funding may be available from the State Highway Safety Office or NHTSA. Costs typically go down after the first year, after materials such as the welcome kit are initially produced and regular processes and procedures are in place. Costs will vary based on the types of activities that are included and the awards provided to participants. In the case of *Reduce TN Crashes*, recognition is the primary award and comes at little to no cost.

NHTSA grant funding may not be used for promotional items or memorabilia (e.g. bumper stickers, shirts, keychains, pencils, etc.), however, schools may look to other partners, such as private organizations, to provide those types of items.

Successes, Challenges, and Lessons Learned

Successes

While some schools participate for more than one year, typically many more new schools begin participating each year. For example, for the 2022-2023 school year, three schools that earned gold previously are participating again and six new schools are participating. For the 2021-2022 school year, 56 schools participated, although some school requested materials but did not

submit points for any activities. About 25 schools did more than one activity, and 12 schools received a gold or silver award.

Challenges

The main challenge to implementing a program such as *Reduce TN Crashes* is finding someone to champion the program, manage relationships, and find the initial funding to start up the program. Once that champion is in place and is able to build partnerships, maintenance of the program is fairly simple.

Another challenge to implementing such a program is the recognition that teens engage in risky driving behaviors. For example, schools and parents should recognize that teens drink and drive. Such recognition lets them see the benefits educating teens on why they should not do so. In some communities, schools and parents may not want to focus on these efforts because they believe their children do not behave this way, or that teaching about these behaviors may encourage teens to see if they are in fact dangerous.

Lessons Learned

In most schools, although there is an adult advisor, the *Reduce TN Crashes* efforts are spearheaded by students. In addition to SROs, in some instances, a guidance counselor or teacher serves as the advisor. The involvement of an adult champion who works with students to implement the program and conduct activities increases the likelihood of the program's success.

Encouragement and recognition efforts do not require schools to spend a lot of money. Providing free items such as signs, banners, wallet cards, or other items offered through the various activities is typically enough incentive for schools to participate. Certificates signed by the TSHO have worked well as recognition.

Friendly competition goes a long way in getting schools to participate. In local areas, schools often compete against neighboring schools, just as they would in sporting events, to earn the most points. Students have fun while learning important lessons about safe driving.

Outcomes

Reduce TN Crashes has resulted in over 900 activities in over 190 schools in all 95 counties in Tennessee. The success of *Reduce TN Crashes* led to the expansion of the program to other States. While a private company can provide implementation and maintenance of the program for other States for a fee (Innocorp, Ltd., n.d.), the program can also be implemented on a smaller scale by a region or a county using the Tennessee program as an example. The *Reduce TN Crashes* program manager is willing to work with others to share best practices and suggestions for getting schools involved.

SafeCab: Safe Transportation in Isanti County, Minnesota

Program Overview and Goals

Isanti County's SafeCab Program aims to reduce the number of citations for DWI within rural Isanti, Chisago, Pine and Kanabec counties by:

- Partnering with local taxi companies, bars, and restaurants to offer safe rides home to patrons;

- Working with alcohol establishments to reduce over-selling alcohol to patrons and encourage patrons to use the SafeCab service; and
- Collaborating with law enforcement to ensure patrons' vehicles are safe and are not ticketed when left overnight.

NHTSA's *Countermeasures That Work* identified alternative transportation programs or ride services, such as SafeCab, providing alternatives to driving as potentially effective with moderate costs (Kirley, B et al., 2023).

Program Development and Initiation

The SafeCab program began in 2005 as part of an effort of the *Toward Zero Deaths* traffic safety coalition, which included community stakeholders and a local judge. The coalition wanted to provide transportation alternatives for patrons of local bars and restaurants who were drinking and driving home.

To start the program, SafeCab hosted a meeting with bar owners, the judge, and the local police department in November 2005. To pay for the rides, leaders reached out to local beer distributors who, after initial pushback, funded the program and continue to do so today.

SafeCab rolled out the program in December 2005. SafeCab provided only five rides to nine people in the first month, but the numbers soon increased. It used city records to identify vendors with liquor licenses and sent invitations to restaurants and bars to increase participation during the program's first 4 years.

The SafeCab program started by providing rides Wednesday through Saturday. It partnered with a second cab company to provide rides 24/7 every day of the week. This enabled the program to serve third shift workers who visited bars and restaurants earlier in the day. Up to \$15 of each ride is reimbursed, which covers the cost for the majority of rides within the county.

As of April 2022, the SafeCab program offered over 23,000 safe rides home to over 40,950 riders since its inception. Currently, approximately 25 bars and restaurants participate, representing roughly half of the establishments in the county. The program is typically advertised on posters hanging in participating bars and will not cover the costs of rides from bar to bar.

Appendix A features an article called, "How to Start a SafeCab" written by Peter Brown, President of Cambridge Inc., which provides additional information to begin this cab service.

Leadership/Champions and Partnerships

SafeCab is managed by a volunteer chairman, who was an original founder. He was well-positioned to be a champion for the program and to encourage others to participate.

The program was also championed by a local Isanti County judge. Judge James Dehn was one of the first judges in the country to track the "last place of drink" by defendants pleading guilty to DWI charges and records of the correlating BAC levels. In doing so, he was able to identify bars more likely to overserve patrons and opportunities to reach local establishments and raise awareness of potential dangers of letting intoxicated patrons leave and drive. If Judge Dehn identified DWI defendants in court coming from a specific bar or restaurant, he would tell the owner about the program.

Law enforcement officials were important partners as well. The program's success depended on customers being comfortable with leaving their vehicles at the venues overnight. SafeCab developed a plan with law enforcement to inform patrolling officers.

Program Implementation

How SafeCab Works

Patrons of participating bars or restaurants can request a ride. Bar owners and bartenders can also suggest customers take a SafeCab ride. They call the cab and fill out a paper voucher either at the restaurant or in the cab if the venue has run out of vouchers. Program participants retrieve their vehicle the next day.

Cab Company

Key to the program is a stable cab company that wants to participate. Participation can be challenging for cab companies because they need drivers on standby at all hours willing to deal with alcohol-impaired people. Commitment by the cab company is critical, and they need enough business to make it financially viable.

Recruiting and Working With Bars and Restaurants

As of 2009, approximately half of the bars and restaurants in Isanti County participated in the SafeCab program. There is no longer an active recruitment effort. Once a restaurant or bar decides to participate, SafeCab provides them with flyers and table tents advertising the program.

Persuasive arguments that have been used to encourage venues to join SafeCab include:

- There are more impaired driving problems after midnight than any other time of the day; and
- When patrons retrieve their car, they may patronize the establishment again.

Patron Outreach

SafeCab shares program information several ways, including:

- Providing participating bars and restaurants with signage and table tents that feature messages such as, “ask your server...”;
- Taking out billboard ads;
- Doing radio discussions and advertising; and
- Seasonal messages in local paper advertisements.

Many of the messages encourage people to plan ahead and leave their vehicles at home if they plan to drink.

Safeguarding Vehicles Left Behind

In Minnesota winters, vehicles left overnight can be a problem due to snow. SafeCab created a bright orange sign labelled “SafeCab Participant.” Bars or restaurants put the date on the sign and program participants put the sign on their windshield. If the city or county has to plow snow, their vehicle will not be ticketed or towed.

