

STATE OF VERMONT

TECHNICAL ASSESSMENT

of the

IMPAIRED DRIVING PROGRAM



January 15-20, 2012

National Highway Traffic Safety Administration

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Evelyn Avant, Impaired Driving Division, National Highway Traffic Safety Administration (NHTSA), facilitated the assessment process. Gabriel Cano and Angie Byrne, NHTSA Region 1, also assisted with the facilitation of the assessment process. The team would like to thank NHTSA for helping to give a national and regional perspective to the assessment.

The team thanks each of the participants in the review for the time and energy invested in preparing and delivering their presentations. Their candor and thoroughness in discussing their activities to target impaired driving in Vermont greatly assisted the team in conducting a complete review.

The team believes this report will contribute to the State's efforts to enhance the effectiveness of its impaired driving program in preventing injuries, saving lives, and reducing economic costs of motor vehicle crashes on Vermont's roadways.

The team realizes the assessment is a review of all impaired driving activities and commends all who are involved in the day-to-day efforts to reduce impaired driving in Vermont.

INTRODUCTION

The mission of the National Highway Traffic Safety Administration (NHTSA) is to reduce deaths, injuries, and economic and property losses resulting from motor vehicle crashes. In its ongoing pursuit to reduce alcohol-related traffic crashes and subsequent fatalities and injuries, NHTSA offers Highway Safety Program Assessments to the States.

The Highway Safety Program Assessment process is a technical assistance tool that allows management to review various highway safety and emergency medical services (EMS) programs. Program assessments are provided for emergency medical services, occupant protection, impaired driving, traffic records, motorcycle safety, driver education, pedestrian safety, and police traffic services.

The purpose of the assessment is to allow State management to review all components of a given highway safety or EMS program, note the program's strengths and accomplishments, and note where improvements can be made. The assessment can be used as a management tool for planning purposes and for making decisions about how to best use available resources. The highway safety and EMS program assessments provide an organized approach, along with well-defined procedures that States can use to meet these objectives. The assessments are cooperative efforts among State Highway Safety Offices, State EMS Offices, Program Development and Delivery (PDD) Offices and NHTSA Regional Offices (RO). In some instances (e.g., EMS) the private sector is also a partner in the effort.

NHTSA staff facilitates the assessment process by assembling a Technical Assistance Team, a team of experts composed of individuals who have demonstrated competence in the specific program area being assessed to review all components of a given highway safety or EMS program, note the program's strengths and accomplishments, and note where improvements can be made.

The Technical Assistance Team examines a State's specific highway safety program based on the "Uniform Guidelines for State Highway Safety Programs," which are required by Congress and periodically updated through a public rulemaking process. Each highway safety program area is assessed using criteria based on uniform guidelines, augmented by current best practices.

The Vermont Governor's Highway Safety Program requested NHTSA's assistance in assessing the States' alcohol and drug impaired driving countermeasures program.

The Vermont Impaired Driving Assessment was conducted at the Sheraton Burlington Hotel & Conference Center in Burlington, Vermont from January 15-20, 2012. Under the direction of Mr. Ted Minall, Chief, Vermont Governor's Highway Safety Program, arrangements were made for program experts (see Agenda) to deliver briefings and provide support materials to the team on a wide range of topics over a three-day period.

BACKGROUND

The state of Vermont, located in the New England region of the northeastern United States of America, is the 6th least extensive and 49th least populous of the 50 United States. It is the only New England state not bordering the Atlantic Ocean. Lake Champlain forms half of Vermont's western border, which it shares with the state of New York. It is bordered by Massachusetts to the south, New Hampshire to the east, New York to the west, and the Canadian province of Quebec to the north. The Green Mountains are within the state. The origin of the name is “Verd Mont” meaning Green Mountain, referenced in 1647 by the French explorer Samuel de Champlain.

Originally inhabited by two major Native American tribes (the Algonquian-speaking Abenaki and the Iroquois), much of the territory that is now Vermont was claimed by France in the early colonial period. France ceded the territory to the Kingdom of Great Britain after being defeated in 1763 in the Seven Years’ War (also called the French and Indian War). For many years, the nearby colonies, especially New Hampshire and New York, disputed control of the area (then called the New Hampshire Grants). Settlers who held land titles granted by these colonies were opposed by the Green Mountain Boys militia, which eventually prevailed in creating an independent state, the Vermont Republic. Founded in 1777, the Republic lasted for fourteen years. Vermont is one of 17 U.S. states (along with Texas, Hawaii, California, and the original 13 Colonies) that once had a sovereign government. In 1791, Vermont joined the United States as the 14th state, the first outside the original 13 Colonies.

Population

According to the 2010 US Census Bureau, Vermont’s population was estimated at 625,741. The area of the State covers 9,615 square miles. The three largest cities in Vermont are Burlington, Essex and Rutland. The state capital is Montpelier, which with 7,855 people is the least-populated state capital in the country. Its most populous city is Burlington, which as of 2010 had a population of 42,417. The greater Burlington metropolitan area had a population of 211,261.

Vermont's Population

- 50.8% female
- 49.2% male

Among the 50 states and the District of Columbia, Vermont ranks:

- 2nd highest proportion of non-Hispanic Whites (94.3%)
- 41st highest proportion of Asians (1.3%)
- 49th highest proportion of Hispanics (1.5%)
- 48th highest proportion of Blacks (1.0%)
- 29th highest proportion of Native Americans (0.4%)
- 39th highest proportion of people of mixed race (1.7%)
- 28th highest proportion of males (49.2%)
- 24th highest proportion of females (50.8%)
- 2nd oldest median age (40.4 years)

The above percentages are from the 2010 Census.

Ethnicity and Language

The largest ancestry groups are:

- 23.9% French or French Canadian
- 18.6% English
- 17.9% Irish
- 10.3% German
- 7.5% Italian
- 7.0% American
- 5.0% Scottish
- 3.9% Polish
- 2.7% Scotch Irish
- 1.9% Swedish
- 1.6% Dutch
- 1.4% Russian
- 1.4% Welsh

According to the 2000 U.S. Census, 2.54 percent of the population aged five and older speaks French at home, while one percent speaks Spanish.

Climate

Vermont has a humid continental climate, with warm, humid summers and cold winters that are colder at higher elevations.

Vermont is known for its mud season in spring, followed by a generally mild early summer, hot Augusts, a colorful autumn, and particularly cold winters. The rural northeastern section (dubbed the "Northeast Kingdom") often averages 10 °F (5.56 °C) colder than the southern areas of the state during winter. The annual snowfall averages between 60 to 100 inches (1,500 to 2,500 mm) depending on elevation. The annual mean temperature for the state is 43 °F (6 °C). Vermont is the seventh coldest state in the country.

The El Nino meteorology tends to affect winters in the state with a condition known colloquially as "too cold to snow." The air is too cool to contain sufficient moisture to precipitate.

The highest recorded temperature was 105 °F (41 °C) at Vernon on July 4, 1911. The lowest recorded temperature was -50 °F (-46 °C), at Bloomfield on December 30, 1933. This is the lowest temperature recorded in New England. The agricultural growing season ranges from 120 to 180 days. The state receives between 2,000 and 2,400 hours of sunshine annually.

Transportation



Vermont welcome sign in Addison, on Route 17, just over the New York border, near the new Champlain Bridge

Vermont's main mode of travel is by automobile. In 2010, total state mileage equaled 14,078. Two and a half percent of the highways were listed as "congested," the 5th lowest in the country. Individual communities and counties have public transit, but their breadth of coverage is frequently limited. The state is served by Amtrak's *Vermont* and *Ethan Allen Express*, the *New England Central Railroad*, the *Vermont Railway*, and the *Green Mountain Railroad*. Vermont is served by two commercial airports: Burlington International Airport and Rutland Southern Vermont Regional Airport.

Traffic Fatalities and Injuries

In 2009, there were 526,709 drivers' licenses and permits in Vermont. 17,522 (3.3 percent) were issued for drivers aged 15 to 17. Forty-Nine percent of drivers were male. There were 752,539¹ registered vehicles in Vermont, of which 28,330 were motorcycles 391,207 were for passenger cars with standard plates and 135,602 were for passenger trucks.

During the period of 2005-2009, traffic fatalities declined by one percent in Vermont, compared to 16.5 percent in NHTSA Region 1 and an 18 percent decline nationwide. Three hundred and seventy-two people were killed in 343 crashes on Vermont roadways during that five year period. The rate of fatalities per Vehicle Miles Traveled (VMT) in Vermont has consistently been below the U.S. rate.

The percentage of Vermont's fatalities that were related to alcohol-impaired driving is lower than the percentage for Region 1 after 2005. Vermont's percentages have been below the percentages for the U.S. as a whole for three of the five years. In 2009, alcohol-impaired driving fatalities accounted for 31 percent of all fatalities in Vermont, up from a low of 16 percent in 2008.

¹ Department of Motor Vehicles, count of registrations on Dec 24, 2009.

Alcohol-related crashes² in 2009 accounted for 5.6 percent of all crashes. There were 716 alcohol-related crashes. Twenty-seven people died in alcohol-related crashes, and 399 were injured. Nine hundred and sixty-two vehicles and 1,223 persons were involved in alcohol-related crashes in 2009.

	2005	2006	2007	2008	2009
Alcohol-related Crashes	808	788	791	682	716
Alcohol-related Fatalities	27	25	20	20	27
Alcohol-related Injuries	455	452	449	359	399

² Defined as operator with a BAC greater than 0.0 percent or where a contributing circumstance, operator condition or an alcohol related citation is issued in a particular crash.

PRIORITY RECOMMENDATIONS

I. Program Management and Strategic Planning

I. D. Resources

- Designate a State focal point for impaired driving programs in Vermont.
-

II. Prevention

II. A. Responsible Alcohol Service

- Enact enhanced social host ordinances and/or state statute to hold adults accountable for hosting or allowing underage drinking in their homes.
-

III. Criminal Justice System

III. A. Laws

- Enact legislation that renders illegal the act of driving a vehicle with a metabolite of an illegal Schedule I or Schedule II drug in a person's body.
- Simplify the implied consent and administrative license revocation process resulting in reduced paperwork and reduced statutory advisements while protecting due process rights.
- Enact a primary seat belt law.

III. B. Enforcement

- Streamline the DUI Affidavit.
- Reinstigate and strategically deploy DUI task forces.

III. C. Prosecution

- Implement DUI Courts throughout the State

Priority Recommendations Con't.

III. D. Adjudication

- Implement DUI Courts throughout the State

III. E. 2 Administrative Sanctions and Driver Licensing Programs

- Enact night time driving restrictions and more stringent passenger restrictions to improve the effectiveness of Vermont's Graduated Driver Licensing law.
-

IV. Communications

- Develop and implement an impaired driving communications plan, in coordination with the Strategic Highway Safety Plan, the Highway Safety Plan, and the Department of Safety communications plan, that creates a comprehensive communications program which:
 - identifies target audience(s) and locales,
 - incorporates a mix of media appropriate to the target audience(s),
 - is identifiable and specific to Vermont,
 - emphasizes strong enforcement, and
 - highlights the costs and consequences of impaired driving.
-

V. Alcohol and Other Drug Misuse: Screening Assessment and Treatment

V.B. Treatment and Rehabilitation

- Implement DUI Courts throughout the State.
 - Implement a DUI tracking system.
 - Conduct an evaluation of the functioning and impact of DUI offender treatment options and systems and make modifications based on the results.
-

VI. Program Evaluation and Data

VI.A. Evaluation

- Develop evaluation protocols to determine the impact of the highway safety programs and individual strategies.

Priority Recommendations Con't.

VI. B. Data and Records

- Replicate Data-Driven Approaches to Crime and Traffic Safety (DDACTS) as a model of data use throughout the state.
- Develop and implement a DUI tracking system.

VI. C. Driver Records Systems

- Develop and implement a citation tracking system from roadside origination through adjudication to driver history file, concurrent with electronic citation implementation.

I. Program Management and Strategic Planning

Effective impaired driving programs begin with strong leadership, sound policy development, effective and efficient program management, and coordinated planning, including strategic planning. Program efforts should be data-driven, focusing on populations and geographic areas that are most at risk; are evidence-based; and determined through independent evaluation as likely to achieve success. Programs and activities should be guided by problem identification, carefully managed and monitored for effectiveness, and have clear measurable outcomes. Adequate resources should be devoted to the problem, and the costs should be borne, to the extent possible, by impaired drivers. Strategic planning should provide policy guidance; include recommended goals and objectives; and identify clear measurable outcomes, resources, and ways to overcome barriers.

A. State and Tribal DWI Task Forces or Commissions³

Advisory

States and tribal governments should convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment and coordination among all parties interested in impaired driving issues. State-level and tribal task forces and commissions should:

- *Receive active support and participation from the highest levels of leadership, including the governor and/or governor’s highway safety representative.*
- *Include members that represent all interested parties, both traditional and non-traditional, such as representatives of: government – highway safety, enforcement, criminal justice, liquor law enforcement, public health, education, driver licensing and education; business – employers and unions; the military; medical, health care and treatment; multi-cultural, faith-based, advocacy and other community groups; and others.*
- *Recommend goals and objectives, provide policy guidance and identify available resources, based on a wide variety of interests and through leveraging opportunities.*
- *Coordinate programs and activities to ensure that they complement rather than compete with each other.*
- *Operate continuously, based on clear authority and direction.*

³ See “A Guide for Statewide Impaired Driving Task Forces” (DOT HS 811 211, September 2009) for a “how to” in support of implementing, making best use of, and continuing a task force.

Status

Strategic Highway Safety Plan (SHSP) Executive Committee, Core Group and Task Teams

The oversight and development of the SHSP involves an Executive Committee, a Core Group, and Task Teams. The Executive Committee provides the overall direction to the development of the SHSP and its implementation, and it makes key policy decisions. This committee is composed primarily of the Secretary and the Commissioners of the following state agencies: Transportation (VTrans), Public Safety, Education, Health, and Labor.

The SHSP Core Group provides the continued overall management of plan development and implementation. The seven members of the SHSP Core Group meet monthly. Membership in the Core Group is limited to two agencies: VTrans and the Department of Public Safety (Governor's Highway Safety Program and Vermont State Police).

The SHSP Task Teams are responsible for the identification, implementation, and tracking of the various strategies and countermeasures associated with the SHSP. Safety partners for the Reducing Impaired Driving Task Team include: Department of Motor Vehicles, Department of Disabilities Traumatic Brain Injury, Governor's Highway Safety Program (GHSP), Department of State's Attorneys and Sheriffs, Vermont Department of Health (Alcohol and Drug Abuse Program and Project CRASH), VTrans Traffic Operations, Essex Police Department, and Department of Corrections.

Traffic Records Coordinating Committee (TRCC)

The TRCC is a multi-agency committee established to improve the quality and increase the use of traffic-related data. Membership includes, among others, managers, collectors, and users of traffic records and public health and injury control data systems. Projects coordinated by the TRCC, such as electronic citations, can significantly improve both quality and access to data essential for planning and evaluation of impaired driving programs.

Vermont Alcohol and Drug Abuse Advisory Council (VADAAC)

VADAAC is established by the Agency of Human Services, Vermont Department of Health, to promote the reduction of alcohol and other drug use and abuse, as well as associated problems. State statute determines representation from nine agencies. There are also 11 associate council members. Membership includes representatives from state agencies such as Motor Vehicles, Public Safety, Liquor Control, Health, and Education, plus treatment centers, community coalitions, and recovery centers. Because several of the members have responsibilities for highway safety programs, traffic safety issues are considered in the deliberations of this Council.

Drug Recognition Expert Advisory Council

The Council is a specialized group that focuses its attention on improvements to the expansion and implementation of the Drug Evaluation and Classification program (DEC) in the State. Its mission is highly focused on drug recognition experts, their selection and training, and implementation of the DEC.

DUI Law Enforcement Task Forces

There were law enforcement DUI task forces that operated with the support of the GHSP. These task forces incorporated multiple agencies with a focus on the nationally-designated mobilizations, high risk times of the year (e.g., Christmas/New Year's, St. Patrick's Day, Fourth of July, and day prior to hunting season), and local events (e.g., college graduations, Beer Fest, and State Fair). (See also Section III. B. Enforcement for further discussion.)

Prevention Coalitions

Stop Teen Alcohol Risk Team (START). The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP), uses funds from the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) to promote community change in enforcing underage drinking laws. The OJJDP money is used in conjunction with other community-based prevention grants to provide an improved law enforcement response. It also supports the implementation of research-based prevention being undertaken as a result of Center for Substance Abuse Prevention's (CSAP) State Incentive Cooperative Agreements and the coalitions involved in the Drug Free Communities Support projects.

Vermont has used the OJJDP money to develop one statewide, and local task forces on underage drinking called Stop Teen Alcohol Risk Teams (START). The Vermont League of Cities and Towns (VLCT) worked with ADAP staff to engage community-based law enforcement groups to increase enforcement for underage drinking prevention. Funding provides training for party dispersal and party patrols, including proactive education with party hosts regarding liability and responsibility.

Strategic Prevention Framework/State Incentive Grant (SPF/SIG). Thirty-four substance abuse prevention coalitions are currently listed on the Vermont Department of Health website. The coalitions represent a diverse membership to combat the impact of drugs, alcohol abuse, obesity and tobacco in the community. The Burlington Partnership for a Healthy Community, as an example, is:

a coalition of Burlington residents, businesses, school and college representatives, parents, youth, medical professionals, students, social service representatives, law enforcement officials, court representatives, and more...⁴

⁴ http://www.burlingtonpartnership.com/About percent20_Us.htm

Of the 34, 23 coalitions have been supported by SPF/SIG. Of the 23 SPF/SIG coalitions, approximately 20 are still functioning. Traffic safety was not formally or systematically incorporated into these coalitions. SPF/SIG funding ends this year. Given the end of this funding, it is not clear how many SPF/SIG coalitions will continue at their current level of activity. (See also Section II. B. Community-based Programs.)