Special Events

The program accommodates special events by authorizing rides for the event (e.g., county fair). In these cases, the program pays half of the cab fare, and the related sponsor or distributor pays the other half. For example, county fair sponsors pay half of any SafeCab ride fare from the fair.

Program Finances: Costs and Funding

The SafeCab program runs on a small budget. It recently became a 501(c)(3) nonprofit charitable corporation and may now accept donations. Originally, each ride was split between the bar, SafeCab program, and the three beer distributor sponsors. Now the beer distributors pay a one-time, tax-deductible lump sum of \$3,000 per year. Bars are billed monthly, and Isanti County has signed a contract with SafeCab to provide a certain number of rides per year. The program currently has a five-year cushion of operating expenses to ensure it can continue running.

Aside from the cab costs, the other program costs are minimal and include:

- Accounting costs for tax filing (approximately \$300 per year); and
- Insurance in case somebody calls for a cab ride, a cab does not show up, they drive while impaired and get in a crash (approximately \$700 a year).

Successes, Challenges, and Lessons Learned

Local champions are critical. SafeCab was able to build success, in part, because two trusted local champions advocated for it, a local judge and a restaurant owner. The restaurant owner community is close-knit, and many owners of bars and restaurants knew both of these early advocates.

Tracking success. Judge Dehn helped in identifying the need for alternative transportation by tracking DWI defendants Place of Last Drink data when they were arrested. This helped SafeCab to better understand the problem and identify bars and restaurants that would benefit from additional intervention through participation in a program like SafeCab.

Engage alcohol distributors. Most beer distributors across the country spend a certain amount of money each year on DWI prevention and community service, so this is a potential investment for them.

Leadership transition. The two original founders remain engaged as leaders in the SafeCab program and volunteer their time to run it. While they have streamlined processes and partnerships to minimize hours needed to run the program, growing pains may come when the program transitions to new leaders.

Start-up funding. The initial hurdle was paying for SafeCab. Leaders secured a small grant from a local foundation and sought initial donations, including from beer distributors. Surrounding counties have used grants to start their programs.

Bars located in particularly rural areas are harder to include. Not every bar participates. Rural bars would have to call a cab and wait 25 minutes to arrive. An impaired person may not be willing to wait that long.

Critical components needed to start a SafeCab program include:

- Investment from a core group of stakeholders who want safer roads and are willing to spend time in starting the program.
- Commitment from a cab company willing to provide rides.
- Buy-in from local police department and judicial arm.
- Bar and restaurant involvement.

Outcomes

This program has not been formally evaluated. However, among Minnesota counties, Isanti County has seen one of the steepest drops in DWIs. From 2005 to 2021, DWIs in Isanti County dropped by 70 percent. The program has received awards from National Association of Development Organizations NADO, Minnesota Mothers Against Drunk Driving (MADD), and the Minnesota Alcohol Traffic Safety Association (MATSA). This program may have contributed to the drop in DWIs in Isanti County.

Western North Carolina DWI Task Force

A local or regional impaired driving task force, such as Western North Carolina's DWI Task Force, is typically comprised of multidisciplinary community stakeholders whose objective is to develop a comprehensive, achievable strategy to reduce impaired driving within their jurisdictions.

Program Overview and Goals

The Western North Carolina DWI Task Force began small as a local DWI task force in 2005 and expanded into a regional DWI task force the following year.

The task force develops an annual strategic plan that outlines their legislative agenda and plans for lawmaker education, as well as public outreach and DWI awareness raising efforts. They promote transparency through data and encourage the State to publish conviction data, specifically data related to DWI convictions. These data are used to highlight disparities in DWI convictions among jurisdictions and advocate for changes in practices.

Program Development and Initiation

The Western North Carolina DWI Task Force evolved through a partnership between a local district attorney (DA) in Haywood County and a victim advocate/MADD representative. They had similar goals – to reduce deaths from DWIs – and realized they could accomplish more by working together. The DA provided an important understanding of policy and legal issues while the victim advocate brought an understanding of the advocacy process and provided powerful voice for crime victims' stories to educate lawmakers about the impact certain policies could have in protecting lives.

Together, they advocated for House Bill 1048, also known as the Motor Vehicle Driver Protection Act of 2006, which closed loopholes that affected DWI convictions, acknowledged the role of Drug Recognition Experts (DRE), and addressed repeat offenders (North Carolina General Assembly, 2005). By 2006, surrounding counties had taken notice of their work and

wanted similar efforts in their jurisdictions. The Haywood County DWI Taskforce expanded and became the Western North Carolina Regional DWI taskforce. Initially their plan focused solely on passing House Bill 1048, but as the task force expanded, their strategic plan expanded in scope as well.

Leadership, Champions, and Partnerships

The task force consists of over 30 cross-disciplinary members including victims, advocates, district attorneys (DA), police officers, prosecutors, representatives from the wildlife resources commission, the fraternal order of police, and law makers. The original founder continues to be an important force within the task force providing leadership, time, and creative energies towards achieving the strategic plan. DAs are also members and commit to coming or sending representatives to every meeting. The DAs' participation on the task force is particularly important for the legislative agenda as they can weigh in on legal issues related to proposed legislation. Crime victims also are important as they have a reason to be committed to the cause and important stories to drive the group's agenda.

Safety City is a program designed by the NC Governors Highway Safety Program to do public outreach in a fun way at the State fair. People from outlying, rural counties typically cannot get to the State fair, so the taskforce tried a smaller version of Safety City in a more rural location. Safety City teaches boating safety, conducts sobriety testing, provides K-9 demos, and demonstrates simulated traffic stops by highway patrol and other law enforcement officers.

The North Carolina Governors Highway Safety Program is a key partner for certain initiatives. The task force also uses its Safety City program as a means to raise public awareness about impaired driving.

Program Implementation

Task Force Members

The task force does not recruit members actively, but, according to its chair, it attracts members with minimal effort. When the task force started, too many people wanted to be involved, which made it difficult to find a time and place to meet that worked for everyone's schedules. To move forward more effectively, the founding members decided "to make the team lean and mean" with representatives who focused particularly on law enforcement agencies, the DA's office, and crime victims.

One of the key tenets of the task force is everyone has an equal voice at a task force meeting, whether it is a rookie police officer or a State senator. Everyone in task force meetings is encouraged to voice their opinion, make suggestions, and commit to moving forward agenda items. No one person has more power than anyone else.

Task Force Meetings

The task force meets monthly at the same date, same time, and in a central location. Over the years they have found this consistency is important so that members will always have the meeting on their calendars and know where to go. They tried other meeting arrangements in the past, but it created confusion among members about when and where the meeting would take place. Quarterly meetings were not frequent enough to move forward an ambitious legislative agenda.

Unless there is a guest speaker or presenter, the task force meetings follow the same agenda every time. Members share updates in a round robin format and then they go through their strategic plan. One of the task force's successes is ensuring that everyone leaves with a job after the meeting, which they are expected to report on at the following meeting whether it is research, planning an event, or advocacy.

Task force membership and participation is considered to be "fluid." Members come if they can, and if they cannot attend, they may send someone else. For instance, if the police chief cannot come one week, he or she will send a representative. Elected and appointed officials who serve on the task force often choose to continue to participate after their term is complete.

Strategic Plan

At the beginning of each year, the task force establishes a strategic plan, with legislation as the top priority. An outreach, training, and public education agenda are also included. The strategic plan is maintained as a working document with issues added and carried over from the next year.

Appendix B provides the task force's 2022 Strategic Plan, and its priorities are outlined in the following section.

Priority issues for 2022

The WNC DWI Task Force priorities:

- Ensure that all officers are trained to detect impaired drivers.
 - Having instructors to train officers has been a challenge, so the task force is working towards offering an incentive for agencies if they send an officer to instructor school.
- Ensure that all counties have sobriety courts for repeat offenders.
 - The first sobriety court west of Asheville will be opening soon and is a boon for the region.
- Promote community education.
 - They host Safety City at the county fair and present to town boards, community groups, organizations, and youth groups on request.
- Promote server education so that they understand when they should not be serving drinks.
- Provide the public with impaired driving data to better understand conviction rates and whether their jurisdictions are doing a good job convicting DWIs.
- Ensure that portable breath testing devices are used for their intended purpose.
 - Currently, in North Carolina, prosecutors and officers cannot provide specific test results in court. They can only state whether someone tested positive or negative. However, 21 States permit specific test results to be used in court, so the task force is reintroducing a bill to allow the numbers to be used.

- Establish DREs in every county.
 - In a recent case, an impaired truck driver killed a State trooper but was not convicted. The county had no DRE, and the task force believes a DRE's testimony could have made a difference in having a conviction.
- Explore the pros, cons, and feasibility of enacting a 0.05 BAC legal limit.
 - In North Carolina, it is illegal for a commercial truck driver to have a 0.04 BAC or above. For task force members, this seems to give the illusion that freight is more precious than children, as a parent can still drive with a 0.04 BAC with children in their vehicle.

Advocating for Policy Change

The task force is intentionally organized around political advocacy and has been successful making the case to local and State lawmakers about the important issues impacting how the State approaches DWIs and improves its systems and infrastructure to better support DWI convictions. The task force has done this by drawing lawmakers' attention to gaps and needs within the system and educating them about the impact potential changes could have. Some of the issues they worked to address include the following.

- Funding allocation for a crime lab in Western North Carolina, which opened in 2017, to address the backlog created from previously only having one State lab.
- Establishing DRE training in Western North Carolina so that officers did not need to go to Raleigh for their training, which is several hours away.
- Working with lawmakers to pass House Bill 494 in 2012, allowing magistrates to require repeat DWI offenders to wear a continuous alcohol monitoring bracelet (North Carolina General Assembly, 2021a).
- Advocating for magistrates to have a requirement for 12 hours of continuous education on TOPIC through House Bill 27, passed in 2021 (North Carolina General Assembly, 2021b).
- Funding approved (\$60,000 for 7 most western counties from December 2022 thru September 30, 2023) from the Governor's Highway Safety Program for a pilot project to provide 90 days of continuous alcohol monitoring via wearable bracelets for high-risk offenders.

Drawing Attention to County Conviction Rates

The task force also works with local media to highlight county DWI conviction rates and uses the opportunity to highlight the strong work of some counties and to encourage other counties to invest more time, training, or education and work if their rates are lower. As part of this work, they continue to encourage the State to publish the rates to maintain transparency in the system.

Raising Awareness of the Impacts of DWIs

The task force works with law enforcement to hold a candlelight "blue light" vigil every year on Thanksgiving Eve. These events highlight the date and location a victim died or was seriously injured because someone was driving while impaired. Below is a picture from Thanksgiving Eve 2022 when law enforcement officers in many western North Carolina jurisdictions parked their

patrol cars, with blue lights flashing, next to all the locations in their area where someone died or was seriously injured due to DWI or speeding.

Program Finances: Costs and Funding

The Western North Carolina Task Force does not have funding. Participating member organizations contribute their staffs' hours for participation. If the task force is working on an event that requires additional funding, then they work with State agencies or local sponsors, such as local insurance agencies to provide donations or seek in-kind donations from other partners. The task force sees itself as the convenor and uses its partners for resources.

Successes, Challenges, and Lessons Learned

The Western North Carolina Task Force has experienced a lot of success since its inception. Some of the keys to its successes include the following.

Understand how the system works. The leadership and support of DAs in driving the agenda and understanding ways to improve the system has been critical. The DAs involved have been able to assess issues and provide suggestions about policies and infrastructure changes that would improve the legal system's ability to address DWIs.

Highlight stories and learn how to prevent future deaths. Crime victims play an important role in bringing passion, stories, and voices to drive agendas as they educate and advocate to policy makers. When someone dies from a DWI-involved crash, the task force works to understand what resources, policies, or systems could have been in place to prevent future deaths.

Keep it informal and straightforward. The task force intentionally tries to stay informal while providing a predictable structure so that members know what to expect. Every meeting follows the same agenda and happens at the same time and place. This reduces paperwork and requirements so that meetings can focus solely on issues at hand.

Treat everyone as equals. The task force intentionally works to ensure that every voice at the table is equal regardless of position or title which enables more effective brainstorming and development of solutions. Everyone feels they have an important voice and stake in the issues being discussed at the meetings.

Learn from what other States have done well. The task force looks to other States as models when embarking on new policy efforts. For instance, a legislator on the task force met with other lawmakers from other States to explore laws on server education and lower BAC levels.

Outcomes

The task force has successfully established itself as a respected source of information and is looked to by leaders from all sides for solutions to address DWIs. It has brought stakeholders from across Western North Carolina together to address systemic issues affecting DWI convictions and reducing childhood endangerment from DWIs.

San Carlos Apache Tribal Motor Vehicle Injury Prevention Program in Arizona

Program Overview and Goals

The San Carlos Apache Tribal Motor Vehicle Injury Prevention Program (MVIPP) involved a comprehensive approach to decrease alcohol-impaired driving and increase restraint use in tribal areas. The program began in 2004 and continued for nearly a decade. Initial strategies focused on high-visibility sobriety checkpoints accompanied by an awareness-raising mass media campaign. The Tribal Council later passed and supported enforcing .08 g/dL BAC limits for drivers and primary occupant restraint laws (Piontkowski et al., 2015). The San Carlos Apache Tribe occupies 1.8 million acres in Southeastern Arizona with approximately 10,000 tribal members (University of Arizona, n.d.).

Publicized sobriety checkpoints are identified in NHTSA's *Countermeasures That Work* as a highly effective, but an expensive enforcement measure (Kirley et al., 2023). For sobriety checkpoints to be effective, they should be heavily publicized, amply visible to the public and regularly conducted as part of an ongoing effort.

Program Development and Initiation

The San Carlos MVIPP employed a multidisciplinary approach and leveraged strong partnerships among the public health community, law enforcement, and the tribal community.

It began with a CDC grant that funded the tribe from 2004 to 2009 to develop and implement a multi-pronged approach based on interventions selected from the *Guide to Community Preventive Services* (West et al. 2014; CDC, 2014). The MVIPP was established and led by the Tribal Police Department with strong support from the department's leaders who took ownership of the program from the beginning (Reede et al., 2007). With funding from the Indian Health Services under the Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) in 2010, MVIPP expanded its scope to increase occupant protection (Piontkowski et al., 2015).

Media and Outreach Campaign

The program began with an outreach and awareness raising campaign to make the public aware of it and its planned activities. It was driven by messages developed through focus groups to ensure that they were culturally appropriate. Messages were shared via paid advertisements through local newspapers and television, casino marquee messaging, and flyers circulated to residents and posted on bulletin boards (Reede et al., 2007). Through this process, the campaign developed two logos – one for the police task force implementing the sobriety checkpoints and the second to increase awareness of seat belts. Media messaging was refined from “Don’t drink and drive” to “Don’t Drink and Drive, Use a Sober Driver” when officers at sobriety check points learned that drivers were being selected based on who was the least intoxicated. The frequency of messages increased during tribal and national holidays as well as campaigns with the Bureau of Indian Affairs Indian Highway Safety’s campaign and NHTSA (Piontkowski et al., 2015).