Vermont has 10 community coalitions supported by Drug Free Communities funds from SAMHSA. These coalitions include involvement of many sectors of the community including law enforcement, education and health.

All of the above groups have a significant influence on impaired driving. At the state level, the SHSP Task Force has implementation and coordination capabilities. Currently, there is not a group with decision and policy-making powers to focus attention solely on the problem of impaired driving. The level of involvement of the Executive Committee members with SHSP implementation has varied since the plan was developed. Historically, there have been other high-level impaired driving committees or coalitions that formed and then ended.

The GHSP is now participating in a process to develop a state-level traffic safety alliance. Thus far, a core group developing this alliance has held preliminary meetings and has drafted a white paper outlining its purpose and structure. One of the intended purposes of this alliance is to support updates and continued implementation of the SHSP.

At both the state and local levels, existing task forces and coalitions omit essential partners who could help ensure that a comprehensive program for impaired driving is developed and implemented. At the state level, workgroups such as the SHSP Core Group and SHSP task forces are predominantly composed of state agency representatives; the private sector, local representation, schools and higher education, the judiciary, and other important partners are frequently omitted. State and local coalitions tend to lack representation from faith partners, the judiciary, and prosecution.

For impaired driving specifically, there are some local, multi-disciplinary community coalitions for traffic safety. Community involvement in the Data Driven Approaches to Crime and Traffic Safety (DDACTS) program for the city of St. Albans provides a model for other communities. Initiated by the VSP, DDACTS first formed a steering committee and then a working group composed of numerous law enforcement agencies to gather and analyze appropriate data, identify appropriate tactics for special enforcement, and work with non-law enforcement organizations to provide education and publicity and generate community support. DDACTS successfully increased criminal and traffic arrests and reduced crime. (Note: DDACTS is further described in Section III. B. Enforcement.) Unfortunately, implementation of this model is not widespread throughout the State. It does not appear that there is any system, such as community traffic safety programs, to provide a statewide, multidisciplinary network that would effectively deliver programs and coalesce resources at the local level.

Recommendations

- Implement a routine reporting and continuous feedback mechanism to ensure Commissioners and Executives are advised of updates and challenges to implementation of the Strategic Highway Safety Plan and related plans such as the Highway Safety Plan.
- Expedite the development and operation of a state-level traffic safety alliance that can drive the coordination, enhancement, and implementation of best practices in traffic safety, especially for impaired driving.
- Develop and implement a local network system, in addition to law enforcement, to serve as an outlet for traffic safety program implementation, particularly as it relates to impaired driving.
- Organize DUI law enforcement task forces to regionally and locally coordinate and combine enforcement resources.
- Coordinate impaired driving efforts with the underage drinking prevention activities of the various prevention coalitions at the local level.
- Conduct a focused review of existing task forces and coalitions, determine needed membership, and proactively gain the participation of additional partners.

B. Strategic Planning

Advisory

States should develop and implement an overall plan for short- and long-term impaired driving activities. The plan and its implementation should:

- *Define a vision for the state that is easily understood and supported by all partners.*
- *Utilize best practices in strategic planning.*
- *Be based on thorough problem identification that uses crash, arrest, conviction, driver record and other available data to identify the populations and geographic areas most at risk.*
- *Allocate resources for countermeasures determined to be effective that will impact the populations and geographic areas most at risk.*
- *Include short-term objectives and long-range goals. Have clear measurable outcomes.*

- *Be an integral part of or coordinate with and support other state plans, including the Highway Safety Plan and Strategic Highway Safety Plan.*
- *Establish or adjust priorities based on recommendations provided to the state as a result of reviews and assessments, including this impaired driving assessment.*
- *Assign responsibility and accountability among the state's partners for the implementation of priority recommendations.*

Status

Strategic Highway Safety Plan (SHSP)

Vermont's SHSP was initiated in 2006 through a collaborative effort among over a hundred highway safety stakeholders. Reducing impaired driving has been designated as a priority area for the SHSP. The SHSP goal for impaired driving is to reduce the number of fatalities where the operator had a 0.08 BAC or higher to 15 in 2011. Goal setting for the SHSP was limited by having to use three-year old data. With the implementation of electronic crash reporting, goal setting can now be accomplished with current crash data.

In January 2011, Vermont completed a peer exchange sponsored by the Vermont Agency of Transportation (VTrans). The peer exchange convened Vermont's Strategic Highway Safety Plan Core Group to discuss the strengths and weaknesses of Vermont's current SHSP and to identify the opportunities and next steps for updating Vermont's plan. Vermont's goal is to create a plan that will engage leadership and provide guidance for programs and policies. The process for updating the SHSP has not yet been fully detailed.

Highway Safety Plan (HSP)

Vermont's HSP addresses the federally-designated highway safety priority areas and describes the projects and funding planned per federal fiscal year. Many state and local partners engage in Vermont's HSP planning process, including divisions of the Department of Health, Department of Liquor Control, and those partners involved in the SHSP planning process such as VTrans and Vermont's single metropolitan planning organization. The Division of Alcohol and Drug Abuse Programs (ADAP) of the Department of Health has become a new partner in planning for underage drinking prevention and graduated licensing offenses.

The HSP expresses a clear and encompassing goal: *Towards Zero Deaths*. This goal incorporates impaired driving efforts as well as all other traffic safety initiatives.

The SHSP and the HSP list four strategies to reduce impaired driving:

- Improve the public awareness of impairment
- Convince the public that DUI apprehension is likely
- Improve the public awareness of the consequences of impaired driving
- Convince the public that punishment is likely

These strategies are focused solely on public awareness, but they are not the only strategies implemented. The original intent of strategy development was to highlight those areas considered to be most in need of attention. Other strategies that were considered to be already strongly implemented, such as impaired driving enforcement, were not included. This approach to strategic planning is subsequently being adjusted such that updates to the plan will reflect a more comprehensive approach that also more accurately reflects what is being accomplished.

The strategic goal for impaired driving has been updated in the 2012 HSP. By December 31, 2012, Vermont plans to decrease by 4.8 percent the three-year average number of fatalities in crashes involving a driver or motorcycle operator with a BAC of 0.08 and above from 14.8 in 2008 through 2010 to a three-year average of 14.0.

Goals for the SHSP and the HSP were targeted by using trend data with a three-year span. The three year average was acquired from the previous three years for which data were available. Because the n for the number of impaired driving fatalities is so small, there is considerable volatility in this data. The three years selected may or may not be representative of long-term trends in the data. Additionally, no consideration was made of environmental factors, such as an aging population or increase in drug use in the driver population.

An additional performance measure, number of impaired driving arrests, is also included in the 2012 HSP. The goal for this measure is that “Vermont will report actual data and trends of its three year average of DUI arrests during grant-funded enforcement activities.”

Eleven projects were planned for the federal fiscal year (FY) 2012 HSP with a project potentially having more than one grant. For example, it is not clear from the HSP how many local grants for DUI enforcement will be funded or where these will occur. It is also not clear from the HSP what objectives are expected to be met by the planned projects.

The projects selected for FY 2012 represent a departure from the 2011 program. Two projects to assess and upgrade the state’s breath test program have been added. Funding support for an advocacy organization, the Simulated Impaired Driving Experience (SIDNE) program, and the Underage Drinking & Driving/Novice Driver Education project are no longer included. There is no project, such as judicial training, in support of adjudicating impaired drivers. This shift may appropriately reflect new responsibilities

and needs for the breath test program. However, it does not appear that the State federally-funded impaired driving program includes a comprehensive approach that incorporates enforcement, public information, education, adjudication, and advocacy.

Commercial Vehicle Safety Plan (CVSP)

The CVSP is the annual plan for the State's Commercial Motor Vehicle Safety Program operated by the Department of Motor Vehicles. For FY 2012, primary activities include impaired driving enforcement, including inspector training and a drug detection canine; verification of motor carrier records and authorizations; driver and vehicle inspections, traffic enforcement, compliance reviews, and motor carrier training. The CVSP planning process is not strongly linked to either the SHSP or HSP planning processes.

Traffic Records Strategic Plan

The working group of the Traffic Records Coordinating Committee completed *Vermont's Traffic Records Strategic Plan* for the application for a Section 408 grant to the National Highway Traffic Safety Administration (NHTSA). The Plan was developed as required for the NHTSA grant program to improve State traffic safety information systems under Section 2006 of the Safe, Accountable, Flexible, Efficient, Transportation Equity Act: A Legacy for Users (SAFETEA-LU).

This plan identifies systems' deficiencies, defines projects to be implemented, determines priorities for those projects, and identifies responsible entities. The Plan describes performance-based measures, but it does not relate these measures to the individual projects.

Other Strategic Plans

State agencies and state programs (for example, Vermont State Police, ADAP, and VTrans) also develop and implement their own strategic plans.

Recommendations

- Define and implement a process to update the *Strategic Highway Safety Plan*.
- Establish achievable goals for impaired driving using long-term crash trend data, incorporating implications of trends in population and environmental factors.
- Develop and implement a strategic impaired driving plan which identifies critical gaps in the support systems, define strategies, identifies priority projects and allocates resources to build a comprehensive program.
- Link all of Vermont's highway safety planning, including commercial motor vehicle and traffic records, to the *Strategic Highway Safety Plan* through integrated planning processes, shared goals, and mutually supportive activities.

- Include specific, measurable, action-oriented, realistic, and time-framed (SMART) objectives in all State strategic plans that impact impaired driving.
- Continue to identify and incorporate new partners to participate in the various planning processes.
- Create and implement steps in planning processes to routinely incorporate updates and make needed changes so that all plans continue to be living, useful documents.

C. Program Management

Advisory

States should establish procedures and provide sufficient oversight to ensure that program activities are implemented as intended. The procedures should:

- *Designate a lead agency that is responsible for overall program management and operations;*
- *Ensure that appropriate data are collected to assess program impact and conduct evaluations;*
- *Measure progress in achieving established goals and objectives;*
- *Detect and correct problems quickly;*
- *Identify the authority, roles, and responsibilities of the agencies and personnel for management of the impaired driving program and activities; and*
- *Ensure that the programs that are implemented follow evidence-based best practices.⁵*

Status

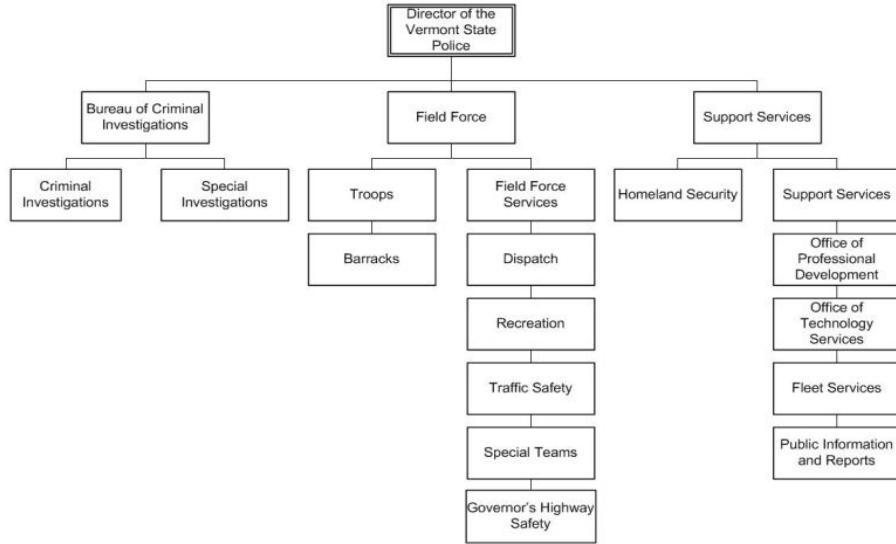
Organization and Personnel

The Vermont Governor’s Highway Safety Program (GHSP) administers the State’s highway safety program, awarding state and federal highway safety grant funds to local and state agencies and non-profit organizations for projects to improve highway safety and reduce deaths and serious injuries due to crashes. The staff of the GHSP manages the state highway safety program by reviewing and monitoring grant programs, coordinating special programs such as the Child Passenger Safety or the Drug

⁵ See “Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Offices,” Sixth Edition, 2011.

Recognition Expert (DRE) police officer programs, and by providing guidance and oversight to state and local agencies.

Organizationally, the GHSP is part of the Vermont State Police (VSP), which is one of four divisions within the Department of Public Safety (DPS). The DPS Commissioner serves as the Governor’s Highway Safety Representative. (See organization chart below.)



During the last two years, the GHSP has been impacted by a “perfect storm” consisting of a decline in staffing; turnover in and temporary leadership; and a devastating hurricane/flood that wiped out records, equipment, and materials and required a temporary move in offices. During the same timeframe, the GHSP experienced organizational change with a transfer within DPS to the VSP. For a time, the office was reduced to two staff members. It is a credit to those individuals that the program continued under such challenging circumstances. The program’s greatest needs at this point are continuity in leadership, consistency of operations, and full staffing.

At full staffing, the GHSP consisted of a chief, two program coordinators, a public information officer, and a grants management specialist. The program had been assisted by three law enforcement liaisons (LELs) and one traffic safety resource prosecutor (TSRP). One LEL is currently serving and the TSRP position is vacant. [Note from the GHSP: Subsequently, a new TSRP has been selected and will begin work on February 6, 2012.]

After approximately two years of operating under interim chiefs, VSP hired a new chief as of November 2011. This individual brings to the position a strong background in highway safety and law enforcement, positive relations within Vermont, and strong ties to the National Highway Traffic Safety Administration. The hiring of a program coordinator and the TSRP is underway. GHSP expects to hire a second LEL soon. DPS recently formed a new grants management office and hired a grants management specialist assigned specifically to the highway safety program. One law enforcement

specialist will be hired to assist with traffic records and law enforcement grants. In addition to the GHSP public information officer, the VSP information officer is available to provide support for the program. It appears that as quickly as possible the GHSP is building its personnel resources to achieve full capacity. With new leadership, new staff, and a new organizational structure for the GHSP, it will be important to clearly delineate the roles and responsibilities among these new staff members and contracted personnel and between GHSP and other VSP staff. The GHSP chief will be participating in various administrative and management training. Other staff and contracted employees, both new and current, could also benefit from whatever training might be available through the State, from the federal government, and from other sources.

Stability for the office will also be enhanced by an upcoming move to a permanent location within the headquarters of the VSP.

Planning

The GHSP uses an application and award process for grant funds. The planning process peaks during January through May with review of data and assessments, identification of key program areas, strategic planning and listening sessions, and proposal review and recommendations.

To develop the impaired driving program for the Highway Safety Plan (HSP), the GHSP first determines what funding will be allocated to on-going and necessary areas, such as personnel staffing and overhead. It then proceeds with a two-track system: one for law enforcement projects and one for non-law enforcement projects. For law enforcement projects, data (crash and citation) are available. Compared to other types of projects, law enforcement projects are relatively uniform in their structure and operations. The law enforcement track is targeted and proactive; the GHSP sends out an application invitation to every law enforcement agency in the State. For potential applicants other than law enforcement, the GHSP issues a Request for Proposal (RFP) that is publicized with ads in various newspapers.

HSP project selection is then made on the basis of a competitive grant application process. The grant application process, detailed instructions for completion of a grant application, links to necessary forms, and a link to the Highway Safety Grant Management Manual are all available online through the Governor's Highway Safety Program's website at <http://ghsp.vermont.gov/grants>. These documents are generally in PDF or Word and are not interactive online. Applications can be submitted electronically via email.

Project selection is based on analyses of the following factors:

- Is the project and supporting data relevant to your area of influence?
- Is the problem adequately identified?
- Is the problem identification supported by accurate and relevant data?
- Will this project save lives and reduce serious crashes?
- Are the goals and objectives realistic and achievable?
- Is this project cost effective?
- Is the evaluation plan sound? (Is the performance/progress measurable?)
- Is there a realistic plan for self-sustainability (if applicable)?

Project applicants are encouraged to draw from a variety of sources for data to support their applications. As described in the GHSP's Grant Application Guidelines, these sources might include crash data, crime data, behavioral data such as the Youth Risk Behavioral Survey, and health data such as emergency medical data and hospital records.

Applicants are required to attend a half-day, GHSP-sponsored workshop to be considered for a highway safety grant. These workshops provide essential information regarding grant requirements and provide assistance in completing the grant application.

Last year, GHSP held a workshop specifically for non-law enforcement applicants to strengthen the relationship among problem identification, project objectives, and outcomes. At this workshop, the applicants were introduced to the logic model approach for ensuring projects were data-driven and focused on impact-related performance measures. The intent of using a logic model is to provide a systematic and visual way to present and share an understanding of the relationships among the resources to operate a program, the activities planned, and the changes or results to be achieved.⁶ In using a logic model approach, it is critical and necessary to ensure that the outcomes stated will realistically result from the activities planned.

Applications are reviewed by one of two committees, depending on whether the applications are for law-enforcement or non-law enforcement projects. Law enforcement applications are reviewed by a seven-member group composed of two police chiefs, two sheriffs, two members of the VSP, and one representative from the Department of Motor Vehicles. GHSP staff and the DPS grants specialist will support this committee. For non-law enforcement applications, the review committee will consist primarily of GHSP staff and the DPS grants specialist. GHSP is considering a point system to help determine which projects should be selected for funding.

Only one-year applications are considered for funding. This limitation provides for time-framed control over projects and may be most appropriate as long as federal funding is in a state of flux and dependent on continuing resolutions. However, one-year grants may also impose a barrier to longer-term planning and projects, impede the flow of funds to those areas in need, and create additional unnecessary paperwork and staff time.