Leadership/Champions and Partnerships

There were many partners involved in the MVIPP over time including:

- Federal agencies: Indian Health Service, CDC, and Bureau of Indian Affairs;

- Tribal, State, county, and municipal law enforcement agencies;
- A private-sector marketing firm;
- Non-profit Intertribal Council of Arizona; and
- Other tribal programs.

The DUI task force involved police officers and leaders (e.g., chief and captain), and the MVIPP coordinator. A designated task force helped the department to:

- Concentrate enforcement resources on drinking and driving;
- Improve communication with other police jurisdictions;
- Develop and sustain a strategic plan, and sustain the initiative over time; and
- Plan, implement, and evaluate the interventions.

(Reede et al., 2007)

Program Implementation

Program Coordinator

The San Carlos Apache Police Department hired a skilled program coordinator to lead and support many program activities. The coordinator was a San Carlos Apache tribal member who had previously worked with other tribal agencies and was able to bring key partners – the public health community, law enforcement, community members, tribal agencies, and policy makers – to work collaboratively together (Reede et al., 2007).

390 Task Force and Sobriety Checkpoints

The “390 Task Force” (390 is the police code often used for “drunk”) planned and implemented high-visibility DWI checkpoints. They used anecdotal evidence and police crash report data to determine times of days, days of the week, and locations. The checkpoints used standard operating procedures that involved stopping all traffic and using field sobriety tests and breathalyzer tests to determine driver sobriety (Piontkowski et al., 2015; Reede et al., 2007).

The sobriety checkpoints were conducted by the San Carlos Apache Police Department officers, as well as regional enforcement partners, such as neighboring tribal police departments, neighboring city police departments, county sheriffs, the Arizona Department of Public Safety, and enforcement officers from the U.S. Immigration and Customs Enforcement. When limited staffing levels made checkpoints difficult to carry out, saturation patrols were used instead (Piontkowski et al., 2015).

Officers stayed engaged in their work, in part, due to incentives to encourage participation. They were given home-cooked meals prior to and following checkpoints, awards such as jackets for exceptional performance, and expense paid trips to national traffic safety conferences (Reede et al., 2007).

Policy Change

The MVIPP championed an important policy change to better protect public safety. In 2007 the San Carlos Apache Tribal Council passed two important resolutions. First, the Council lowered

the presumption of alcohol impairment from a BAC of .10 to .08 g/dL. The second resolution established a primary occupant restraint law for the San Carlos Apache Reservation. Both resolutions were expressions of a commitment to save lives and reduce injuries (Reede et al., 2007).

Program Finances: Costs and Funding

The first 5 years of funding for the MVIPP was provided by the CDC at approximately \$70,000 annually. The San Carlos Apache Police Department self-funded the program for a year. Starting in 2010 TIPCAP funded the program for 5 years at \$65,000 annually (Piontkowski et al., 2015). Some of the major expenses involved the salary of the program coordinator, overtime pay for law enforcement officers involved in sobriety checkpoints, and equipment for the sobriety checkpoints (Reede et al., 2007).

Successes, Challenges, and Lessons Learned

Those involved in the program felt the following factors contributed to their success (Piontkowski et al., 2015):

- **Extensive partnerships** among agencies, including law enforcement agencies and public health.
- **Expertise.** Technical expertise among staff and their decision to implement an evidence-based approach.
- **Relationship between the project coordinator and the police department.** While the police department took ownership of the project and provided significant resources, the project was coordinated by a civilian in the police department.
- **Ongoing and consistent staffing and funding.** The project was able to maintain funding with support from mostly outside forces for almost a decade.
- **390 Task Force.** The task force played a major role in strategic planning and decision-making and promoted community buy-in and support across stakeholders.
- **Successful officer incentives.** Even at times when the police department was low on staff, the police department was able to maintain sobriety checkpoints because officers remained supportive. The incentives played an important role in encouraging their support and ensuring that the officers felt motivated.

Outcomes

While initially MVIPP's worked showed an increase in DWI arrests, it was followed by a decrease. Those involved in the program theorized this could be due to an increase in public awareness of the risk of driving impaired. Their work is attributed to a reduction of total motor vehicle crashes, nighttime crashes, crashes with injuries/fatalities, and nighttime crashes with injuries/fatalities by 5 percent to 7 percent annually between 2004 and 2013 (Piontkowski et al., 2015).

The program also enjoyed a great deal of public support. In a 2005 survey, respondents overwhelmingly felt (94%) it was "very important" to reduce drinking and driving on the

reservation while 81 percent of participants were in favor of the sobriety checkpoints (Reede et al., 2007).

A cost-benefit analysis of the program showed a savings of \$2,710,000 during the first four-year project period, including direct medical costs and other costs such as loss of earnings due to death or injury. The analysis further showed that for every \$1 spent, \$9.54 was saved from fewer crashes, fewer injuries per crash, and reduced injury severity (Piland et al., 2010).

Regional DWI Court Program in Michigan

Rural DWI courts, such as Michigan's Regional DWI Court Program, are a type of problem-solving court that crosses jurisdictional boundaries to work to address the substance use disorders of nonviolent offenders. Through interventions such as intensive judicial supervision, treatment, sanctions, incentives, drug and alcohol testing, and other individualized services, rural DWI programs seek to provide repeat DWI and high-BAC offenders the tools to work on their substance use disorders, thereby reducing the likelihood of re-offense (Michigan Supreme Court, 2012).

According to NHTSA's *Countermeasures That Work* report, DWI courts and alcohol ignition interlock programs are generally highly effective and proven to reduce recidivism. The program can be implemented in as little as 4 months, with the right agreements in place, or in as much as a year (Kirley et al., 2023).

Program Overview and Goals

As Michigan's 2011 Ignition Interlock Pilot Program gained success (Kierkus & Johnson, 2016), eligible participants in rural areas also wanted access to DWI courts to use ignition interlock monitoring and maintain their driving privileges. However, many rural jurisdictions did not have the resources or number of impaired driving offenders to enable them to staff a full-time DWI court.

In 2013 Michigan began piloting Regional Driving While Intoxicated (RDWI) courts in four areas that collectively covered 16 counties that previously had limited access to DWI courts. The ultimate goal of the program was to allow rural communities to access the DWI courts and thereby expand the availability of the ignition interlock program, which allows drivers with repeat DWI charges to regain restricted driving privileges.

The RDWI court program allowed rural courts to work across jurisdictions and pool their resources to set up comparable programs. The DWI court staff traveled to designated locations to conduct DWI court proceedings on select days.

Program Development and Initiation

Developing and Implementing a Regional DWI Court in Michigan outlines steps for establishing an RDWI court (Michigan Supreme Court, 2012). This section highlights some considerations and issues that early Michigan champions for the RDWI courts worked to address in establishing the initial pilots.

Courts Working Together

Michigan courts are separated by local control units made up of city or county governments. In rural areas such as the upper peninsula in Michigan, courts may have control units made up of one or more county boards of commissioners. For an RDWI court to work effectively, it is necessary that each individual county in the designated region and each court in that region agree to the RDWI court jurisdiction. The reach of the RDWI court would thus cross county lines and cross the different jurisdictions of the courts in that region. An early champion in establishing the first regional court in Michigan was a retired judge who served as the Michigan judicial outreach liaison. He, along with personnel from the Michigan Supreme Court Problem-Solving Court Division, worked with the 5 counties in the Western end of the Northern Peninsula and the courts in those counties to establish a pilot RDWI Court.

Working as Team

RDWI court involves many stakeholders, inside and outside of the judicial system. Initially, the initiative required a lot of team-building. There were meetings with prosecutors, defense attorneys, mental health coordinators, homeless and unemployment organizations, and others who could bring resources to the table to discuss problem cases. They brought in stakeholders who could help program participants holistically address broader issues, such as homelessness and unemployment, that impact alcohol use. These early team members worked together to build trust and relationships.

Leadership

Judicial leadership is critical in establishing successful RDWI courts. As leaders in the judicial branch, judges play important roles in the process. They are able to bring traditional and non-traditional partners to the table to explain that the solution requires collaboration.

Program Implementation

Once partners are on board, stakeholders need to figure out how to coordinate resources for the RDWI court as well as develop and implement a regional structure that will work for multiple partners. Michigan has outlined the statutory requirements for drug treatment courts in MCL 600.1060 through MCL 600.1084 (Michigan Legislature, n.d.). These regional courts specifically target drug-impaired or drunk driving offenses. The statutory requirements intentionally include best practices dictated by the National Association of Drug Court Professionals (see Figure 1).

As mentioned previously, the Michigan Supreme Court (2012) also outlined the steps in establishing an RDWI Court in its manual: *Developing and Implementing a Regional DWI Court in Michigan* (Michigan Supreme Court, 2012). The manual includes information on how to assess needs and assemble the team, consider community resources and sustainability, as well as templates for memoranda of understanding and local administrative orders. It also outlines training needed and the components of RDWI court operations (e.g., eligibility criteria, assessment, program structure, staff meetings).

REVISED JUDICATURE ACT OF 1961

Act 236 of 1961

Excerpt: Chapter 10A. Drug Treatment Courts

"Drug treatment court" means a court supervised treatment program for [people] who abuse or are dependent upon any controlled substance or alcohol. A drug treatment court shall comply with the 10 key components promulgated by the national association of drug court professionals, which include all of the following essential characteristics:

- (i) Integration of alcohol and other drug treatment services with justice system case processing.
- (ii) Use of a non adversarial approach by prosecution and defense that promotes public safety while protecting any participant's due process rights.
- (iii) Identification of eligible participants early with prompt placement in the program.
- (iv) Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- (v) Monitoring of participants effectively by frequent alcohol and other drug testing to ensure abstinence from drugs or alcohol.
- (vi) Use of a coordinated strategy with a regimen of graduated sanctions and rewards to govern the court's responses to participants' compliance.
- (vii) Ongoing close judicial interaction with each participant and supervision of progress for each participant.
- (viii) Monitoring and evaluation of the achievement of program goals and the program's effectiveness.
- (ix) Continued interdisciplinary education in order to promote effective drug court planning, implementation, and operation.
- (x) The forging of partnerships among other drug courts, public agencies, and community-based organizations to generate local support.

(Michigan Legislature, n.d.)

Figure 1. Excerpt Outline Statutory Requirements for Drug Treatment Courts

Program Finances: Costs and Funding

The Michigan Drug Court Grant Program provides planning and operational grants coordinated through the State Supreme Court. A specialty court division works to make sure all courts are working together. The funding is used to hire coordinators, supplement treatment, and ensure that compliance elements are accounted for through testing. The goal is for the DWI courts to be a part of the criminal justice system, while also maintaining their uniqueness as a non-adversary treatment option.

Certain filing and participation fees are also available to support the RDWI court programs. A small amount of the local share of filing fees can be earmarked for local DWI court funding. Some RDWI courts also charge participant fees to offset costs or charge participants for certain services such as therapy or drug testing.

Successes, Challenges, and Lessons Learned

A major challenge to starting an RDWI court is securing support of key partners. For example, RDWI courts need the support of the sheriff and police department. Sometimes it is difficult to get stakeholders to agree that the long-term goal is positive, self-changing recovery for offenders.

Making the Case

One important aspect of bringing stakeholders on board and winning them over is effectively making the case for DWI court and the ignition interlock program. Champions of the program underscore that the criminal justice system needs to use an evidence-based approach, focusing on rehabilitation to help those with substance use disorders.

When initially engaging new stakeholders and partners, it is important to sit at the same table together to talk about methods that work and what those would look like in their communities. Treatment court is a different way of approaching criminal problems in society. For each case, the team should look at contributing factors, how those factors impact the overall treatment plan, and to determine the best way to treat the person that they are trying to support.

The DWI courts intentionally reward people for coming into DWI court and work to transform their lives by giving them limited, monitored driving privileges. Ultimately, the courts can provide concentrated rehabilitation efforts for offenders with the highest risk and the highest need. If successful, they have produced dramatic results in reducing recidivism and saving money (Bowler, 2018).

Every Region Is Different

Every region has unique demographics with different partners to bring to the table. Some of these partners may or may not have worked together before. It can be difficult to figure out basic logistics such as where to house the court. There is no cookie cutter solution. Every region has to figure out what would work best for their constituents and their partners.

Outcomes

Seventy percent of people who entered Michigan's ignition interlock program completed it. While the RDWI courts have not been formally evaluated, Michigan evaluated and documented the success and work of its DWI courts and the ignition interlock program (Carey et al., 2008; Kierkus & Johnson, 2012, 2016). Some highlights of the successes of the ignition interlock program include the following:

- Approximately 98.2 percent of interlock program participants complied with orders to install interlock devices, and
- Of those, less than 2 percent of program participants tampered with the court-ordered device or operated a vehicle not equipped with an interlock device.

In the RDWI manual, RDWIs are encouraged to consider conducting process or outcome evaluations to understand their successes and how to improve their process.

24/7 Sobriety Program in South Dakota

The 24/7 Sobriety Program targets repeat offenders by offering alcohol testing and other drug testing as an alternative to jail time. In 2005 the program was piloted in South Dakota and expanded across the State. It has since been extensively evaluated and adopted by several other States including Alaska, Iowa, Montana, North Dakota, Washington, Idaho, Nebraska, Wisconsin, and Wyoming, and is being considered by other States.

DWI offender monitoring, including programs such as South Dakota's 24/7 Sobriety Program, are identified in NHTSA's *Countermeasures That Work* as proven to be effective program and to reduce recidivism (Kirley et al., 2023). South Dakota's program was developed intentionally with existing resources in mind. The program generally pays for itself via participant fees.

Program Overview and Goals

The 24/7 Sobriety Program is an alcohol and drug monitoring program for repeat offenders who have previously committed alcohol- or drug-related crimes, in particular DWIs. The focus on the substance varies by State. In South Dakota the focus is largely alcohol, but in North Dakota drug testing plays a bigger role. A core part of the program involves participants agreeing to submit to twice daily alcohol and/or drug testing every day as part of their bond agreement or being assigned to do so post-conviction. If participants do not show up for testing or if they test positive, they are subject to "swift, certain, and fair" sanctions – usually a day or two of jail time. Once they are released from jail, the same bond conditions are applied. These conditions are laid out and understood by the participants ahead of time.