⁶ W.K. Kellogg Foundation, *Logic Model Development Guide*, January 2004, p. 1.

The GHSP has accrued a significant amount of carry-forward funds in the program. This situation is well-documented in the 2012 *Highway Safety Plan*. Concurrently, program planning and implementation have been impeded by the lack of federal budgetary authorization that has required the program to operate under an extended series of Continuing Resolutions (CR) that provide approval for only portions of funding allocations. To address the carry-forward funds issue, as well as to minimize disruptions caused by the continued series of CRs, the GHSP established a policy to maintain a one-year balance of Section 402 funds and a one-year balance of other designated funds. A one year-balance ensures a full year of funding for highway safety projects. It reduces the risk of projects being cancelled, projects failing to start, and the loss of personnel. Conversely, it also keeps funds from projects that otherwise might benefit from them. Determining the amount of carry-forward funds is a delicate balance between program continuation and project needs.

Monitoring and Evaluation

Evaluation of projects is a requirement to receive grant funds. According to the GHSP Grant Application Guidelines, an applicant must detail how the project is being effectively implemented and how it will be measured. The application must:

- 1) Identify what measurable data or information will be used to clearly demonstrate what change has occurred as a result of the project. This could include a data point just before the project starts and at the end of the project period. Possible data sources include: crash data, citation data showing decreases or increases, course evaluations or pre-project versus post-project survey comparisons.
- 2) Use project documents to show what the project is accomplishing. This could include, for example, the number of people trained or certified, course rosters, enforcement event results, newspaper coverage or membership rosters, etc.⁷

Projects are monitored primarily through reports submitted by subgrantees as described in the GHSP Highway Safety Grant Overview and Requirements. Quarterly reports and an Annual Report are required. A quarterly report must include an evaluation of the progress made toward each objective, activities which have been started or completed, and/or an explanation if no activity has begun. An annual report is a summary of all activities and the progress toward or achievement of each objective. The grants manager in the GHSP tracks the on-going efforts of projects. If a law enforcement project begins to indicate any problem through the grant tracking, the grants manager will share that information with the LEL who will then communicate with the agency to remedy the situation. For other projects, the grants manager may address the situation or refer it to other personnel.

As required, the GHSP submits an *Annual Report* to the National Highway Traffic Safety Administration. This report describes the programs and projects implemented, provides

⁷ <http://ghsp.vermont.gov/grants>

information on expenditures, and indicates progress toward established goals. For FY 2011 the impaired driving goal was exceeded. The goal was to decrease the three year (2008 – 2010) average of fatalities in crashes involving a driver or motorcycle operator with a BAC of 0.08 and above from 20.0 to 18.75. The three-year average from 2008 – 2010 declined to 16.3.

Project and program evaluation is conducted through annual review of crash data. Evaluation is also supported by public attitude surveys and a law enforcement data analyst who provides information to law enforcement agencies. An independent contractor evaluates the reach of media buys purchased by the GHSP. (Additional information and discussion of evaluation is included in subsequent sections of this assessment, including Section VI. Evaluation.)

Recommendations

- Continue with hiring processes to fully staff the Governor’s Highway Safety Program office and contracted personnel.
- Delineate clear roles and responsibilities for all personnel with assignments supporting the highway safety program.
- Provide training in highway safety program and grant management, planning and monitoring, and team-building for highway safety personnel, including Governor’s Highway Safety Program, Vermont State Police, and Department of Public Safety staff; contracted personnel, such as Law Enforcement Liaisons; and subgrantees.
- Consolidate the grant application and selection process, targeting those agencies and geographic areas identified through problem identification that have the greatest potential to impact the State’s impaired driving problem.
- Use a logic model approach to greatest effect by carefully reviewing the proposed cause and effect relationships from resources/inputs through activities, outputs, and outcomes to impact.
- Implement an e-grants system that would allow online grant applications and reporting.
- Plan, develop, and implement multi-year grants that include safeguard provisions to prevent the reimbursement of funds when grant funds are unavailable or when a project is failing to meet its goals.
- Conduct budgetary and cash-flow analyses to determine the amount of carry-forward funds that best achieves a balance between program continuation and project needs.

D. Resources

Advisory

States should allocate sufficient funding, staffing and other resources to support their impaired driving programs. Programs should aim for self-sufficiency and, to the extent possible, costs should be borne by impaired drivers. The ultimate goal is for impaired driving programs to be fully supported by impaired drivers and to avoid dependence on other funding sources.

States should:

- *Allocate funding, staffing and other resources to impaired driving programs that are:
 - *Adequate to meet program needs and proportional to the impaired driving problem;*
 - *Steady and derived from dedicated sources, which may include public or private funds; and*
 - *Financially self-sufficient, and to the extent possible paid by the impaired drivers themselves. Some States achieve financial self-sufficiency using fines, fees, assessments, surcharges or taxes. Revenue collected from these sources should be used for impaired driving programs rather than returned to the State Treasury or General Fund.**
- *Meet criteria to enable access to additional funding through various incentive programs.*
- *Identify opportunities and leverage resources on behalf of impaired driving efforts.*
- *Determine the extent and types of resources available from all sources (local, state, and federal; public and private) that are dedicated to impaired driving efforts.*
- *Designate a position and support the individual in that position with sufficient resources to adequately serve as a focal point for impaired driving programs and issues.*

Status

Vermont is one of the few states in the country which directly and significantly supports its impaired driving program from state funds allocated from monies paid by offenders. Fines and fees in Vermont may come from the following sources:

- Fines for DUI Conviction --
 - 1st offense – up to \$750.
 - 2nd offense – up to \$1,500.
 - 3rd offense – up to \$2,500.
 - Fourth or subsequent offense – up to \$5,000.
 - Death resulting – up to \$10,000.

- Surcharges
Effective March 1, 2012, several surcharges shall be added to a DUI conviction or test refusal.
 - A surcharge of \$60 shall be transferred to the Department of Health for the laboratory services special fund.
 - A surcharge of \$60 shall be transferred to the Department of Public Safety for the blood and breath alcohol testing special fund.
 - A surcharge of \$50 shall be transferred to the Office of Defender General for the public defender special fund.
 - A surcharge of \$50 shall be credited to the DUI enforcement fund.

Vermont's DUI Enforcement Fund was established under Title 23 V.S.A. § 1220a. Monies for this fund come from DUI fines, two percent of fuel taxes on gasoline, and any additional funds transferred or appropriated. These funds are managed by the GHSP and granted to municipalities or law enforcement agencies for innovative programs designed to reduce DUI offenses with priority given to grants requested jointly by more than one agency. \$450,000 has been received by GHSP for the DUI Enforcement Fund.

In addition, 23 VSA § 1220b established the blood and breath alcohol testing special fund for the State's DUI breath testing program with monies coming from the \$60 per conviction surcharge assessed to DUI offenders. Over five million dollars is expected from these funds this fiscal year.

For FY 2012, the GHSP has planned \$2.6 million of Section 164 and Section 410 funds in projects within the Alcohol & Other Drugs Program Area of the *Highway Safety Plan* (HSP) for the impaired driving program. Of this, funds are planned for the following:

State and local law enforcement	\$ 2,017,844
Drug Recognition Program	108,000
Paid media	167,500

Traffic Safety Resource Prosecutor	96,000
Laboratory Support Program	121,500
Assessments (2)	110,000
TOTAL	\$ 2,620,844

This listing does not include those projects within the Law Enforcement Support Activities program area of the HSP, such as the Preliminary Breath Test Repair Fund, or those projects that benefit multiple program areas of the HSP, including impaired driving prevention, such as the Local Law Enforcement Educational Programs, the Workplace Traffic Safety Program, Law Enforcement Liaisons, and others. This listing also does not include \$900,000 “carry-forward reserve” of Section 410 funds which is not allocated to specific projects. Impaired driving projects in the HSP funded by Section 402 are allocated using various accounting codes and planned in program areas outside the Alcohol & Other Drugs Program Area. Therefore, it is very difficult to determine how much funding is contributing to this effort and whether it is an appropriately proportional amount.

In addition to having dedicated state funding, the GHSP has been successful in meeting other grant funding criteria, enabling the receipt of funds from 23 USC Chapter 4, Section 410, Alcohol-impaired driving countermeasures, and Section 408, State Traffic Safety Information System Improvements Grants.

Several individuals both within and outside of the GHSP have significant involvement and responsibility for impaired driving programs. As such, it is difficult to determine where and with whom the focal point for this area resides.

There is some evidence of local private involvement in underage drinking prevention coalition activities. There is little indication of private sector support for impaired driving efforts on a statewide or large-scale basis. Some of Vermont’s largest employers who might be tapped to be partners in impaired driving efforts include:

- Ben & Jerry's
- BioTek Instruments, Inc., a global leader in the development, manufacture and sale of microplate instrumentation and software, headquartered in Winooski
- BlueCross BlueShield of Vermont (BCBSVT) - the state's only Vermont-based health coverage carrier, headquartered in Montpelier
- Bruegger's Bagels - corporate headquarter in Burlington
- Burton Snowboards, headquartered in Burlington
- Cabot Creamery, headquartered in Montpelier
- Central Vermont Medical Center (CVMC) is the primary health care provider for central Vermont, located in Barre

- Peoples United Bank out of Bridgeport, CT, Vermont's largest full-service bank with more than 50 offices and 670 employees throughout the state, headquartered in Burlington
- Fletcher Allen Health Care, both a community hospital and, in partnership with the University of Vermont, the state's academic health center, based in Burlington
- –GE Aviation Rutland Operations
- Green Mountain Coffee, Inc., a leader in the specialty coffee industry headquartered in Waterbury
- Green Mountain Power (GMP) sells electricity and energy services and products to about one-fourth of Vermont's retail electricity customers, serving half of the state's 14 counties, based in Colchester
- Hubbardton Forge - domestic lighting and accessories manufacturing company with over 230 professionals, located in Castleton
- Killington Resort
- Northwestern Medical Center (NMC) in St. Albans
- Rutland Regional Medical Center
- Visiting Nurse Association of Chittenden & Grand Isle Counties (VNA) located in Colchester
- World Learning, an international, not-for-profit organization dedicated to promoting international understanding, peace, and social justice through advocacy, education, training, and field projects, headquartered in Brattleboro⁸

Recommendations

- Designate a State focal point for impaired driving programs in Vermont.
- Garner private sector, corporate and business sponsorships and support of events, programs, and campaigns.
- Complete an inventory of federal, state and local resources dedicated to impaired driving, including a directory of agencies, organizations, programs, and their primary contacts; distribute this information to all those involved in impaired driving programs.

⁸ http://www.jobbankusa.com/jobs/vermont_vt/job_employment_largest_employers.html

II. Prevention

Prevention programs are most effective when they utilize evidence-based strategies, that is, they implement programs and activities that have been evaluated and found to be effective or are at least rooted in evidence-based principles. Effective prevention programs are based on the interaction between the elements of the public health model: 1) using strategies to develop resilient hosts, e.g., increase knowledge and awareness or altering social norms; 2) reducing exposure to the dangerous agent (alcohol), e.g., alcohol control policies and; 3) creating safe environments, e.g., reducing access to alcohol at times and places that result in impaired driving. Prevention programs should employ communication strategies that emphasize and support specific policies and program activities.

Prevention programs include responsible alcohol service practices, transportation alternatives, and community-based programs carried out in schools, at work sites, in medical and health care facilities and by community coalitions. Programs should prevent underage drinking or drinking and driving for persons under 21 years of age, and should prevent over-service and impaired driving by persons 21 or older.

Prevention efforts should be directed toward populations at greatest risk. Programs and activities should be evidence-based, determined to be effective, and include a communication component.

A. Responsible Alcohol Service

Advisory

States should promote policies and practices that prevent underage drinking and over-service by anyone.

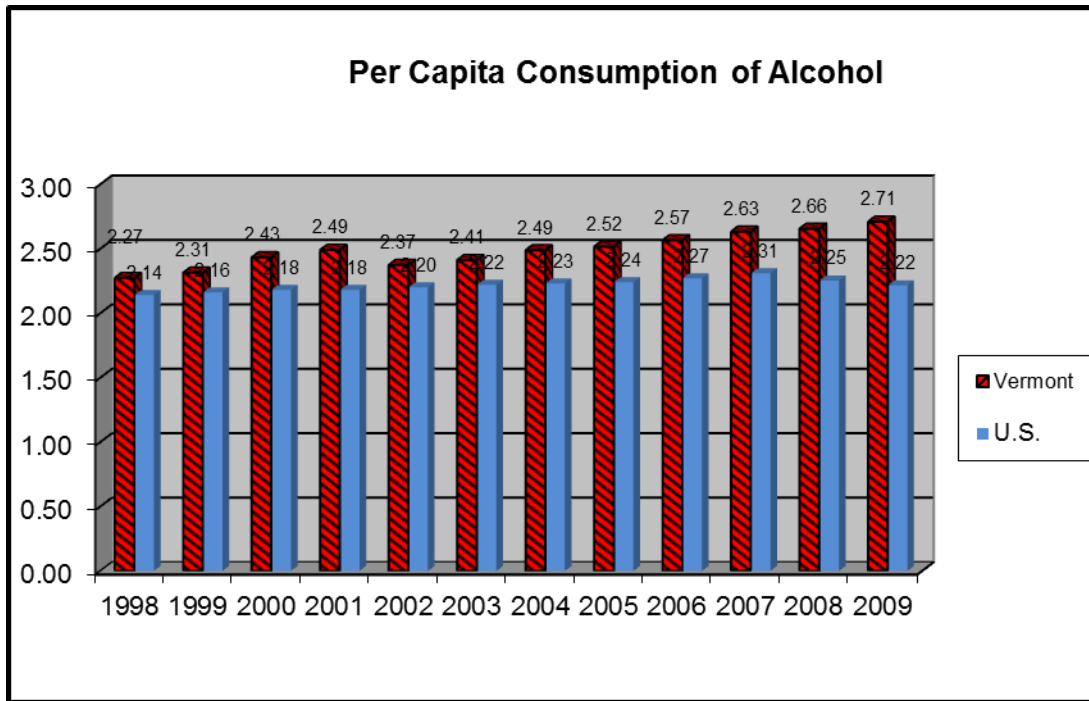
States should:

- *Adopt and enforce programs to prevent sales or service of alcoholic beverages to persons under the age of 21. Conduct compliance checks and “shoulder tap” activities and support the proper use of technology in alcohol retail establishments, particularly those catering to youth, to verify proper and recognize false identification.*
- *Adopt and enforce alcohol beverage control regulations to prevent over-service, service in high risk situations and service to high-risk populations. Prohibit service to visibly intoxicated patrons; restrict alcohol sales promotions, such as “happy hours”; limit hours of sale; establish conditions on the number, density, and locations of establishments to limit impaired driving, e.g., zoning restrictions; and require beer keg registration.*

- *Provide adequate resources including funds, staff, and training to enforce alcohol beverage control regulations. Coordinate with state, county, municipal and tribal law enforcement agencies to determine where impaired drivers had their last drink and use this information to monitor compliance with regulations.*
- *Promote responsible alcohol service programs, written policies, and training.*
- *Provide responsible alcohol service guidelines such as best practices tool kits to organizations that sponsor events at which alcohol is sold or provided.*
- *Encourage alcohol sales and service establishments to display educational information to discourage impaired driving and to actively promote designated driver and alternative transportation programs.*
- *Hold commercial establishments and social hosts responsible for damages caused by a patron or guest who was served alcohol when underage or visibly intoxicated.*

Status

Estimated per capita consumption of alcohol in Vermont (2009) was above the national average. The consumption rate for the population age 14 and older was the equivalent of 2.71 gallons of ethanol compared to the national average of 2.22 gallons. Alcohol consumption in Vermont is over 18 percent greater than the national average. Nationally, alcohol consumption over the past decade was fairly steady with some decreases between 2007 and 2009. However, Vermont has seen a steady increase in per capita consumption since 2002. (Fig. 2-A-1) Per capita consumption estimates are based on taxed sales of alcoholic beverages up to 2009, the last year for which complete data are available.



Year	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Vermont	2.27	2.31	2.43	2.49	2.37	2.41	2.49	2.52	2.57	2.63	2.66	2.71
U.S.	2.06	2.09	2.10	2.10	2.13	2.15	2.19	2.19	2.23	2.25	2.25	2.22
Difference	9.2%	9.9%	13.7%	15.6%	10.3%	10.8%	12.2%	13.1%	13.0%	14.6%	15.3%	18.3%

Fig. 2-A-1

According to the *State Of Vermont Substance Abuse Assessment and Epidemiological Profile* (March 2011), “Vermont prevalence rates are among the highest in the nation for underage drinking, underage binge drinking, young adult drinking, young adult binge drinking, and marijuana use across all age groups.” The report documents alarming rates of drinking and binge drinking (five or more drinks on a single occasion) among college students and other young adults. Three of four (74.6%) underage college students reported drinking and more than half (54.0%) reported binge drinking. Among college students 21 or older, nine of ten (90.5%) reported drinking and two of three (66.2%) reported binge drinking.

Alcohol is by far the most frequently cited substance in substance abuse-related diagnoses at hospital discharge and is overwhelmingly the most common substance present in individuals treated in Vermont’s level I trauma center.

The Vermont Department of Liquor Control (DLC) purchases, distributes, and sells distilled spirits through its 76 agency stores; enforces Vermont's alcohol and tobacco statutes, with a strong emphasis on limiting youth access; educates licensees; and promotes responsibility. The Liquor Control Board consists of three persons who are

appointed by the Governor. The Liquor Control Board makes rules regarding the sale and serving of alcohol.