Alcohol and drug abstinence are program requirements, but the 24/7 Sobriety Program does not require participants to enter treatment or other similar services. Although it might provide an impetus for them to seek out some form of treatment, either professional or by joining a self-help program such as Alcoholics Anonymous on their own.

The program goals are to:

- Reduce rates of short and long-term recidivism related to alcohol or drug use, including impaired-driver collisions.
- Support more offenders to change their behaviors related to drug and alcohol abuse and stop re-offending.
- Provide an alternative to incarceration through community-based supervision.
- Allow offenders to continue to live and work in their communities by providing a way for them to maintain driving licenses with conditions or restricted driving permits; and
- Improve public safety.

Program Development & Initiation

Given the large share of alcohol-involved offenders in South Dakota's jails and prisons, its attorney general felt the key to addressing the problem was reducing alcohol consumption among those in the criminal justice system. Many offenders were already being ordered to abstain from alcohol as a condition of bond or community supervision, but there was no consistent enforcement of this order (Long, 2009).

As a result, South Dakota piloted the 24/7 Sobriety Program starting in 2005, targeting those rearrested for DWIs and mandating that they abstain from alcohol. As news of the program's success spread, South Dakota's State legislature approved funding for other counties to participate in 2007.

As the program grew, some other adaptations were made.

- The program expanded to include other drug-related offenses, as they found that some participants were testing negative for alcohol but positive for other substances.
- The program expanded into rural areas and included other alcohol detection technologies such as continuous alcohol monitoring ankle bracelets, which participants can wear for months at a time, so that rural residents did not have to travel long distances for the regular testing. The device tests the participant for alcohol every 30 minutes and can detect if a participant has tried to tamper with it.

Leadership/Champions and Partnerships

The attorney general's office and its prosecutors are critical partners and leaders in implementing the 24/7 Sobriety Program. Ideally, it would be run out of their office through a program manager or coordinator. Judges have to be supportive of the program and be willing to make offenders' participation in it a condition of their bond or probation. The sheriff's office and local, county, and State law enforcement agencies are also important stakeholders.

Other potential stakeholders include the following:

- Pre-Trial Services,
- Department of Corrections and Parole Services,
- Substance Abuse and Mental Health Services,
- Department of Social Services,
- Department of Motor Vehicles, and
- Public defenders.

The program is more likely to be successful if stakeholders meet together from the beginning to discuss expectations for the program and their roles in implementing it.

Program Implementation

The program will vary by the size, population, resources, and needs of the area where it is being implemented. The jurisdiction has to be a place where judges can order offenders to abstain from alcohol. Additional basic requirements include staff to administer and record alcohol and/or drug tests, as well as jail cell space for those who fail the test or who do not appear for testing. Making sure that the sanction is immediate is a critical aspect of the program.

In rural areas, testing is typically done at a centralized location, which could be a county jail, building, or courthouse. Localities have different consequences for offenders who do not appear for testing. Resource-strapped law enforcement agencies typically do not go after that person, but instead wait for them to come back, which many do.

The length of time offenders participate in the 24/7 Sobriety program varies by program – usually six months to a year. Judges may opt to keep participants in longer if they are struggling with the conditions. In South Dakota, about half of the participants start on the program prior to their trial and continue after their conviction. Judges make the decisions about whether people have violated the conditions of their bond or probation sufficiently that they should be terminated from the program, at which point they are reincarcerated.

Program Finances: Costs and Funding

The costs of South Dakota's 24/7 Sobriety Program are largely covered through participant fees (Midgette, 2014). As a self-pay program, participants pay \$2 a day (or \$1 per breathalyzer test) -- less than the cost that many pay for alcohol per day. Many jurisdictions offer the option of wearing ankle bracelets instead for participants who can afford it. Some judges also opt to switch some people to ankle bracelets if they were not regularly meeting the requirements for the breathalyzer tests. The daily costs of the bracelets are slightly higher at \$6 per day.

Rural counties with fewer participants may have short-term fiscal deficits if per-participant revenue does not cover fixed costs; however, the State also has a mechanism by which it can reimburse counties that have demonstrated operating losses or need support making infrastructure improvements.

Other States have publicly subsidized their 24/7 Sobriety Program or used grant funding.

Successes, Challenges, and Lessons Learned

Successes

This program offers an innovative approach to address DWIs by changing how offenders are treated in the court systems. By requiring sustained proof of abstinence and commitment to the program, the 24/7 Sobriety Program holds participants accountable for their alcohol and substance misuse and other criminal offenses, while still offering them the flexibility to stay in their communities, jobs, and with their friends or family.

Low cost. Overall, this is a low-cost substance use intervention (Kilmer & Midgette, 2020). The intervention relies heavily on existing resources and can be mostly funded through a self-pay option if grants or State funding are not available.

Providing support to high-risk offenders. The program enables jurisdictions to target support and intervention to repeat offenders who may need more support by providing behavioral triage. The program can be used to identify the people that need to move on to DWI court or other programs. Participants who continue to violate bond conditions can get recommended for additional treatment.

Positive interaction with law enforcement. Of the tests taken in South Dakota, the vast majority are not violations. As participants have to report twice daily for breathalyzers, which in many testing places involve law enforcement, it allows them the opportunity to have interactions with law enforcement that do not involve them being ticketed or arrested.

Challenges

There are some challenges involved when implementing the 24/7 Sobriety Program.

Overcoming local resistance. There may be resistance to launching a 24/7 Sobriety Program due to local politics, conflicting interests, or stakeholders who may not welcome a new approach. One approach to overcoming these obstacles is by highlighting the success and positive outcomes for the State.

Burden of transportation. Gas prices and longer travel distances in rural areas could be an obstacle for some participants who have to report twice daily. Ensuring that the testing place is centrally located is one way to minimize the transportation burden. The ankle bracelet monitors serve as another alternative.

Outcomes

In a recent study of 24/7 Program outcomes in South Dakota, Kilmer & Midgette (2020) found strong evidence that program participation reduced criminal activity at 12 months after the initial arrest, and potentially longer term. They also found that counties with active 24/7 Sobriety Programs experienced lower rates of DWI and drug-related crimes, which they believe are likely due to the program's success.

The majority of participants were also able to successfully complete the program. Of all 24/7 participants, 53 percent did so without a violation (i.e., failed or unexcused missed test), 19 percent only had one violation, and 11 percent only had two violations (Kilmer & Midgette, 2020).

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Conclusions

The programs highlighted in this report share stories of how leaders and champions in rural areas thoughtfully applied what they knew about their community's culture, needs, opportunities, and problems to find a solution that would work to prevent impaired driving. In some cases, they sought to tailor an urban area-based program or initiative. In others, they considered the problem, developed a solution that would best fit the needs, and then assessed the degree of success.

Success Factors

Some common factors of success for many of these programs include:

- **Understanding and responding to the needs and culture of the community where the program is to be implemented.** Programs cannot take place in a vacuum but need to be responsive of the community and locality where they are happening. By understanding what is important to the community, planners can better anticipate challenges, identify how to best communicate with the community, and determine what messages will resonate with the community.
- **Developing strong partnerships.** Planning and implementing a program take a lot of work. Bringing multidisciplinary partners to the table helps introduce a variety of perspectives to help problem-solve and anticipate issues that might arise. For instance, law enforcement agencies can help identify where the hot spots are and why they might be occurring. District attorneys may understand policy or institutional levers that could be used. Many public health stakeholders have training in evaluations and/or program implementation.
- **Considering resources available and what partners can bring to the table.** Even in times of scarcity, think creatively about resources that are needed for a particular program being considered and what potential partners might be able to contribute to help. Consider how existing community or larger scale national resources can be maximized rather than trying to create something new. There may be existing partnerships that would prioritize impaired driving. For example, working with faith-based organizations to share messages about the dangers of providing alcohol to teens would work well in a heavily faith-focused community.
- **Start small.** Learn how to implement a program and what logistics are needed by piloting an approach on a small scale first to figure out how to do it best and what tweaks need to be made before scaling up and expanding the implementation of the program.
- **Assess the effectiveness.** Build in a system to evaluate the effectiveness of the process and overall outcomes of the program. Evaluation can be key in understanding how to do things better and whether a program is ultimately worth the time and financial resources expended.

Guidance for State and Local Jurisdictions

- **Engage your State's Highway Safety Office (SHSO).** It may have resources to bring to the table and can potentially offer expertise, materials, programs, funding, and other resources that may be harder for rural areas to come by on their own.

- **Understand laws and regulations.** Laws and regulations will differ among communities and will affect the program differently. For example, check points are not legal in 12 States (Alaska, Idaho, Iowa, Michigan, Minnesota, Montana, Oregon, Rhode Island, Texas, Washington, Wisconsin, and Wyoming). Some States have “family exceptions” that make it legal for family members to provide minors with alcohol. Local, State, or Tribal district attorneys are an important partner to understand these details.
- **Engage judicial partners.** Not all judges or magistrates may know about or have confidence in certain sentencing conditions (e.g., alcohol ignition interlocks or alcohol monitoring bracelets). Judicial partners are important to engage when exploring potential programmatic solutions.
- **Consider systems changes.** Think about systemic and policy levers that can be changed or more uniformly implemented to strengthen a locality’s response to DWIs. For instance, SHSOs can review and improve DWI control system operations through State DWI task forces or impaired driving assessments (Venkatraman et al., 2021).

Steps for Action

When considering what program or initiative is right for a given State or locality, the following considerations may be helpful.

- **Use data to describe the problem.** The data could be quantitative data, such as crash statistics as described in an earlier section, or through surveys or focus groups with community members and stakeholders to learn more about topics such as knowledge and attitudes towards impaired driving or what pitfalls in the system may lead to more impaired driving.
- **Bring the data to life.** Once the data are collected, think about how it can be portrayed to help tell a story and enable others to understand what the data mean. Create a presentation and bring it to key stakeholders. Walk them through an impaired driving case study that occurred locally. What was the scenario and events leading to the crash? How was the crash handled? How was the case built against the offender? What happened in the conviction and sentencing process?
- **Take the time to gain the buy-in needed.** Creating systemic changes is not easy and takes time to gain support. Be patient. Focus on making the case for action and developing the relationships needed to successfully address the problem. Take the time to reach out to important stakeholders, build relationships with them over meetings or coffee, talk about areas of mutual interest that affect the community, and areas of common ground.
- **Involve key stakeholders in the planning process.** It is easier to obtain stakeholder buy-in if they are involved from the beginning. Gather their input in the planning process, identifying factors that need to be considered, and people or resources that need to be in place to make a program successful.
- **Assess best and promising practices.** After the data has been collected and stakeholders have been gathered, meet together to assess best and promising practices that might address the needs of the community.

Resources

The agencies and organizations below have more information on rural road safety, impaired driving, and other resources.

- National Highway Traffic Safety Administration - Drunk Driving: www.nhtsa.gov/risky-driving/drunk-driving
- Centers for Disease Control and Prevention: www.cdc.gov/impaired-driving/facts/
- County Health Rankings: www.countyhealthrankings.org/explore-health-rankings
- Community Anti-Drug Coalitions of America: www.cadca.org/
- Governors Highway Safety Association: www.ghsa.org/issues/alcohol-impaired-driving
- Insurance Institute for Highway Safety: www.iihs.org/topics/alcohol-and-drugs
- Montana DOT – Gratitude for Safe Rides Campaign: www.youtube.com/watch?v=HjjZ6i1akt0
- Mothers Against Drunk Driving: www.madd.org
- National Center for Rural Road Safety: <https://ruralsafetycenter.org/>
- National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov
- Transportation Safety for Tribal Governments: www.tribalsafety.org/
- U.S. Department of Transportation: www.transportation.gov/rural

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Appendix A: How to Start a “SafeCab”

SafeCab
Pete Brown, President
Cambridge Cab Inc.

In order to begin the process of starting a SafeCab program the individual or group needs to either find an operating cab company or secure the necessary items and approval to start a cab company. In my case it began one night at a local watering hole:

We had been drinking for several hours when I told a friend (who lived in our town for many years) that we needed to call a cab for a ride home. He laughed and told me they did not have a cab service. I said that our city needed a cab. He laughed again and then told me I was right.

Starting Out

The first step in the process is to check with all the city governments in the areas you are considering serving. When I contacted the city, I was told that they would send me the information and ordinances but that no one had gone to the “trouble” of through the process.

Look at all the rules, requirements, and fees. There are typically rules that dictate the vehicle(s), inspections, insurance, and some will have rules regarding rates. Take time and study the ordinances because you will need to know them well.

Cab services are ruled under what’s called “local rule” meaning that the rules and ordinances will vary from city to city. This can cause some headaches because some rules will be different. Some cities will not have any rules or ordinances at all and some will specify that if a cab is licensed in city “A” for example they are considered licensed for city “B” but they will not recognize city “C” as being qualified for city “A”’s licensing. Sometimes it can be confusing.

Once you have read and understand the rules and requirements it is time to get busy with planning. It is best to either form a corporation or LLC for your business. I do not recommend being a sole proprietor for many reasons and would recommend that anyone considering starting a cab service consult a business lawyer to have any questions regarding that portion answered. If your city has a taxicab ordinance, they will typically stipulate the insurance requirements. Normally you will find that the limits will need to be \$100,000/\$300,000/\$50,000 or greater for the liability limits.

Taxis must purchase “public livery” insurance. It is commercial vehicle insurance and it will be expensive depending on the State you live in and the size of the area you will be serving. You will need to locate a commercial insurance broker as most local agents do not have experience with public livery insurance. For example, you will have to have a down payment and then make monthly payments for the balance of the insurance.

Now it’ time to fine tune the insurance by finding the right vehicle. This can be a challenge. I use mini-vans. Most companies use sedans and the most common are retired police cruisers (Crown Victoria’s and Impala’s) as these are built very tough and can be purchased for a reasonable amount. I use mini-vans because I can fit more people and folks really like it. I cannot stress enough that when you are starting out you look at fuel trends and if you will be able to support two way fares, meaning being able to pick a fare near where your first trip ends and go back to your regular area. In my area 90-plus percent of our fares are one way and we return to our area

empty. Fuel efficiency is paramount. Look at vehicles that get good gas mileage. This will always pay dividends going forward.

Once you have the vehicle picked out you will need a taximeter. There are many outlets for them but I have purchased them from auctions, taxi businesses that have folded and auction websites. I personally prefer Centrodyne meters because they are easier to install and are very simple. I also prefer to only use one manufacturer because then all the drivers will know how to operate the meter no matter which vehicle they use. Some cities require special equipment such as partitions between the driver and passenger, cash boxes that are secured to the floor and even cameras that record all the operations of the cab. Check your requirements. They may also require a top light. You would be best to have it installed when you have your meter installed.