DLC also monitors private retailers to whom they issue one of three major classes of licenses. These include: 1st Class Beer and Wine On-Premise; 2nd Class Beer and Wine Off-Premise; and 3rd Class Spirituous Liquor On-Premise. Other licenses include manufacturers, bottlers, wholesale dealer, caterers, certificate of approval for malt and vinous beverages, solicitor's permits, etc., and are issued directly by the DLC.

Class 1 and 3 licensees (on-premise) are permitted to sell alcohol between 8:00 am and 2:00 am while class 2 licensees (off-premise) are permitted to sell between 6:00 am and midnight.

All employees of licensed outlets who serve alcohol are required to complete a responsible alcohol service class which must be repeated every two years. DLC does not mandate a single curriculum but does offer classroom and on-line courses (stores only) to meet the requirement. In addition to the responsible service training requirement, all liquor license applicants must be trained by a Liquor Control Investigator prior to a liquor license being issued.

Vermont does not allow Happy Hours or any promotion that offers the sale of alcohol at reduced price.

DLC regulations also restrict advertising by requiring that:

All copy used in the advertising of alcoholic liquors, including malt and vinous beverages, and including inside and outside signs, shall comply with the current Federal Regulations regarding same, and shall additionally comply with those regulations hereinafter set forth. An advertisement shall not contain:

- a. Any statement that is false or misleading in any material particular.
- b. Any statement that is disparaging of a competitor's product.
- c. Any statement, design, device or representation which is obscene or indecent.
- d. Any statement, design, device or representation which includes violence in any form.
- e. Any statement, design, device or representation which is so appealing to persons under the legal age as to encourage the purchase, possession or consumption of alcoholic beverages.
- f. Any statement, design, device representing that the use of any malt or vinous beverage has curative or therapeutic effects, if such statement is untrue in any particular, or tends to create a misleading impression.
- g. Advertisement of two or more different brands or lots of malt or vinous beverages in one advertisement, or in two or more advertisements in one issue of a periodical or a newspaper or in one piece of other written, printed or graphic matter, if the advertisement tends to create the

impression that representations made as to one brand or lot apply to the other or others, and if as to such latter the representations are in any respect untrue.

h. Any statement, design, device or pictorial representation of or relating to, or capable of being construed as relating to the armed forces of the United States, or of the American Flag or of any emblem, seal, insignia, or decoration associated with such flag or armed forces; nor shall any advertisement contain any statement, device, design or pictorial representation of or concerning any flag, seal, coat of arms, crest or other insignia likely to mislead the consumer to believe that the product has been endorsed, made, or used by, or produced for, or under supervision of, or in accordance with the specifications of the government, organization, family, or individual with whom such flag, seal, coat of arms, crest or insignia is associated.

The extent to which these advertising regulations are enforced is unclear.

Vermont has keg registration regulations that require all malt beverage kegs to have an identification tag that allows tracking the keg to the point of sale. In addition, retailers must require proof of identification and a deposit fee from all purchasers. Only the person who has given identification can return the keg for return of deposit.

Vermont has a Dram Shop statute that holds licensed providers liable for damages caused by underage or intoxicated individuals served at the licensed establishment.

The website, www.Socialhostliability.com, provides the following summary of Vermont's social host statutes.

I. A social host may be held liable for the actions of an intoxicated minor if the host "knowingly furnishes" intoxicating beverages to such minor.

7 §501(g)(2)1202

II. Also, via common law negligence, a social host who furnishes alcoholic beverages to a visibly intoxicated guest may be liable to a third person for injuries caused by such guests. 1203 Langle v. Kurkul, 510 A.2d 1301 (Vt. 1986)

A licensee may be liable for the injuries sustained by an intoxicated patron. Estate of Kelly v. Moguls, Inc., 632 A.2d 360 (Vt. 1993). However, a social host is not liable for the injuries sustained by an intoxicated guest. Langle v. Kurkul, 510 A.2d 1301 (Vt. 1986).

While Vermont has statewide social host statutes, some municipalities are considering enhanced social host ordinances that would hold individuals liable for damages caused to or by underage drinkers who consume alcohol in their home. The liability would extend to any adult who allows or fails to take action to prevent access to alcohol, e.g., underage drinking parties in his or her home.

Vermont statutes prohibit open containers of alcohol in motor vehicles.

The DLC Enforcement section is charged with investigating violations of liquor laws and regulations and carrying out law enforcement activities related to these incidents. Comprising a team of investigators and supporting staff and working closely with other law enforcement agencies, the Enforcement section also conducts compliance checks to deter sales of alcohol to minors.

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) uses funds from the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) Enforcing Underage Drinking Laws (EUDL) block grant to promote community change in enforcing underage drinking laws. The OJJDP money is used in conjunction with other community based prevention grants, to provide an improved law enforcement response. Vermont has used EUDL funds to develop a statewide taskforce on underage drinking Stop Teen Alcohol Risk Team (START). The Vermont League of Cities and Towns (VLCT) worked with ADAP staff to engage community-based law enforcement groups (regional START teams) in increasing the levels of enforcement for underage drinking. START implements party patrol enforcement efforts, special enforcement at high-risk times, e.g., prom, and collaborates with DLC on compliance checks.

Recommendations

- **Enact enhanced social host ordinances and/or state statute to hold adults accountable for hosting or allowing underage drinking in their homes.**
- Enforce alcohol advertising regulations.

B. Community-Based Programs

B-1 Schools

Advisory

School-based prevention programs, beginning in elementary school and continuing through college and trade school, can play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant and coordinated with drug prevention and health promotion programs.

States should:

- *Implement K-12 traffic safety education, with appropriate emphasis on underage drinking and impaired driving, as part of state learning standards and comprehensive health education programs;*
- *Promote alcohol-and drug-free events throughout the year, with particular emphasis on high-risk times, such as homecoming, spring break, prom and graduation;*
- *Establish and enforce clear student alcohol and substance use policies including procedures for intervention with students identified as using alcohol or other substances, sanctions for students using at school, and additional sanctions for alcohol and substance use by students involved in athletics and other extra-curricular activities;*
- *Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI) to school personnel such as resource officers, health care providers, counselors, health educators and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs;*
- *Encourage colleges, universities and trade schools to establish and enforce policies to reduce alcohol, other drug, and traffic safety problems on campus, and to work with local businesses and law enforcement agencies to reduce such problems in neighboring communities;*
- *Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI), to college personnel such as student affairs, student housing, health care providers, counselors, health educators and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs; and*
- *Establish and support student organizations that promote traffic safety and responsible decisions; encourage statewide coordination among these groups.*

Status

According to the *State Of Vermont Substance Abuse Assessment and Epidemiological Profile* (March 2011), “Vermont prevalence rates are among the highest in the nation for underage drinking, underage binge drinking, young adult drinking, young adult binge drinking, and marijuana use across all age groups.”

Every other year, since 1993, the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (DADAP) and the Department of Education (DOE) Student Health and Learning Team sponsor the Vermont Youth Risk Behavior Survey

(YRBS). The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The survey is part of a larger effort to help communities increase the “resiliency” of young people by reducing high risk behaviors and promoting healthy behaviors.

The statewide report is based on representative samples of high schools and middle schools and is weighted to reflect all public school students in six through twelfth grades. Findings include:

- One-third of high school students (35%) including 48% of 12th graders drank alcohol in the past 30 days.
- One out of five high school students (21%) including 32 percent of 12th graders reported binge drinking, or having five or more drinks of alcohol in a row, in the past 30 days.
- Overall, 7 percent of high school students including 11 percent of 12th graders reported driving after drinking in the past 30 days.
- Males were significantly more likely than females to drive after drinking, as were students in 11th and 12th grades compared to those in 9th or 10th grade.
- Drinking and driving has decreased significantly since 1995, but remains unchanged since 2003.
- One in five high school students (21%) reported riding with a driver who had been drinking. There were no differences by grade or gender.
- Riding with a driver who had been drinking has decreased significantly since 1995 but remains flat since 2003.
- One in four high school students (25%) including 32 percent of 12th graders rode in a car or other vehicle with someone who was using marijuana.
- Of all students, 13 percent reported driving after smoking marijuana in the past 30 days.

The Vermont Department of Health (VDH) provides technical support to local schools to enable them to implement the Center for Disease Control's (CDC) Coordinated School Health model, and use of the CDC's School Health Index (SHI). The Index is a tool that schools are able to use for doing self-assessments of the programs, services, environment, and the health status of children in their schools. Vermont is unique in that coordination, collaboration, and integration at the statewide and local levels is an ongoing process. At the statewide level, the VDH, the Department of Education, Medicaid, and the Department of Children and Family Services work closely with the leadership of the Vermont Principals' Association, School Boards, and Superintendents Association, as well as the Vermont State School Nurses' Association, the Vermont Chapters of the American Academy of Pediatrics, the American Academy of Family Physicians, Area Health Education Center, and the Vermont Child Health Improvement Program.

VDH sponsors ParentUp™, a project that works to increase parents' involvement in addressing their child's alcohol and substance use. VDH provides technical assistance and information through its website where parents can get materials related to:

The Problem -Underage drinking carries heavy risks for children and parents. Learn the scope of this problem and some of the myths surrounding it.

The Solution-Learn the steps you can take to help reduce underage drinking and how to make them a part of your family's everyday life.

Resources-Here you'll find useful tools, information and links designed to help parents through the challenges of underage drinking prevention.

The Campaign-Explore and download materials from our campaign against underage drinking, including posters and radio commercials, plus a toolkit and press kit for local coalitions.

Getting Help-Learn what you can do if you know or suspect that your child is drinking and where you can go for help.

The Vermont Department of Education operates a Health Education Resource Center (HERC) that maintains a variety of pre-K-12 health education materials. School and community-based educators may borrow curricula, books, reference resources, models and kits and audio-visual materials addressing many topics including alcohol, tobacco and other drugs, media literacy and safety (injury prevention, personal safety, and violence).

Student Assistance Programs (SAP) are prevention and intervention programs provided by trained professionals in Vermont schools. These professionals are available to all students and staff in a school. They screen and refer students using illegal substances and provide services to prevent substance use through evidence based programs. In addition, the SAP professionals:

- Consult with community resources to develop services for students;
- Develop policies and procedures around substance use in schools;
- Train school staff to deal with troubled students;
- Meet with concerned families;
- Increase awareness of substance use problems in the community;
- Allow teachers to concentrate on education instead of having to address substance use; and
- Run educational support groups.

In the 2009-2010 school year, 97 schools reported student assistance data and provided nearly 43,000 students with in-school substance abuse prevention and intervention services. More than 4,600 (10.8%) students received more in-depth services. SAP professionals provided over 19,000 hours collaborating and providing substance related

teaching around substance abuse issues. In addition, they made over 2,100 student referrals for both substance abuse and mental health evaluations.

Vermont residents under the age of 18 must hold a learner's permit for a minimum of six months, and also complete a State-approved driver's education program before applying for a full license. Vermont residents between the age of 16 and 18 must hold a learner's permit for a minimum of a year and also complete a State-approved driver's education program before applying for a junior operator license. Driver's education is available at no cost to students in all Vermont public schools. There is no mandated curriculum for driver's education. However, the Vermont Driver and Traffic Safety Education Association has developed the *Vermont Driver Risk Prevention Curriculum Guide*. The sample curriculum, which is used by many schools, includes significant emphasis on the effects of alcohol and other drugs, Vermont impaired driving laws and other impaired driving related topics.

In past years, the Governor's Highway Safety Program supported the Students Against Destructive Decisions (SADD)/Vermont Teen Leadership Safety Program (VTLSP). The purpose of VTLSP was, "to develop among Vermont's teen leaders an awareness of prevention and wellness issues including alcohol and other drug use, traffic safety and risk taking behaviors, and to provide them with the resources, skills and adult support with which to facilitate positive change among their peers." The elimination of funding for the VTLSP leaves a void in youth involvement in traffic safety prevention programs. However, Vermont has comprehensive school-based substance abuse prevention efforts including the Comprehensive School Health Program and Student Assistance Programs described previously. Along with the mandatory driver's education program, these programs are unique in the extent to which they address impaired driving issues.

Drinking is a major problem among college students in Vermont. Three of four (74.6%) underage college students reported drinking and more than half (54.0%) reported binge drinking. Among college students 21 or older, nine of ten (90.5%) reported drinking and two of three (66.2%) reported binge drinking.

The Vermont College Alcohol Network (VCAN) is a collaboration of 19 Vermont colleges and organizations whose goal is to develop comprehensive alcohol and drug abuse prevention strategies based upon current best practices.

The University of Vermont (UVM), the state's largest college, has a comprehensive alcohol and substance abuse prevention and intervention program. UVM uses the online program AlcoholEdu™, a population level prevention program that challenges students' expectations related to alcohol while encouraging students to make healthier and safer decisions. All freshmen are required to complete AlcoholEdu™.

The University also has a detailed policy related to student use of alcohol and other drugs. The basic policy statement includes the following:

Possession or consumption of alcohol by students on the property of the University or at University sponsored events is allowed only by students 21 years of age and older and only in areas designated by the University for the sale or consumption of alcohol. Possession or consumption of alcohol by individuals under the age of 21 or in any other places owned or controlled by the University, including on-campus residence halls, is strictly prohibited.

Alcohol and other drugs possessed or consumed in violation of this policy are subject to confiscation and any student in possession of or who has consumed alcohol or other drugs in violation of this policy is subject to the student conduct process as outlined in the Code of Student Rights and Responsibilities and possible criminal prosecution under applicable federal, state and local laws. The University is committed to creating a quality learning environment free from the abuse of alcohol. Possessing and using devices designed or intended to be used for the rapid consumption of alcohol (i.e., funnels, beer bongs, etc.), and engaging in behaviors intended to intoxicate (i.e., races, games, etc.) are considered aggravating circumstances when considering appropriate sanctions. The presence of empty containers or drug paraphernalia leads to a reasonable presumption that the student(s) found in possession of such containers or paraphernalia consumed the container's original contents or used the paraphernalia for its intended purpose.

The policy also enumerates specific prohibited behaviors related to possession and/or use of alcohol and other substances. No information on levels of enforcement was available but the survey results cited above indicate a serious lack of deterrence.

Recommendations

- Provide timely, accurate and local impaired driving information to Student Assistance Program professionals in local schools.
- Provide timely, accurate and local impaired driving information to Comprehensive School Health professionals in local schools.
- Enforce all college and university policies related to alcohol and substance use and publicize such enforcement to increase deterrence.

B-2 Employers

Advisory

States should provide information and technical assistance to employers and encourage them to offer programs to reduce underage drinking and impaired driving by employees and their families. These programs can be provided through Employee Assistance Programs (EAP) or Drug Free Workplace programs.

These programs should include:

- *Model policies to address underage drinking, impaired driving and other traffic safety issues, including seat belt use and speeding;*
- *Employee awareness and education programs;*
- *Management training to recognize alcohol and drug use and abuse, and appropriate responses;*
- *Screening and Brief Intervention, assessment and treatment programs for employees identified with alcohol or substance use problems (These services can be provided by internal or outside sources such as through an EAP with participation required by company policy.);*
- *Underage drinking and impaired driving prevention strategies for young employees and programs that address use of prescription or over-the-counter drugs that cause impairment.*

Status

The Vermont Department of Labor (DOL) provides Project RoadSafe, a driver safety program for the Vermont business community. The purpose of the program is to assist employers in the development of effective and enforceable company policies regarding all aspects of driver and motor vehicle safety including impaired driving. The program provides educational materials including brochures, Power Point presentations and a bi-monthly electronic newsletter. Project RoadSafe collaborates with public and private traffic and driver safety organizations including the Vermont Truck and Bus Association, the Enforcement Division of the Department of Motor Vehicles and the Federal Motor Carrier Safety Administration.

Project RoadSafe informs employers about “vicarious liability” which is the concept that employers can be held responsible for the actions of employees when operating a motor vehicle on-the-job.

Project RoadSafe materials do not appear to address issues related to young employees.

DOL also directs employers to other resources related to alcohol and drug free workplace programs and policies.

Many Vermont employers provide employees with access to employee assistance programs (EAP). EAPs are primarily intervention services and sometimes provide education on issues such as alcohol and substance use and abuse.

Recommendations

- Provide timely, accurate and local impaired driving information for use in the Vermont Department of Labor Project RoadSafe, Drug Free Workplace programs and employee assistance programs.
- Promote the use of Project RoadSafe by all employers in Vermont.
- Enhance Project RoadSafe materials to address issues related to youth.

B-3 Community Coalitions and Traffic Safety Programs

Advisory

Community coalitions and traffic safety programs provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level. Coalitions should include representatives of: government; highway safety; enforcement; criminal justice; liquor law enforcement; public health; education; driver licensing and education; employers and unions; the military; medical, health care and treatment communities; multi-cultural, faith-based, advocacy and other community groups.

States should:

- *Encourage communities to establish community coalitions or traffic safety programs, comprised of a wide variety of community members and leaders;*
- *Ensure that representatives of local traffic safety programs participate in existing alcohol, substance abuse, injury control and other related coalitions, (e.g., Drug Free Communities, SPF-SIG), to assure that impaired driving is a priority issue;*
- *Provide information and technical assistance to these groups, including data concerning the problem in the community and information identifying evidence-based underage drinking and impaired driving programs;*
- *Encourage these groups to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving; and*
- *Encourage professionals, such as prosecutors, judges, nurses, doctors, emergency medical personnel, law enforcement officers and treatment professionals, to serve as community spokespeople to educate the public about the consequences of underage drinking and impaired driving.*

Status

Though there are several collaborative law enforcement efforts as described in sections I. A and III. B, Vermont does not have comprehensive community traffic safety coalitions.

The Vermont Department of Health Division of Alcohol and Drug Abuse Programs (ADAP) has a mission to prevent and eliminate the problems caused by alcohol and other drug use. Working in partnership with state and national public and private organizations, ADAP plans, supports, and evaluates a comprehensive system of services.

The Vermont Strategic Prevention Framework (SPF) State Incentive Grant (SIG) was a public health, outcomes-based prevention approach that used assessment and evaluation to help communities meet their goals of reducing substance abuse and its consequences. SPF-SIG was a federally-funded cooperative agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention and the State of Vermont. Under SPF-SIG, 23 community coalitions were developed with an emphasis on environmental prevention strategies. SPF-SIG funds expired at the end of the past fiscal year but many coalitions are continuing to function.

Vermont has 10 community coalitions supported by Drug Free Communities funds from SAMHSA. These coalitions include involvement of every sector of the community including law enforcement, education and health.

In FY 2012, in partnership with the Division of Health Promotion and Disease Prevention (HPDP), ADAP is funding 16 community-based coalitions/partnerships to support the continuation of at least one evidence-based substance abuse prevention strategy.

In an innovative environmental prevention strategy, HPDP is promoting the Healthy Retailers Initiative in which owners and managers of independently-owned grocery stores, convenience stores and gas stations will create retail environments that encourage healthier food and beverage choices and discourage tobacco and alcohol use. Examples of positive changes at stores, which are considered the center of many communities around the state, include raising the height of alcohol and tobacco signage to the eye level of adults, and out of the line of vision of children; displaying water in front of less-healthy options like alcohol or sugary beverages; and offering customers local, healthier alternatives to pre-packaged goods.

Point-of-sale advertising and in-store displays have been shown to increase the number of unplanned tobacco and alcohol purchases, and they have the potential to make tobacco and alcohol seem normal to children. Community coalitions are working with owners to make their stores a healthier place for the community to shop and to make the healthy choice the easier choice. VDH, through community coalitions, will provide store owners with table tents, display clings and bags, and shopping bags that encourage shoppers to make healthy choices.

In FY 2013, VDH intends to award consolidated regional grants to support public health interventions addressing nutrition and physical activity, alcohol and drug prevention, tobacco control and chronic disease prevention. This work aligns with the VDH 2010-2012 Strategic Plan goals for effective and integrated public health programs and communities with the capacity to respond to public health issues.

Recommendations

- Ensure that law enforcement and traffic safety advocates are actively involved in substance abuse prevention community coalitions.
- Provide community coalitions with timely, accurate and local impaired driving information.

B-4 Transportation Alternatives

Advisory

Alternative transportation describes methods by which people can get to and from places where they drink without having to drive. Alternative transportation includes normal public transportation provided by subways, buses, taxis, and other means. Designated driver programs are one example of these alternatives.

States should:

- *Actively promote the use of designated driver and safe ride programs, especially during high-risk times, such as holidays or special events;*
- *Encourage the formation of public and private partnerships to financially support these programs;*
- *Establish policies and procedures that ensure designated driver and alternative transportation programs do not enable over consumption by passengers or any consumption by drivers or anyone under 21 years old; and*
- *Evaluate alternative transportation programs to determine effectiveness.*

Status

There was little information provided that the Governor's Highway Safety Program (GHSP) actively promotes designated driver or safe ride programs, nor was there evidence of the development of any public and private partnerships to support such programs.

Press releases issued by the GHSP advising of impaired driving enforcement activity during holidays and special events do contain references to these programs; however, they do not appear to be an integral aspect of an impaired driving prevention strategy.

The 2011/12 version of Vermont's Drivers Manual, produced by the Department of Motor Vehicles, encourages the use of designated drivers for those who plan to drink. It also contains information encouraging drivers to make arrangements for alternative forms of transportation to include calling a parent or other responsible person for a ride, to stay overnight at the drinking location if it is safe to do so, or to utilize public transportation where available.

Vermont's transportation systems were described as "dysfunctional" in a 2009 report issued by the Rockefeller Center at Dartmouth College. This finding was based, at least in part, due to the state's population dispersion. Vermont was ranked as the most rural state in America in the 2000 census, meaning that it has the largest percent of its population living outside of high density areas. This provides for significant challenges for statewide programs designed to provide alternatives to driving for those who drink.

Public transportation is not readily available in many areas. However, the Vermont Agency of Transportation (VTrans) provides information on public transit providers as well as maps showing regional providers on their website.

Member agencies of the Vermont Public Transportation Association provide transportation services for ridership to jobs, schools, medical services, and social functions. They also offer information about public transportation to the public and policy makers in efforts to coordinate resource and information sharing for their members. They have the ability to contract with government agencies to administer and develop transportation services throughout the state. They offer "demand-response services" which operate on a door-to-door basis, and these services are described as being available around the state in varying combinations. It is unclear if this Association would be an effective partner with the GHSP as an alternative means of transportation.

The University of Vermont (UVM) provides an example of an available alternative transportation program. This program called CatsRide is a new service that connects off campus UVM offices with each other and the main campus. The service is available to all members of the UVM community and the office, classroom, and lab locations within a ten mile radius of campus.

Rides are scheduled on a first come, first served basis and can be scheduled up to a month in advance. This service is only provided Monday through Friday from 8:00 am – 4:30 pm, and is of limited value in preventing impaired driving.

There was information provided that select tourist destinations provide alternative forms of transportation for their patrons. It was reported that some ski resorts provide shuttle service for their clientele who wish to drink. Certain events and some businesses

encourage the use of designated drivers by offering incentives to those willing to participate in this capacity.

Advertising for an Oktoberfest event in Windsor, Vermont, hosted by a local brewery includes information encouraging the use of a designated driver and at least one restaurant in rural Vermont offers free food for a designated driver of “driving parties of four or more.”

Recommendations

- Develop public and private partnerships to support alternative transportation programs.
- Ensure alternative transportation programs do not encourage or enable excessive drinking.
- Require that designated driver and safe ride programs prohibit consumption of alcohol by underage individuals.

III. Criminal Justice System

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

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

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

A. Laws

Advisory

Each State should enact impaired driving laws that are sound, rigorous and easy to enforce and administer. The laws should clearly: define the offenses; contain provisions that facilitate effective enforcement; and establish effective consequences. Monitoring requirements should be established by law to assure compliance with sanctions by

offenders and responsiveness of the judicial system. Noncompliant offenders should be adjudicated swiftly.

The offenses should include:

- *Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treating both offenses with similar consequences;*
- *A Blood Alcohol Concentration (BAC) limit of 0.08, making it illegal per se to operate a vehicle at or above this level without having to prove impairment;*
- *Zero Tolerance for underage drivers, making it illegal per se for persons under age 21 to drive with any measurable amount of alcohol;*
- *High BAC (e.g., 0.15 or greater), with enhanced penalties above the standard impaired driving offense;*
- *Repeat offender, with increasing penalties for each subsequent offense;*
- *BAC test refusal, with administrative sanctions at least as strict as the state's highest BAC offense;*
- *Driving with a license suspended or revoked for impaired driving (DWS), vehicular homicide or causing personal injury while driving impaired as separate offenses, with additional penalties;*
- *Open container, which prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way; and*
- *Primary seat belt provisions that do not require that officers observe or cite a driver for a separate offense other than a seat belt violation.*

Facilitate effective enforcement by enacting laws that:

- *Authorize law enforcement to conduct sobriety checkpoints, in which vehicles are stopped on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs;*
- *Authorize law enforcement to use passive alcohol sensors to improve the detection of alcohol in drivers;*
- *Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidentiary breath tests and screening and confirmatory tests for alcohol or other impairing drugs;*

- *Authorize law enforcement to collect blood sample by search warrant in any chemical test refusal situation, consistent with other provisions of criminal jurisprudence which allows body fluids to be collected as evidence of a crime; and*
- *Require mandatory BAC testing of drivers involved in fatal and serious injury producing crashes.*

Effective criminal penalties and administrative sanctions should include:

- *Administrative license suspension or revocation (ALR), for failing or refusing to submit to a BAC or other drug test;*
- *Prompt and certain administrative license suspension of at least 90 days for first offenders determined by chemical test(s) to have a BAC at or above the State's per se level or of at least 15 days followed immediately by a restricted, provisional or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock;*
- *Enhanced penalties for test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide or causing personal injury while driving impaired, including: longer license suspension or revocation; installation of ignition interlock devices; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and imprisonment;⁹*
- *Separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case;*
- *Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring.*

Effective monitoring should include:

- *supervision of out-of-state offenders;*
- *proven technology (e.g., ignition interlock device, electronic confinement and monitoring) and its capability to produce reports on compliance;*
- *impaired driver tracking systems; and*

⁹ Limited exceptions are permitted under Federal statute and regulation, 23 U.S.C. 154 and 23 CFR Part 1270.

- *periodic reports on offender compliance with administrative or judicially imposed sanctions;*
- *Driver license suspension for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs; and*
- *Statutory and rule support for DWI Courts as a sentencing alternative for persistent DWI offenders.*

Status

Vermont has a comprehensive set of laws to address the impaired driving problem. Several statutory amendments take effect on March 1, 2012. This report is written according to the impending changes. The laws fall into several categories as follows:

- Driving under the influence;
- Mandatory penalties;
- Enhanced penalties for certain statuses (repeat offender);
- Driving while suspended or revoked;
- Youthful offenders;
- Implied consent to alcohol concentration test and other evidence;
- Administrative license revocation (ALR);
- Alcoholic beverage control; and
- Sentencing tools, including ignition interlock device (IID)

Offenses and Other Laws

The primary offense in the campaign against impaired driving is operating a vehicle under the influence of intoxicating liquor or other substance (DUI). The crime applies to a person who operates, or attempts to operate, or is in actual physical control of a vehicle on Vermont's highways. It can be charged under one of three elemental burdens of proof:

- a) while under the influence of intoxicating liquor (DUI); or
- b) while under the influence of any other drug or any combined influence of alcohol or any other drug to a degree which renders the person incapable of driving safely (DUID); or
- c) with an alcohol concentration of 0.08 or more grams of alcohol per 100 milliliters of blood or 210 liters of breath (per se);

The per se violation is alcohol specific. It is independent from DUI. Other per se standards apply to commercial motor vehicles (0.04), zero tolerance for minors (0.02) and persons previously convicted of two or more DUI offenses (0.02). DUI is an absolute liability offense.

Vermont does not have another substance per se impaired driving law. The burden of proof in a DUID charge is that the driver is under the influence of the substance to a degree which renders the person incapable of driving safely.

Neither criminal charges nor sentencing sanctions are enhanced by an elevated alcohol concentration. Instead, a person convicted of a second or subsequent offense, who has an elevated BAC of .16 or more, will be held to a 0.02 BAC standard for any alcohol related driving episodes thereafter. The number of prior DUI convictions attributed to an offender serves as a sentence aggravator but not the basis for a separate charge.

Death or serious bodily injury resulting from a DUI crash serves as a penalty enhancement rather than a separate offense. DUI resulting in death can be charged as a separate manslaughter offense.

There is no offense or penalty enhancement related to the presence of a child in the vehicle with a DUI offender. However, the offender might be prosecuted under a reckless endangerment charge.

Operating a vehicle in violation of a DUI related suspension or an IID restriction is a criminal offense. Penalties for these offenses are harsher than a misdemeanor DUI offense. Additionally, tampering with an IID is a civil violation.

In addition to DUI charges, an offender under age 21 is subject to the zero tolerance law (0.02 BAC) when operating a motor vehicle. This offense is a civil traffic violation and does not count as a prior conviction for future DUI enhancement. Sanctions related to this offense are similar to DUI sanctions. Other laws aimed at drivers and offenders under the age of 21 years include: graduated driver license, minor in possession of alcohol, false age information, unlawful sale to a minor, and unlawful purchase on behalf of a minor.

Vermont has a habitual traffic violator administrative status that is attained after eight or more moving traffic violations, including DUI. A violation results in a revocation of driving privileges for two years.

Dram shop liability exists in Vermont. Social host liability exists for knowingly furnishing alcohol to minors. Also, social host liability under common law negligence standards applies when furnishing alcohol to adults.

Vermont has an open container law that applies to all occupants of the passenger compartment of the vehicle.

Sobriety checkpoints are permitted and encouraged by statute.

Evidentiary test refusal is admissible as evidence in a criminal proceeding and can result in an independent criminal charge if the offender has a prior DUI conviction or is involved in a crash resulting in serious bodily injury or death.

Vermont does not have a primary seat belt law.

Alcohol beverage control laws are discussed in section II.A. Responsible Alcohol Service.

Penalties and Sentencing Tools

The penalties for DUI are detailed in this section's Appendix. DUI begins as a misdemeanor offense. It becomes a felony upon a third or subsequent conviction. The number of prior DUI convictions increases the sentence for any subsequent DUI conviction. Breath test refusal and a crash resulting in either serious bodily injury or death aggravates the sentence. License suspension upon conviction is imposed by the Department of Motor Vehicles (DMV) rather than the sentencing court.

Before sentencing, a DUI offender is subject to an alcohol assessment/screening at the discretion of the court and at the cost of the offender.

Probation supervision through the Vermont Department of Corrections (VTDOC) is available for DUI offenders. Probation violations are referred back to the court for due process hearings. Alternatively, offenders serving a furlough sentence are subject to an expedited administrative disposition upon a sentence violation. Dispositional review occurs within the VTDOC and is not referred back to the court.

Offender monitoring should occur during the treatment process. DUI offender screening and treatment is primarily tied to the driver license reinstatement process which is administered by the Department of Motor Vehicles (DMV). Monitoring consists of reporting non-compliance to the DMV rather than to the courts. Additionally, DUI offenders serving executed sentences through VTDOC are likely to be placed in the Intensive Substance Abuse Program (ISAP), a furlough sentence that includes treatment and monitoring. Non-compliance in these settings is handled internally by VTDOC rather than the courts. The courts are minimally involved in the monitoring of DUI offenders.

Offender monitoring can occur through the behavior data collection ability of IIDs. The Vermont judiciary and its offender supervision partners are at the cusp of a new source of treatment data that can help structure individual treatment strategies. This monitoring and treatment support tool is too new to report any results. It is hoped that the lack of resources does not cause this opportunity to be overlooked.

A court may impose as a condition of pre-trial release or parole that the offender not operate a motor vehicle. A law enforcement officer who observes a person violating either of these conditions may promptly arrest the person and notify appropriate authorities for further pre-trial release or parole sanctions.

Vehicle seizure and forfeiture is an available sentencing sanction for the habitual DUI offender. However, it is infrequently used because of joint vehicle ownership and administration costs.

Pre-trial deferral or diversion of DUI, as well as plea reduction to negligent operation, is utilized in some Vermont jurisdictions at the discretion of the state's attorney and the court.

An IID is available as a sentencing option to DUI offenders. It is also available as a sanction option for ALR and the zero tolerance for youth offense. Administration and issuance of all IIDs is by the Commissioner of Motor Vehicles. The implementation of IID is new and too early to gauge results.

Administration and Evidence

a) Implied Consent

A person who operates, attempts to operate, or is in actual physical control of any vehicle on a Vermont highway is deemed to have given consent to an alcohol concentration breath test. Implied consent also applies to a blood sample in limited situations including reasonable cause to believe the person is under the influence of a drug other than alcohol. Testing by breath analysis is a mandatory first option for implied consent testing. Blood testing is a second option limited only to certain qualifiers.

Implied consent testing is pre-conditioned upon reasonable cause to believe the person is DUI and administration of an implied consent warning. The warning is lengthy, cumbersome and inefficient. The warning is subject to legislative reduction without violating due process requirements.

An accused may elect to refuse an evidentiary test except in cases resulting in serious bodily injury or death. A blood draw search warrant is only available for these exceptions despite general criminal law principles which permit a search warrant for body fluid samples as evidence of a crime.

Vermont DUI offenders have a right to consult counsel before deciding whether to submit to an alcohol test. This right is supported with a mandate that the Office of Defender General must be available 24-hours, seven days a week for such purpose.

b) Administrative License Revocation

ALR takes effect upon a DUI arrest and after a determination by an investigating officer of reasonable grounds to believe that the person was 1) committing DUI and either 2) refused an evidentiary alcohol test, or 3) exhibited an alcohol concentration of 0.08 or more. The alcohol concentration limit is 0.04 or more if the person was operating a commercial motor vehicle. If the person has two or more prior DUI convictions, or if the person was operating a school bus, the legal limit is 0.02 alcohol concentration for ALR purposes.

The investigating officer must submit to the Commissioner of Motor Vehicles a standardized DUI affidavit. The affidavit consists of four pages. It is lengthy, cumbersome, and time consuming to complete correctly.

ALR results in pre-adjudication license suspension ideally within 11 days after the offender receives notice of the ALR activity. This promptness is interrupted if the offender seeks judicial review of the ALR suspension. The severity of ALR sanctions escalates with a test refusal, or with each DUI arrest. The sanctions are listed in this section's Appendix.

An IID restricted driver's license (RDL) is available as an alternative sanction to ALR suspension. Reinstatement of driving privileges after ALR suspension or IID RDL is conditioned upon successful completion of an alcohol education and driving program, followed by alcohol assessment, and possible completion of a therapy program. Supervision of compliance with these two requirements is lacking. Compliance is enforced only upon a license reinstatement application.

Review and appeal of ALR suspension is assigned to the trial courts. Review is statutorily limited to whether:

- Reasonable grounds exist to believe the person was DUI;
- The officer substantially informed the person of his/her rights and the consequences of taking or refusing the test;
- The person refused a test;
- The test was taken and the results indicated an alcohol concentration was at or above legal limits;
- The testing methods used were valid and reliable; and
- The test results were accurate and accurately evaluated.

Reinstatement of licensing is prohibited at any sanction level if a person has pending criminal charges, civil citations or unpaid fines or penalties for motor vehicle violations.

c) Other Evidence

An emergency room health care provider has a limited affirmative duty to report blood alcohol levels to police. The test result must arise from treatment of a person involved in a motor vehicle crash and must be at a level that meets or exceeds the standard established by law.