You will need to research and find the best rates and costs for your area. When you have the meter installed they will set the rates, calibrate the meter and seal it so it cannot be tampered with. They will supply you with paperwork for your license application to certify the rates and accuracy of the meter and vehicle.

Many cities require an inspection of the vehicle and this will vary. Some require a basic safety inspection from the police department and some require a take the wheels off and inspect everything that is done by a certified mechanic or city employee. I recommend that you have your vehicles inspected. It is always a good idea. Once you have the vehicle requirements completed and the company structure done you can concentrate on drivers and hours of operation.

You will need to budget \$300-\$500 for lettering of the vehicle. I recommend vinyl lettering for ease of removal when selling the vehicle or making any changes.

For the drivers the requirements will vary depending on the city requirements. I recommend that you follow the best practices outlined. That being said I recommend that all drivers have criminal background checks. In my State it requires a notarized form that the potential driver fills out and has notarized. It is then sent to your States criminal apprehension department and you will receive a full copy of their record. As far as driving records you can request the information from your insurance company when the person applies and they will provide it for you. Typically you will get a form from the insurance company that will authorize the driving record check.

I do recommend that you also do a drug screen as a condition of employment. You can have it done at a local clinic. For liability sake it is a good idea. Next comes trust. Remember that a taxi is a normally a cash environment and most meters can track statistics. You will be able to look at miles driven versus miles paid and you should question any abnormalities.

In Minnesota taxi drivers who are not owners or family members who are drivers usually lease the cab. Taxi drivers that lease a cab are independent contractors and are responsible for their own fuel and expenses while paying a set amount to lease the vehicle. Any amounts earned above the lease and expenses are the drivers. If you are leasing your cab, you do not have to have workers compensation insurance or unemployment insurance.

Enough said about that.

Now you will typically have to appear in front of your city council to have your license approved. Once you have paid the fee and been granted a license you can begin operations of your cab and the process of working with your SafeCab group.

As the cab owner your participation in any SafeCab venture is a business decision I recommend. It is good for your community and will pay dividends in the long term as a business that cares for your community. Active participation will make your SafeCab program successful.

All of the normal conditions of using the cab still apply for providing SafeCab rides. We always reserve the right to refuse service to anyone at any time. The reason we do that is because in order to provide your services to everyone you should not have drunken and incoherent passengers dumped into your cab by bars. These people many times will fall asleep, may become sick and sometimes cannot give directions to their residence. The SafeCab program works best to provide safe transportation to as many passengers as possible. If you have someone who is passed out or vomits in your vehicle they are not allowing the program to be used properly. Will it happen that people fall asleep or get sick? Yes. But it can be made to happen very rarely. Making a friend ride with and take responsibility for the drunken person is one way. Refusing the ride outright is sometimes the best option. It does happen very rarely that we refuse a ride.

Back to the SafeCab, funding is always a challenge but it can be overcome quite easily. In our area the maximum ride that the program covers is \$15. That amount is divided three ways. One third is charged to the bar that requests the ride. One third is charged to Budweiser through its distributor and one third from a community fund that accepts donations from banks, businesses and other donations. If a ride exceeds \$15 the rider is responsible for that portion. Tips become property of the driver and cannot be added to the ride total or as part of the SafeCab amount.

We are very strict on the scope of the ride. It must be to a residence only. No other bars or liquor stores or any stops such as stores or commercial businesses. If there two or more residential stops then the last portion pays any excess mileage charge. For the convenience of the passengers we accept credit cards for any excess charges.

We can only allow a set number of passengers per ride. Many times there are more than the number we can carry. We will make two trips or sometimes they find another way. You will only be allowed to carry passengers for the number of seat belts you have. I strongly recommend that you do not take an amount of passengers that exceeds the number of passengers the vehicle is rated for. You will not have insurance coverage on the excess passengers and are liable for any accidents.

I recommend that you do not assist any passengers into their residences. We do not assist passengers for safety reasons.

Billing

We use a two-part carbonless ticket. It has room for the bar issuing the ride, the destination address, the date of the ride, the number of passengers and the signature of the employee authorizing the ride. On the bottom is an area for the driver to record the fare. At the end of each month we separate the tickets by the bar issuing them then we tear off the copy. We then total the amount and divide it by three. This is the amount that each partner owes. We return the copies of the rides to the bar that issued it for a paper trail for them. We retain the original for our records and for any audit procedures that may be required or requested from any of the partners involved. We can also use the originals for tracking purposes of trips and passengers.

We then mail off the copies and an invoice to the bars and for the other partners we send a tally sheet and invoice. We do require payment from the partners within 30 days. We typically pay the drivers when we receive the tickets so that part is paid.

Promotion

This is where you can work with the alcohol distributor. Our distributor is fantastic at making poster, table tents and stickers. We also get our word out by using our local newspapers and outlets. A SafeCab is a public program that ususes a cab company. On our SafeCab group we have a judge, a couple of bar owners, a trainer who specializes in training bar staff about alcohol, a person who in a government agency that specializes in regional development, and myself.

Our bar owners are great at putting up the posters and promotional information. Their staffs will also recommend to patrons they can have a free ride home rather than risk driving.

Working Together

It works to have everyone work together for everyone's benefit. If you can involve your local city governments, the local and county law enforcement, the bar owners, and anyone who has an interest it will help. When you have a meeting be prepared to think differently and work together. Try many things and some will work.

Our Experiences

We have the luxury of having a judge that has been tracking DWI cases in his courtroom for over 10 years. Since the SafeCab began approximately 2 years ago, we have given away over 600 rides to over 1,200 passengers. DWI arrests from bars have gone down 14 percent and the average BAC has been reduced 7 percent. On a human scale this is a great success. For what this program costs to administer is pennies on the dollar compared to the pain, suffering and financial costs to society. In Minnesota, over 25,000 people were arrested for driving under the influence in 2022 (MN BCA, 2024). Both of these are preventable and can be prevented for very little money and forethought.

Appendix B: Western North Carolina Regional DWI Task Force — Strategic Plan

WNC REGIONAL DWI TASK FORCE STRATEGIC PLAN
RECOMMENDATIONS TO PREVENT IMPAIRED DRIVING IN RURAL
AREAS

January 7, 2022

1. Ensure that all officers are trained to detect impaired drivers and that SFST certification is included in BLET. This will ensure that impaired drivers are swiftly identified and that they are convicted.
2. Ensure that all counties have Sobriety Courts as an option for repeat offenders.
3. Collaborate with schools, churches, community clubs, etc. and provide realistic, interactive education.
4. Develop server/vendor education and collaborate with ALE to review any underage drinking cases. (Review TN law)
5. Demand that county-by-county data be provided to the public which includes the number of DWI arrests, the impairing substance identified, the number of prior convictions, the number of child passengers, their ages, whether they were restrained, and the final disposition of every case. Conviction rates matter.
6. Ensure that portable breath testing instruments are used appropriately for their intended purpose and that crime lab needs are understood by the state legislature.
7. Support all efforts to have on-call DREs in every county.
8. Explore the pros, the cons, and the feasibility of pursuing a 0.05 BAC as the legal threshold. Research the 2017 Utah statute (HB 155) and the impact, after it became effective December 30, 2018.

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