If the person's alcohol concentration is less than 0.08, it may be considered with other competent evidence in determining whether the person was under the influence of intoxicating liquor. An alcohol concentration of 0.08 or more permissively infers that a person was under the influence of intoxicating liquor.

A person who challenges an ALR suspension is granted use immunity for testimony or other defense evidence presented at the ALR review hearing.

An offender may choose, at his own expense, to have a second breath or blood test administered in addition to the test administered by the investigating officer. A failure to obtain the subsequent test does not prevent the admission of the first test unless it was precluded by the enforcing officer. No such provision for a second or confirmatory test exists for the prosecution.

Recommendations

- **Enact legislation that renders illegal the act of driving a vehicle with a metabolite of an illegal Schedule I or Schedule II drug in a person's body.**
- Enact legislation that creates a separate offense for having a passenger under the age of 18 in the vehicle while committing the offense of DUI.
- Authorize law enforcement to collect blood sample by search warrant in any chemical test refusal situation, consistent with other provisions of criminal jurisprudence which allows body fluids to be collected as evidence of a crime.
- Provide adequate resources to improve the supervision and monitoring of DUI offenders both during administrative license revocation and after sentencing, including reports to the sentencing court.
- Rescind legislation that creates a perceived statutory right to refuse a breath test for intoxication.
- **Simplify the implied consent and administrative license revocation process resulting in reduced paperwork and reduced statutory advisements while protecting due process rights.**
- **Enact a primary seat belt law.**

APPENDIX - DUI SANCTIONS

DUI OFFENSE*	JAIL	FINE	LICENSE SANCTION	TREATMENT	OTHER PENALTIES
1ST OFFENSE Misdemeanor	0 days – 2 yrs.	Between \$0 and \$750, and other surcharges	90 days or IID** restriction after 30 day suspension. Reinstatement conditioned on alcohol screening and therapy compliance. 1 yr. suspension if fatal crash. 6 mos. suspension if test refusal or serious bodily injury crash	Not mandatory through judicial sentencing. Mandatory for license reinstatement.	Serious bodily injury or death aggravates sentence range. IID not available if test refusal or crash involving serious bodily injury or death.
2ND OFFENSE Misdemeanor	0 days – 2 yrs; with at least 60 hrs served consecutively and cannot be suspended, deferred or served as supervised sentence, OR 200 hrs community service.	Between \$0 and \$1,500, and other surcharges	18 mos. or IID restriction after 90 day suspension. Reinstatement conditioned on alcohol screening and therapy compliance.	Not mandatory through judicial sentencing. Mandatory for license reinstatement.	Serious bodily injury or death aggravates sentence range. IID not available if test refusal or crash involving serious bodily injury or death.
3RD OFFENSE Felony	0 days – 5 yrs., with at least 96 hrs served consecutively and cannot be suspended, deferred or served as supervised sentence,	Between \$0 and \$2,500, and other surcharges	Lifetime revocation or IID restriction after 1 yr. suspension. If IID elected, then for life unless chooses Total Abstinence Program	May elect to participate in Total Abstinence Program in order to get license reinstated.	Serious bodily injury or death aggravates sentence range. IID not available if test refusal or crash involving serious bodily injury or death.
4TH OFFENSE Felony	0 days - 10 yrs with at least 192 hrs served consecutively and cannot be suspended, deferred or served as supervised sentence.	Between \$0 - \$5,000 and other surcharges	Lifetime revocation or IID restriction after 1 yr. suspension. If IID elected, then for life unless chooses Total Abstinence Program	May elect to participate in Total Abstinence Program in order to get license reinstated.	Serious bodily injury or death aggravates sentence range. IID not available if test refusal or crash involving serious bodily injury or death.

***DUI includes operating while under the influence of alcohol, operating while under the influence of drugs, and operating with a 0.08 BAC, or more.**

****Ignition interlock device.**

ALR Terms of Suspension/Revocation

	Length of Suspension	Reinstatement Conditions	Effective Date of Suspension	Other Provisions
Refused Test	6 mos.	Comply with §1209a screening and treatment requirements		\$50 refusal surcharge.
1st Offense with No Serious Bodily Injury or Fatal Crash or No Test Refusal	90 days or 30 days followed by IID* for remainder of suspension	Comply with §1209a screening and treatment requirements	If offender requests hearing, then ALR suspension stayed until hearing disposition. If no hearing requested, then 11 th day after offender received notice or deemed to have received notice	
2nd Offense with No Serious Bodily Injury or Fatal Crash or No Test Refusal	18 mos. or 90 days followed by IID* for remainder of suspension	Comply with §1209a screening and treatment requirements	11 th day after offender received notice or deemed to have received notice	
3rd Offense or More with No Serious Bodily Injury or Fatal Crash or No Test Refusal	Lifetime revocation or 1 yr. followed by IID* for life	3 yrs total abstinence from alcohol. Complete treatment. \$500 surcharge. Remedy only available once.		0.02 BAC (rather than 0.08) standard for any ALR test failure

*Ignition interlock device

B. Enforcement

Advisory

States should conduct frequent, highly visible, well publicized and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, utilizing data to focus on locations where alcohol related fatalities most often occur. To maximize visibility, the State should conduct frequent sobriety checkpoints, periodic saturation patrols and sustained enforcement efforts throughout the year. Both periodic and sustained efforts should be supported by a combination of paid and earned media. To maximize resources, the State should coordinate highly visible, multi-jurisdictional efforts among State, county, municipal and tribal law enforcement agencies to include liquor control enforcement officers. To increase the probability of detection, arrest and prosecution, participating officers should receive training in the latest law enforcement techniques.

States should:

- *Ensure that executive levels of law enforcement and State and local government make impaired driving enforcement a priority and provide adequate resources;*
- *Develop and implement a year round impaired driving law enforcement plan supported by a strategic communication plan which includes:*
 - *periods of heightened enforcement, e.g., three consecutive weekends over a period of 16 days, and frequent sustained coverage throughout the year; and*
 - *high levels of participation and coordination among State, liquor enforcement, county, municipal and tribal law enforcement agencies, such as through law enforcement task forces.*
- *Deploy enforcement resources based on problem identification, particularly at locations where alcohol-related fatal or other serious crashes most often occur;*
- *Conduct highly visible enforcement that maximizes contact between officers and drivers, including frequent, ongoing sobriety checkpoints and saturation patrols, and widely publicize these efforts - before, during and after they occur;*
- *Use technology (e.g., video equipment, portable evidentiary breath tests, passive alcohol sensors and mobile data terminals) to enhance law enforcement efforts;*
- *Require that law enforcement officers involved in traffic enforcement receive standardized state-of-the-art training in the latest law enforcement techniques such as Standardized Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement, (ARIDE) emerging technologies for the detection of alcohol and other drugs; selected officers should receive training in media relations and Drug Evaluation and Classification (DEC);*
- *Ensure that officers involved in traffic enforcement receive ongoing refresher training in SFST;*
- *Evaluate the effectiveness of advanced training in the identification and apprehension of drug impaired drivers;*
- *Provide training to enhance law enforcement officers understanding of ignition interlock devices;*
- *Expedite the arrest process, e.g., by reducing paperwork and processing time from the time of arrest to booking and/or release;*

- *Evaluate program effectiveness and efficiency through the use of both output and outcome based performance measures including:*
 - *the level of effort, e.g., number of participating agencies, checkpoints conducted, arrests made;*
 - *public awareness;*
 - *reported changes in behavior, e.g., reported number of drinking driving trips; and*
 - *consequences including alcohol-related fatalities, injuries and crashes.*
- *Use law enforcement professionals to serve as law enforcement liaisons within the State. Their activities would include:*
 - *Serving as a communication bridge between the highway safety office and law enforcement agencies;*
 - *Enhancing law enforcement agencies coordination in support of traffic safety activities;*
 - *Encouraging participation in high visibility enforcement of impaired driving, occupant protection and other traffic safety enforcement mobilizations; and*
 - *Improving collaboration with local chapters of police groups and associations that represent state, county, municipal, and tribal law enforcement.*

Status

Serving the approximately 620, 000 residents of Vermont are nearly 70 law enforcement agencies including 53 police departments, 14 sheriffs offices, the Vermont State Police (VSP), Department of Motor Vehicles Commercial Vehicle Enforcement and the Department of Liquor Control (DLC).

Executive levels of law enforcement throughout Vermont make the enforcement of impaired driving a high priority and have a demonstrated commitment to traffic safety. There is also strong evidence of significant levels of communication and coordination between law enforcement agencies at all levels.

There are regular face to face Sheriffs and Chiefs meetings as well as ongoing, informal communication occurring on e-mail list serves, to include the involvement of Governor's Highways Safety Program (GHSP) Law Enforcement Liaison (LEL). There is no evidence of turf issues between law enforcement agencies.

Several factors were identified that contribute to these high levels of cooperation. As all officers attend one basic law enforcement academy a sense of camaraderie is developed early in officers' careers. Additionally all certified officers have statewide law enforcement authority which eliminates jurisdictional boundary issues.

Nearly 62 percent of all agencies in the state participated in national impaired driving mobilizations during the past year and this participation is reflective of the commitment of law enforcement in support of traffic safety initiatives. This is of particular significance as approximately 80 percent of agencies employ less than 24 full time officers and low levels of staffing can frequently impact an agency's ability to participate in traffic safety mobilizations.

Some agency executives have instituted zero tolerance policies with respect to enforcement of consuming alcohol while driving, and impaired driving, whether the underlying impairment is alcohol and/or drugs.

Checkpoints, intended to both deter and apprehend impaired drivers are used with great regularity in Vermont, and frequently include officers from a variety of different jurisdictions.

As previously noted, Vermont law enforcement officers have statewide police authority regardless of their employing agency which greatly enhances the available resources to participate in these important activities.

The high levels of coordination between law enforcement agencies include those from the Department of Liquor Control (DLC) and the Department of Motor Vehicles Commercial Vehicle Enforcement Section. Investigators from the DLC regularly provide support to both checkpoints and saturation patrols. However, data from the DUI Affidavit or breath test instrument results are not routinely being shared with liquor control officers. These data can be useful in assisting with the identification of establishments that may be engaging in practices that contribute to the incidence of impaired driving. There is no statewide data base where this information is maintained which makes collection and distribution difficult.

Checkpoints and saturation patrols are supported by the GHSP. The statewide LEL coordinates these events to ensure they occur in synchronization with national mobilizations.

The number of impaired drivers contacted during checkpoints is minimal. However, this may be attributable to the publication of these enforcement events through press releases and other earned media efforts by law enforcement and the GHSP. Information received indicated that law enforcement has contacted as many as 600 drivers at checkpoints with no arrests being made for driving while impaired. This is not inconsistent with experiences in other jurisdictions that regularly publicize and conduct these enforcement events, and is also reflective of research that indicates the greatest effectiveness of

checkpoints can be realized by their deterrent effect. All agencies receiving funds from the GHSP must have zero tolerance policies.

There was some information provided that law enforcement was reducing the distribution of notifications of upcoming checkpoints, based on concerns that this pre-notification was adversely affecting the apprehension of impaired drivers. To be effective checkpoints and saturation patrols must be highly publicized and coordinated. Any efforts to minimize publication of these events are counterproductive to their success.

The numbers of checkpoints and saturation patrols occurring outside of the national mobilizations and other grant funded activities are difficult to quantify. The VSP is in the process of developing methods to use current records management systems to track these events and to report on their performance.

Although enforcement activities are supported by paid and earned media during national mobilizations, there was little evidence of communications support by the GHSP of ongoing enforcement efforts. Communications will be discussed in greater detail in Section IV of this report.

DUI Task forces were utilized as recently as October of 2010, and were deployed in four geographic areas of the state. These task forces consisted of four officers and a team captain, and a strict selection criterion was utilized to ensure high levels of performance by these teams. These task forces are no longer active and their current use was described as on an “on call” basis. There was no information presented as to how often these teams are currently utilized.

Deployment of resources for checkpoints and saturation patrols is driven by the use of both arrest and crash data that is routinely provided to the VSP and local law enforcement by crash data analysts. Analyses of collisions and arrests are provided to identify trends in locations and causal factors of crashes to assist law enforcement to more strategically target their activities.

Modern technology, to include portable breath test instruments, digital in-car video recording devices and mobile display terminals are readily available, and appear to be appropriately used. Evidentiary breath tests instruments are deployed around the state and appear to be easily accessible to officers.

All law enforcement trainees in Vermont attend the same law enforcement academy at the same time, so standardization of training is easily accomplished. Standardized Field Sobriety Test (SFST) training is provided as part of post basic academy DUI Enforcement Certification training, which also allows for officers to be certified as breath test instrument operators. This training is provided in a post academy setting as many of the trainees in the full time academy previously attended the part time academy and received SFST training then. SFST training is also offered two to three times a year in other than post basic academy settings.

SFST refresher training is not required; however, there were no indications that this lack of retraining or ongoing certification was adversely impacting the prosecution of impaired driving cases.

Vermont began providing law enforcement officers Advanced Roadside Impaired Driving Enforcement (ARIDE) training in 2009. This training is intended to complement the SFST training and addresses the gap in training between SFST and the Drug Recognition and Evaluation (DRE) Program. ARIDE is a 16-hour training course and is conducted under the administration and approval of the Vermont Criminal Justice Training Council (VCJTC). ARIDE training is available to officers in Vermont on a fee basis. There was no indication that the fee is prohibitive in allowing officers to attend this training, and approximately 160 officers have successfully completed this training over the last two years.

The DRE program is well underway in Vermont. Initiated in 2005, the program was approved and accepted under the International Association of Chiefs of Police (IACP) guidelines. Once trained and certified, DREs become highly effective in the detection and identification of persons impaired by alcohol and/or drugs. Currently 28 officers are certified as DREs in Vermont, with eight of these added during 2011. No information was presented as to the geographic distribution of DREs; however, there does appear to be equitable agency distribution of DRE training as there are 14 DREs in the VSP, 13 in municipal agencies and one in a sheriff's department.

There was some limited information presented that DREs are not routinely utilized in either checkpoints or saturation patrols but are readily available on a call out basis. DREs have conducted more than 480 evaluations since program inception.

One difficulty in evaluating the effectiveness of the DRE program in Vermont is the inability of law enforcement to obtain search warrants for blood except where a death or serious injury was involved. Consequently, consent must be obtained from the individual suspected of being under the influence of drugs to obtain a blood sample and DREs are only able to obtain blood for confirmatory toxicology results approximately 61 percent of the time.

According to the National Highway Traffic Safety Administration's (NHTSA) 2007 National Roadside Survey, "More than 16 percent of weekend, nighttime drivers tested positive for illegal, prescription, or over-the-counter medications...and more than 11 percent tested positive for illicit drugs."

Another NHTSA study conducted in 2009, on drug involvement of fatally injured drivers found that 18 percent of drivers tested were positive for at least one drug (e.g., illicit, prescription, or over-the-counter), an increase from 13 percent in 2005.

There was no information provided regarding what agency administers the DRE Program. Enhanced law enforcement training in the detection and apprehension of drug impaired drivers is a critical component to this emerging traffic safety issue.

No information was provided regarding the number of DUI arrests specifically as a result of a DRE evaluation although there were 109 filings for DUI Drugs during 2009. It is difficult to determine if these 109 arrests are included in the approximately 4, 200 DUI arrests reported during this same year.

Ignition Interlock Devices were recently introduced in Vermont and their use is still not common. Law enforcement has only limited exposure to this technology.

The arrest process was characterized as time consuming, particularly as it relates to the completion of the DUI Arrest Affidavit. Indications were that if only one change could be made in the detection, arrest and prosecution of a DUI suspect, it would be to streamline the paperwork process.

The current document is a four page form and appears to be intended to standardize the information required for successful prosecution of these complex arrests. However, it is characterized by law enforcement as confusing and overly complicated, particularly with respect to the Implied Consent warnings.

The eventual development, acceptance and usage of electronic tickets, to include an e-DUI packet should provide for increased efficiencies in the completion of these documents but the availability of these technologies is not anticipated within the near future.

If a program could be evaluated solely on levels of participation and coordination by law enforcement then Vermont's would rank among the best. The level of effort as indicated by the numbers of agencies participating in national mobilizations as well as the significant coordination of their efforts is commendable.

Other output data, such as numbers of checkpoints, saturation patrols and arrests made is somewhat more difficult to quantify due to limitations in data collection. Vermont officials are aware of these deficiencies and are already taking steps to make this data more accurate and available for both planning and evaluation purposes.

Information was provided regarding a pilot implementation of a Data Driven Approaches to Crime and Traffic Safety (DDACTS) project by the VSP and a municipal police agency. These were not merely enforcement activities but also included significant community outreach through town hall meetings, press conferences and presentations to all high school students engaged in extracurricular activities.

The outcome data from these efforts was significant with respect to subsequent impacts in traffic and public safety. Perhaps the clearest example was data presented indicating that when traffic stops (not arrests but contacts) increase by 77 percent during a 12 month period there was also a 61percent decrease in serious violent crimes reported as well as significant reductions in fatality and serious injury collisions. There has not been a single fatality crash in this jurisdiction since the inception of this project.

Although it could be argued that these reductions cannot be directly correlated to the increase in traffic enforcement it certainly appears to be associated. A formal evaluation of this project was conducted; however, the result of this evaluation is not yet available.

The use of an LEL is long standing practice in Vermont. The LEL assists in the coordination of enforcement patrols in support of national mobilizations and was identified as an excellent technical resource to both the VSP and other state and local law enforcement. As previously indicated there are high levels of collaboration and cooperation among law enforcement in Vermont and the LEL program plays a significant role in this effort.

Recommendations

- **Streamline the DUI Affidavit.**
- Develop and provide training on ignition interlock devices to law enforcement officers.
- Increase the numbers of Advanced Roadside Impaired Driving Enforcement and Drug Recognition Expert trained officers.
- Designate an agency to coordinate the DRE Program.
- **Reinstitute and strategically deploy DUI task forces.**
- Utilize DRE officers during all DUI checkpoints, saturation patrols, and fatality and serious injury collision investigations.

C. Prosecution

Advisory

States should implement a comprehensive program to visibly, aggressively and effectively prosecute, and publicize impaired driving-related efforts, including use of experienced prosecutors, to help coordinate and deliver training and technical assistance to those prosecutors handling impaired driving cases throughout the State. Effective prosecution can include participation in a DWI Court program.

Prosecutors who handle impaired driving cases often have little experience, are responsible for hundreds of cases at a time, and receive insufficient training.¹⁰

¹⁰ Robertson, Robyn D. and Herb M. Simpson “DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution.” Ottawa, Traffic Injury Research Foundation, 2002.

States should:

- *Make impaired driving cases a high priority for prosecution and assign these cases to knowledgeable and experienced prosecutors;*
- *Encourage vigorous and consistent prosecution of impaired driving (including youthful offender) cases, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes;*
- *Provide sufficient resources to prosecute impaired driving cases and develop programs to retain qualified prosecutors;*
- *Employ experienced prosecutors, such as State Traffic Safety Resource Prosecutors, to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State;*
- *Ensure that prosecutors who handle impaired driving cases receive state-of-the-art training, such as in Standardized Field Sobriety Test (SFST), Drug Recognition Expert (DRE), and emerging technologies for the detection of alcohol and other drugs. Prosecutors should learn about sentencing strategies for offenders who abuse these substances and participate in multi-disciplinary training with law enforcement personnel;*
- *In drug-impaired driving cases, encourage close cooperation between prosecutors, state toxicologists and arresting law enforcement officers (including DRE). Their combined expertise is needed to successfully prosecute these cases;*
- *Establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense; and*
- *Encourage prosecutors' participation in DWI Courts as a sentencing alternative for persistent DWI offenders.*

Status

The prosecution of criminal cases in Vermont is the role of the state's attorney. There is an elected state's attorney for each of Vermont's 14 counties. They are able to appoint deputies to assist in the prosecution function. It is estimated that there are between 60 and 70 prosecutors statewide. Prosecution of intoxicated driving (DUI) cases occurs in the district courts criminal division.

DUI takes high priority within the state's attorneys' offices. However, it is common for a less experienced prosecutor to be assigned to the DUI docket. Nevertheless, because of the small number of prosecutors statewide and the current economic recession, turnover is not as common an occurrence.

Pre-trial deferral or diversion of DUI, as well as plea reduction to negligent operation, is utilized in some Vermont jurisdictions at the discretion of the state's attorney and the court. It is believed that this policy is the result of heavy caseloads rather than a detachment from DUI enforcement.

The Department of Public Safety funds a Traffic Safety Resource Prosecutor (TSRP). Resources are scarce to fund off-site DUI training. The TSRP is able to bring in-house training to the state's attorneys. In 2011, the TSRP organized a comprehensive training program, "Prosecuting the Drugged Driver", with faculty and program assistance from the National Traffic Law Center. The TSRP also assists with litigation support, DUI prosecution manual development, proposing and consulting on legislation and quarterly DUI training programs for police. The TSRP position is currently vacant, but is expected to be filled soon after the completion of this report.

There is a lack of appellate decisions on key DUI legal issues such as horizontal gaze nystagmus and Drug Recognition Expert (DRE). Trial court decisions on DUI legal issues are used as legal guidance across the state. This does not allow practitioners and law enforcement to have a consistent source of legal guidance on key DUI issues.

The lack of a fully functioning state toxicology lab results in added expenses for expert witnesses and evidence analysis. This impacts trial strategy and negotiated plea decisions for some jurisdictions, especially in DUI drugs (DUID) cases. Placing DUID on equal footing with DUI/alcohol would ease this dilemma. A DUID per se law would eliminate the burden of proving through expert testimony the impairment value of other substances.

Probation, sentence furlough, and the Intensive Substance Abuse Program (ISAP) are all supervised and monitored by the Vermont Department of Corrections (VTDOC). DUI treatment is linked to driver license reinstatement and is administered by the Department of Motor Vehicles. Many violations are handled internally and are not reported back to the state's attorneys or the courts. The separation of the courts from offender supervision and monitoring creates a belief that sentence and treatment accountability is deficient. This causes both the state's attorneys and the judiciary to have an incomplete picture of sentence and treatment compliance.

Offender monitoring can occur through the behavior data collection ability of ignition interlock devices (IID). Those involved with offender supervision are at the cusp of a new source of treatment data that can help structure individual treatment strategies. This monitoring and treatment support tool is too new to report any results. It is hoped that the lack of resources does not cause this opportunity to be overlooked.

The first DUI court for Vermont is in the development stage. The Department of Public Safety is involved in the discussion. It is too early in the process to discuss it in this report. Prosecutors need to be convinced of its proven effectiveness and abandon perceptions that DUI Courts coddle offenders.

Recommendations

- Prohibit plea reductions and pre-trial deferrals/diversions in DUI cases.
- Provide state's attorneys with special project development and enhanced traffic safety education such as courses through the National District Attorneys Association.
- Include DUI and substance abuse curricula on a periodic rotation for statewide state's attorney education.
- Train state's attorneys to increase their understanding of both DUI courts and ignition interlock devices.
- Enact legislation that renders illegal the act of driving a vehicle with a metabolite of an illegal Schedule I or Schedule II drug in a person's body.
- Require DUI offender supervision agencies to interact with the courts when administering offender monitoring.
- **Implement DUI Courts throughout the State.**

D. Adjudication

Advisory

States should impose effective, appropriate and research-based sanctions, followed by close supervision, and the threat of harsher consequences for non-compliance when adjudicating cases. Specifically, DWI Courts should be used to reduce recidivism among repeat and high BAC offenders. DWI Courts involve all criminal justice stakeholders (prosecutors, defense attorneys, probation officers and judges) along with alcohol and drug treatment professionals and use a cooperative approach to systematically change participant behavior. Where offender supervision¹¹ is housed within the judicial branch, the guidelines of Section V(A)(1) should be utilized by the judiciary.

The effectiveness of enforcement and prosecution efforts is strengthened by knowledgeable, impartial and effective adjudication. Each State should provide the latest state-of-the-art education to judges, covering Standardized Field Sobriety Testing (SFST), Drug Recognition Expert (DRE), alternative sanctions and emerging technologies, such as ignition interlock devices (IID).

Each State should utilize DWI Courts to help improve case management and to provide access to specialized personnel, speeding up disposition and adjudication. DWI Courts

¹¹ Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002.

also improve access to assessment, treatment, and sentence monitoring. Each State should provide adequate staffing and training for community supervision programs with the necessary resources, including technology, such as IID, to monitor and guide offender behavior.

States should:

- *Involve the State’s highest court in taking a leadership role and engaging judges in effectively adjudicating impaired driving cases and ensuring that these cases are assigned to knowledgeable and experienced judges;*
- *Encourage consistency in the adjudication of impaired driving (including youthful offender) cases, and the imposition of effective and appropriate sanctions, particularly when impaired driving resulted in a fatality or injury;*
- *Provide sufficient resources to adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges;*
- *Ensure that judges who handle criminal or administrative impaired driving cases receive state-of-the-art education, such as in technical evidence presented in impaired driving cases, including SFST and DRE testimony, emerging technologies, such as IID, for the detection of alcohol and other drugs, and sentencing strategies for this class of offenders; and*
- *Use court strategies to reduce recidivism through effective sentencing and close monitoring, by either establishing DWI Courts, encouraging drug courts to hear impaired driving cases, or encouraging other courts to adopt DWI/Drug Court practice. These courts increase the use of drug or alcohol assessments, identify offenders with alcohol or drug use problems, apply effective and appropriate sentences to these offenders, including abstinence from alcohol and other drugs and closely monitor compliance, leading to a reduction in recidivism.¹²*
- *Eliminate ethical obstacles, such as ex parte or commitment communications, by adopting the current Model Code of Judicial Conduct so that judges can participate more freely in DWI Court administration;*
- *Provide adequate staffing and training for community supervision programs with the necessary resources, including technology such as IID and electronic confinement, to monitor and guide offender behavior and produce periodic reports on offender compliance; and*
- *Incorporate into judicial education and outreach administration the position of Judicial Outreach Liaison as a judicial educator and information resource on*

¹² Freeman-Wilson, Karen and Michael P. Wikosz, “Drug Court Publications Resource Guide, Fourth Edition.” Alexandria, VA: National Drug Court Institute, 2002.

highway traffic safety issues including impaired driving, and as an agent to create more DWI Courts.

Status

The Vermont court system consists of the Supreme Court, and general jurisdiction trial courts known as superior and district courts. Each county has a superior and district court. All justices and judges are appointed by the governor to an initial six year term. Thereafter, they face retention vote by the legislature. The Supreme Court is comprised of five (5) justices. There are 30 superior and district court judges across the state.

DUI and other alcohol-related offenses are adjudicated in the criminal division of the district courts. DUI is triable by a jury. Also, administrative license revocation (ALR) challenges are heard by the trial courts.

The reduced population and other sources of revenue limit Vermont's ability to generate sufficient resources for the criminal justice system. This impacts the judicial branch's ability to utilize intensive DUI supervision tools and special rehabilitation services, such as DUI courts. Limited resources also impact the ability to enhance special training for judges on the character traits and dynamics of addictive behavior, as well as emerging developments in scientific evidence unique to DUI cases.

As in the 2001 impaired driving assessment, it is still a concern that DUI offenders are not receiving adequate sanctions, treatment, monitoring or supervision. It is a concern that the Vermont Department of Corrections (VTDOC) does not bring enough DUI offenders back to the court for sentence violation sanctions. Consequences and accountability for sentence non-compliance are believed to be deficient.

DUI offender screening and treatment is primarily tied to the driver license reinstatement process which is administered by the Department of Motor Vehicles (DMV). Monitoring consists of reporting non-compliance to the DMV rather than to the courts. Additionally, DUI offenders serving executed sentences through VTDOC are likely to be placed in an Intensive Substance Abuse Program (ISAP) or other furlough sentence that includes treatment and monitoring. Offender monitoring should occur during the treatment process. Non-compliance in these settings is handled internally by VTDOC rather than the courts. The courts are minimally involved in the monitoring of DUI offenders.

Offender monitoring can occur through the behavior data collection ability of ignition interlock devices (IID). The Vermont judiciary and its offender supervision partners are at the cusp of a new source of treatment data that can help structure individual treatment strategies. This monitoring and treatment support tool is too new to report any results. It is hoped that the lack of resources does not cause this opportunity to be overlooked.

The Model Code of Judicial Conduct encourages judges to advance their legal knowledge and application skills, to serve as legal educators, and to conduct public outreach. DUI

specific training, and cross-training if properly administered, will not compromise the independence and impartiality of the judiciary.

Despite being a small collegial branch of government, the Vermont judiciary is not linked to a unified electronic case management system that would allow inter-agency access and utilization of driver records. Also, there is a lack of appellate decisions on key DUI legal issues such as horizontal gaze nystagmus and drug recognition expert. Trial court decisions on DUI legal issues are used as legal guidance across the state. This does not allow practitioners and law enforcement to have a consistent source of legal guidance on key DUI issues.

The judiciary is not recognized as being overly engaged in outreach to the community in the understanding of the judicial system and its role in DUI adjudication. Some judges perceive the Code of Judicial Conduct limits their ability to be proactive in community outreach as well as instituting innovative DUI programs.

The first DUI court for Vermont is in the development stage. The Department of Public Safety is involved in the development. It is too early in the process to discuss it in this report.

Recommendations

- Incorporate the judiciary in the development of ignition interlock device data usage protocol.
- Include DUI and substance abuse curricula on a periodic rotation for statewide judicial education.
- Provide judges with special project development and enhanced traffic safety education such as courses at the National Judicial College.
- Provide adequate funding for the ability to collect, maintain, and disperse electronic data and records among the courts and other agencies.
- Adopt the current Model Code of Judicial Conduct to allow judges to participate more freely in DUI Court administration and engage in public outreach.
- Require DUI offender supervision agencies to interact with the courts when administering offender monitoring.
- **Implement DUI Courts throughout the State.**

E. Administrative Sanctions and Driver Licensing Programs

Advisory

*States should use administrative sanctions, including the suspension or revocation of an offender's driver's license; the impoundment, immobilization or forfeiture of a vehicle; the impoundment of a license plate or suspension of a vehicle registration; or the use of ignition interlock devices. These measures are among the most effective actions that can be taken to prevent repeat impaired driving offenses.*¹³

In addition, other driver licensing activities can prove effective in preventing, deterring and monitoring impaired driving, particularly among novice drivers.

1. Administrative License Revocation and Vehicle Sanctions:

Advisory

Each state's Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the state's impaired driving laws. Administrative sanctions allow the licensing agency to maintain its authority to determine the safety and competence of the driver to whom it has issued a license, and to determine whether, at any time, continued provision of driving privileges is warranted. Administrative sanctions provide for consistency and uniformity of both sanction and treatment of offenders, apart from the political or social viewpoints of the various judicial jurisdictions within a state.

The code should provide for:

- *Administrative suspension of the driver's license for alcohol and/or drug test failure or refusal;*
- *The period of suspension for a test refusal should be longer than for a test failure;*
- *Prompt suspension of the driver's license within 30 days of arrest, which should not be delayed, except when necessary, upon request of the State;*
- *Vehicle sanctions, including suspension of the vehicle registration, or impoundment, immobilization or forfeiture of the vehicle(s), of repeat offenders and individuals who have driven with a license suspended or revoked for impaired driving; and*

¹³ Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002

- *Installation of ignition interlock device(s) on the offender’s vehicle(s) until a qualified professional has determined that the licensee’s alcohol and/or drug use problem will not interfere with their safe operation of a motor vehicle. Specific agencies within a State should be given responsibility and authority for oversight of the interlock program, including vendor selection, certification, and monitoring; review of data downloaded from the individual devices; and responsibility for administrative rules that guide sanctions for circumvention or other non-compliance with ignition interlock licensure. Licenses for drivers required to have ignition interlock devices installed on vehicles that they operate should be easily identifiable by law enforcement officers, either by virtue of a different colored background on the license or large print indicating that an ignition interlock device is required.*

Status

Vermont’s statutes provide the Commissioner of Motor Vehicles the broad authority to administratively suspend, revoke, and reinstate driver licenses and driving privileges in Title 23, Chapter 13, §1201c, Vermont Statutes Annotated, allowing determination of “...whether suspension shall occur and when...” as well as the duration of the suspension. Implied consent and per se statutes provide administrative authority for the Department of Motor Vehicles (DMV) to suspend or revoke licenses and driving privileges based on either refusal to submit to an evidentiary test of the alcohol content of the blood or breath of a suspected impaired driver, or on a driver’s test results indicating alcohol content in excess of the per se limits for commercial driver license holders, persons under the legal age to consume and/or possess alcohol, and drivers, generally, whose BAC exceeds 0.08.

Enhanced penalties are established for persons whose blood alcohol is twice the legal limit. Anyone convicted of driving under the influence of alcohol, whose blood alcohol content exceeded 0.16 at the time of testing, shall not drive with a BAC in excess of 0.02 at any time within three years from the date of conviction. Failure to comply constitutes a separate offense.

State laws outline minimum periods of suspension for both test failure and refusal, with refusal to submit to testing having a civil (administrative) suspension period of “at least six months,” while test failure results in a suspension of half that amount of time, or “at least 90 days.”

Repeat offenders face progressively steeper fines and longer suspension periods. These provisions, though, are subject to criminal convictions. Refusal is a criminal offense only when there has been a previous conviction of Driving Under the Influence (DUI). Penalties are as follows:

Offense	Length of Suspension	Reinstatement
Refusal	6 months	Must comply with §1209
1st Offense	90 days	After 30 days with Interlock RDL

2nd Offense	18 months	After 90 days with Interlock RDL
3rd Offense	Lifetime	After 1 year with Interlock RDL

Persons suspended for refusal to take a BAC test or for conviction of DUI of drugs (DUID) are not eligible for reinstatement with an Ignition Interlock Restricted Driver License (RDL).

For the civil or administrative suspensions, law enforcement officers exact immediate sanction by issuing a Notice of Suspension upon test failure or refusal. When the test involves a blood draw, the Notice is mailed or served immediately upon the officer's receipt of test results, if applicable. Due process is afforded through a hearing in the Criminal Division of the Superior Court and results are provided to the Commissioner of Motor Vehicles. Such hearings, though held in criminal court, are subject to Vermont Rules of Civil Procedure.

Essentially, then, because they are heard by the same authority, the administrative and criminal proceedings happen concurrently in Vermont. Though separately determined due to varying standards of proof, statute (23-13-1205(i)V.S.A.) then requires the licensing authority to cancel its suspension if the court finds in favor of the defendant.

The deliberations for per se hearings are limited to the following:

- Whether a test was taken,
- Test results, were they in excess of the per se limits?
- Was the person operating a vehicle?
- Whether the testing methods were valid and reliable, and
- Were the results accurate and accurately evaluated?

As of March 1, 2012, the last two issues will be more easily determined because statutory amendments become effective which provide that if the test was taken and evaluated in compliance with Department of Public Safety rules, it is prima facie evidence that testing methods were valid and reliable and that results are accurate and were accurately evaluated.

In general, throughout the United States, licensing of drivers has historically been a function of state government assigned to an executive agency, whose responsibility is to identify the applicant, test and determine his or her ability and competence to safely operate a motor vehicle, ensure thereby that each person has only one driver license, and record each driver's history of violations, driver education, crash involvement and license sanctions in a centralized file. All of these responsibilities require that the executive regulatory agency maintains the authority to cancel, deny, rescind, or restrain the driving privilege or license when drivers demonstrate that they either have not maintained the ability to drive competently, have demonstrated a disregard for the responsibility vested in, and laws and rules governing the licensed behavior, or are found to have obtained the license through fraudulent means. The regulatory function ensures that dangerous driving behavior can be addressed quickly, equitably, and consistently throughout the state, without the influence of local attitudes or politics, in an effort to provide a safe

environment for all highway users. The administrative process is meant to be regulatory rather than criminal in nature and a lesser degree of proof is required to uphold the actions of the administrative agency. The judicial branch is involved only when the results of the administrative hearing are appealed.

An additional benefit derived from separate administrative proceedings is that the specialized hearing authority develops a level of subject matter expertise generally not garnered by prosecutors and triers of fact who have much more diverse caseloads.

In Vermont civil and criminal proceedings are held concurrently. The court then has to hear a single case pursuant to two separate standards, and differing scopes. Criminal proceedings then become subject to the same shortened time frame that is mandated for civil DUI proceedings.

While a level of efficiency is afforded by this procedure, statistics for the preceding five years indicate that less than two-thirds of the civil charges are actually upheld. Based on the amount of resources required to effect an implied consent per se arrest, this number seems low, particularly due to the fact that the standard of proof is “preponderance of evidence”, rather than “beyond a reasonable doubt.” Logically, then, it is expected that an even lower percentage of criminal cases are upheld.

There is no evidence that a review and comparison of the percentage of each type of case that results in a suspension or finding has been conducted to determine if the combined hearings as held in Vermont are not only efficient, but are effective as well.

Aside from administrative license suspensions taken for alcohol-related driving offenses, the driver licensing authority in Vermont may suspend the driver license or driving privilege for:

- Accumulation of 10 points within two years (Points are assigned to violations based on their seriousness. Conviction of such violations results in points being assessed on the driving record.);
- Failure to stop when involved in a motor vehicle crash; and
- Attempting to elude a law enforcement officer.

License revocations may be taken in the following circumstances:

- 2nd offense DUI for commercial drivers;
- 3rd DUI results in a lifetime revocation; and
- Negligent vehicular assault.

Vermont does not offer a hardship license.

Drivers who are suspended or revoked for impaired driving violations are a concern of numerous law enforcement agencies in Vermont. As noted in *Unlicensed to Kill* (AAA Foundation for Traffic Safety, 2000) and *Unlicensed to Kill-the Sequel* (AAA Foundation for Traffic Safety, 2003), the AAA Foundation commissioned a study which examined the license status of drivers involved in fatal crashes during the period of 1993-1997.

“The results showed that 20 percent of all fatal crashes in the United States involved one driver who did not have a valid license at the time of the crash.” It is estimated that approximately 80 percent of suspended and revoked drivers continue to drive.

DWS[DLS]/DWR drivers are 3.7 times more likely to be involved in a fatal crash than are validly licensed drivers.

Voas (2001) reported a study following the driving records of 19,203 DWI first offenders and 6,927 DWI second offenders convicted in 1987 in Oregon. Three years later (in 1991), 50 percent of the first offenders and 71 percent of the second offenders had not reinstated their license, despite the fact that for both groups the original suspension period had expired in 1988 or 1989. (*Unlicensed to Kill-the Sequel*)

Many drivers with suspended or revoked licenses indicate that they are financially unable to pay the traffic fines and surcharges and related fees that would enable them to reinstate their driving privileges and return to a legal status. Those drivers who have been suspended for impaired driving violations should be encouraged to reinstate with an RDL, perhaps through a program of amnesty for fines, based on the same determination of indigence used by courts to reduce fines in order to defray the cost of the interlock device as described in statute.

Vehicle sanctions such as impoundment, immobilization and forfeiture are all possible pursuant to statute. Reportedly, forfeiture is seldom attempted due to the fact that it often constitutes an undue hardship on co-owners or other family members of the violator. Impoundment is not reported to be widely used due to the lack of facilities and space. Immobilization, however, is authorized on the vehicle owners' property. Some agencies reported using immobilization devices in this manner with success. Research shows that all these vehicle sanctions reduce alcohol related crashes and violations. If space constraints and co-ownership hinder the use of impoundment and forfeiture, using the “club” or a vehicle “boot” to impound vehicles for periods of time on owners' property could provide an opportunity to test the effectiveness of such sanctions for the State.

In 2010, Vermont enacted legislation authorizing the use of ignition interlock devices (IID) to provide a means by which to reinstate driver licenses and privileges after a shortened period of “hard” suspension following an impaired driving violation. To date, fewer than 100 Interlock Restricted Licenses have been issued. This law makes the IID voluntary rather than mandatory.

The cost of the IID can be defrayed for indigent violators through a reduction by half in the amount of fines assessed by the court. Removal, circumvention or tampering with the IID or continuing to drive after failing a rolling retest are all violations which result in revocation of the RDL upon conviction. Violation of IID rules is a civil traffic offense which can result in a fine of up to \$500 and recall of the RDL for up to one year. Conviction of any violation that would result in a driver license sanction will result in an equal sanction for the RDL.

The interlock program is managed by the DMV. Rules governing the program are to be written by the Department of Public Safety (DPS), in consultation with the VTDOC. Additionally, the DPS is responsible for establishing uniform performance standards for IID accuracy and efficacy in distinguishing valid breath samples. It is also responsible to certify devices and to specify periodic calibration requirements and the timeframes for downloading the data collected by IIDs.

The level of recidivism for RDL holders in comparison to those who opt not to participate in the program will be of interest to the legislature in determining changes or additions to the law, such as the need to mandate interlock usage for repeat offenders. Mandatory IID installation may be a viable option for those who would otherwise be eligible for impoundment or forfeiture of their vehicles.

Currently, duration of the use of the IID is based on statutory time frames, without intervention of monitors either in the DMV or probation. The IID may serve as a treatment mechanism as well as a driving preventative if subsequent legislation calls for a review by one of these authorities of the IID downloads for the 30-day period immediately prior to ending the IID restriction period, to determine if the attempts to start the vehicle continue to demonstrate alcohol use, abuse, and/or dependence.

An RDL indicates that the driver may only operate IID equipped vehicles as noted by a specified number listed in the restrictions section of the license. It would be beneficial to develop a more readily apparent indicator on the license, such as a contrasting banner color, as found on Junior Operators' Licenses. It is difficult to discern at this time whether law enforcement officers are having a difficult time recognizing these licenses, since there are currently so few of them in use. Continued communications with law enforcement should stress that officers should check the restrictions for all drivers until the IID is more commonly used and recognized by officers.

Recommendations

- Provide incentives to maintain a valid license status in order to reduce the high rate of Driving While License Suspended cases.
- Evaluate the Ignition Interlock Program in an effort to determine its effectiveness and, potentially, its deficiencies.
- Provide the evaluation results to legislators regularly to facilitate informed public policy on the future enhancements or changes to the program.
- Evaluate the need for and implement changes to the appearance of the Restricted Driver License to make it readily identifiable to officers.

2. Programs

Advisory

Each state's driver licensing agency should conduct programs that reinforce and complement the state's overall program to deter and prevent impaired driving, including:

- (1) Graduated Driver Licensing (GDL) for novice drivers. GDL programs have been widely evaluated and all studies, although results vary significantly, have shown a reduction in crash and fatality rates.*

States' GDL program should involve a three-stage licensing system for beginning drivers (stage 1 = learner's permit; stage 2 = provisional license; and stage 3 = full license) that slowly introduces the young, novice driver to the driving task by controlling exposure to high risk driving situations (e.g., nighttime driving, driving with passengers, and driving after drinking any amount of alcohol). The three stages of the GDL system include specific components and restrictions to introduce driving privileges gradually to beginning drivers. Novice drivers are required to demonstrate responsible driving behavior during each stage of licensing before advancing to the next level.

Each stage includes recommended components and restrictions for States to consider when implementing a GDL system.

Stage 1: Learner's Permit

- State sets minimum age for a learner's permit at no younger than 16 years of age;*
- Pass vision and knowledge tests, including rules of the road, signs, and signals;*
- Completion of basic driver training;*
- Licensed adult (who is at least 21 years old) required in the vehicle at all times;*
- All occupants must wear seat belts;*
- Zero alcohol while driving;*
- Learners permit is visually distinctive from other driver licenses;*
- Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed and other GDL provisions, for at least 6 consecutive months to advance to the next level;*
- Parental certification of 30 to 50 driving practice hours; and*
- No use of portable electronic communication and entertainment devices while driving.*

Stage 2: Intermediate (Provisional) License

- Completion of Stage 1;*
- State sets minimum age of 16.5 years of age;*

- *Completion of intermediate driver education training (e.g., safe driving decision-making, risk education);*
- *All occupants must wear seat belts;*
- *Licensed adult required in the vehicle from 10 p.m. until 5 a.m. (e.g., nighttime driving restriction) with limited exceptions (i.e., religious, school, medical, or employment related driving);*
- *Zero alcohol while driving;*
- *Driver improvement actions are initiated at lower point level than for regular drivers;*
- *Provisional license is visually distinctive from a regular license;*
- *Teenage passenger restrictions – not more than 1 teenage passenger for the first 12 months of Intermediate License. Afterward, limit the number of teenage passengers to 2 until age 18;*
- *Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed and other GDL provisions, for at least 6 consecutive months to advance to the next level; and*
- *No use of portable electronic communication and entertainment devices while driving.*

Stage 3: Full Licensure

- *Completion of Stage 2;*
- *State sets minimum age of 18 for lifting of passenger and nighttime restrictions;*
- *Zero alcohol while driving; and*
- *Visually distinctive license for drivers under the age of 21.*

(2) A program to prevent individuals from obtaining and using a fraudulently obtained, counterfeit, or altered driver's license including:

- *Training for alcoholic beverage sellers to recognize fraudulent or altered licenses and IDs and what to do with these documents and the individuals attempting to use them;*
- *Training for license examiners to recognize fraudulent documents and individuals seeking to apply for them; and*
- *A means by which to ensure that individuals cannot obtain driver licenses using multiple identities.*

Status

Vermont's Graduated Driver License (GDL) law has been in effect for more than a decade. Like most states, the law contains the majority of, but not all, the provisions recommended by NHTSA. The three phases of licensing in Vermont are the Learner's Permit, the Junior Operator's License and the regular Operator's License. The Learner's Permit, available at age 15, is intended to provide for a period of driving practice for the

novice driver and requires that a parent, guardian, driving instructor or other adult of at least 25 years of age be a front seat passenger during at least 40 of those hours, of which ten must be at night. A driver's license cannot be issued until the permit has been held for one year; the minimum age to obtain a Junior Operator's License is 16.

The Vermont GDL has no night time driving restrictions. Such restrictions are meant to enable the youngest drivers to gain experience and practice in the lowest risk situations. Studies show that almost half of all fatal crashes involving 16 year olds happen before midnight. This fact is the basis for the recommendation for night time driving restrictions for drivers holding the provisional or intermediate licenses; it is recommended that between the hours of 10 p.m. and 5 a.m., novice drivers be accompanied by an adult passenger. Studies found that with night time driving restrictions, fatal crashes were reduced by 30 percent for 15 – 17 year old drivers. The cost of insurance claims for 16 year olds involved in crashes was reduced by 20 percent.

A great deal of emphasis has recently been placed on the dangers of driver distraction. One of the most common and dangerous distractions for young inexperienced and immature drivers is their young passengers. Vermont law restricts the novice driver to no passengers under age 21 for the first three months of driving and to family members only during the second three months of driving. All passenger restrictions are lifted after six months. For young drivers, the presence of young passengers greatly increases crash risks. Three passengers, for example, increase the fatal crash rate by three as compared to the driver alone. Prohibiting passengers other than adults is shown to reduce the fatal crash rate of 15-17 year olds by 21percent, allowing a single passenger reduced the fatal crash rate by 7 percent.

No test for a learner's permit is allowed for novice drivers who have committed violations in the previous two years. Then, holders of Junior Operator's Licenses must have had a clean driving record for six months prior to full licensure, which is available at age 18. Other conditions and restrictions for Junior Operator's License holders include the following:

- May not carry passengers for hire (taxi)
- May not operate a vehicle in the course of employment
 - Until a license has been held for one year
 - Until the driver is age 18
- No cell phone use for those under age 18
- Must wear seat belts and cannot carry more passengers than seatbelts in the vehicle.

A Junior Operator's License will be recalled for a period of 90 days for the following violations:

- Driving for an employer
- Carrying passengers for hire
- Conviction of one 3 point speeding violation

- Accumulation of 6 points
- Violation of passenger restrictions.

A recall of 30 days is possible upon a recommendation of a diversion/reparative board. Recalls may be appealed and a hearing requested.

Vermont's statutes provide for zero tolerance for any person less than twenty-one years of age in terms of drinking and driving. Convictions of minor in possession of alcohol violations result in driver license suspensions.

All drivers under age 18 are required to complete a driver education course. High schools in the state offer driver training as part of their curricula.

The Vermont driver license and identification cards clearly indicate when the holder is less than twenty-one years of age. There are two versions of the Vermont license currently being used within the state. For the older licenses, issued prior to 2009, the words "Junior Operator" appears in a yellow header bar. For 18-20 year olds, the header bar is purple and the words "under 21 until month-day-year" are shown in red letters.

The newer licenses have a purple header and indicate that the holder has not reached the age of 18 or 21, respectively. These licenses list the date that the driver turns 18 and/or 21 years of age.

Both new and older versions of the licenses have the photograph of the driver in the upper left for adults and in the lower left for those under 21.

The Department of Motor Vehicles (DMV) takes part in an innovative program to assist liquor licensed establishments with identification of fraudulent driver licenses. The program, called 1-800-ITS-FAKE is a hotline that can be accessed by liquor stores and bars to verify that the license number and the name and date of birth are valid and match the State's driver file.

Other efforts to prevent and detect fraudulent licenses are undertaken by the DMV, which trains its employees in fraudulent document recognition, as approved by the American Association of Motor Vehicle Administrators.

Training is also available in person and on-line for servers and sellers of alcohol beverages, which is intended to prevent sales to underage persons and over-service of alcohol to any person. Such training is provided at no cost by the Liquor Control staff.

Recommendations

- **Enact night time driving restrictions and more stringent passenger restrictions to improve the effectiveness of Vermont's Graduated Driver Licensing law.**

IV. Communication Program

States should develop and implement a comprehensive communication program that supports priority policies and program efforts, including high visibility enforcement (HVE). Communication strategies should specifically support efforts to increase the public perception of the risks of detection, arrest, prosecution and sentencing for impaired driving. Additional communication strategies should address underage drinking, impaired driving, and reducing the risk of injury, death and the resulting medical, legal, social and other costs if there are specific programs underway in the community. Communications should highlight and support specific program activities underway in the community and be culturally relevant and appropriate to the audience.

Advisory

States should:

- *Focus their publicity efforts on creating a perception of risk of detection, arrest, prosecution and punishment for impaired driving;*
- *Use clear, concise enforcement messages to increase public awareness of enforcement activities and criminal justice messages that focus on penalties and direct costs to offenders such as loss of license, towing, fines, court costs, lawyer fees, and insurance;*
- *Employ a communications strategy that principally focuses on increasing knowledge and awareness, changing attitudes and influencing and sustaining appropriate behavior;*
- *Develop a year-round, data-driven, strategic and tactical communication plan that supports the state's priority policies and programs such as alcohol's effects on driving and consequences of being caught driving impaired or above the state's zero tolerance limit;*
- *Implement a communication program that:*
 - *Uses messages that are coordinated with National campaigns and messages that are culturally relevant and linguistically appropriate;*
 - *Considers special emphasis during holiday periods and other high risk times throughout the year, such as New Year's, 4th of July, Labor Day, Halloween, prom season and graduation;*
 - *Uses paid, earned and donated media coordinated with advertising, public affairs, news, and advocacy; and*

- *Encourages communities, businesses and others to financially support and participate in communication efforts.*
- *Direct communication efforts at populations and geographic areas at highest risk or with emerging problems such as youth, young adults, repeat and high BAC offenders and drivers who use prescription or over-the-counter drugs that cause impairment;*
- *Use creativity to encourage earned media coverage, use of a variety of messages or “hooks” such as inviting reporters to “ride-along” with law enforcement officers, conducting “happy hour” checkpoints or observing under-cover liquor law enforcement operations, and use of social media;*
- *Monitor and evaluate the media efforts to measure public awareness and changes in attitudes and behavior; and*
- *Ensure that personnel who are responsible for communications management and media liaison are adequately trained in communication techniques that support impaired driving activities.*

Status

The Vermont Governor’s Highway Safety Program (GHSP) employs a full-time public information officer (PIO). The PIO manages public service and paid media campaigns, including outreach efforts and the GHSP website. The PIO provides assistance to subgrantees and other highway safety partners regarding campaigns, messaging and media. The PIO reviews and approves public information materials from subgrantees.

GHSP requires a media activity for all grants. According to GHSP Grant Guidelines:

In most cases, this [a media activity] would consist of an agency press release to local media outlets announcing the award of the grant and what the project hopes to achieve. Another media activity might be a press conference to announce a training or event. All media activities and creative material or press releases require prior approval of GHSP, where media material must include the phrase: “Funding provided by the Vermont Governor’s Highway Safety Program.”

The GHSP contracts with a professional media consultant, HMC², who makes the media buys for the state campaigns. This consultant solicits free (added-value) spots for the media buys. There is approximately a one-to-one ratio of paid vs. free media time with added-value time equaling about \$67,000 for Labor Day campaigns and \$81,000 for holiday campaigns. This media consultant also measures reach/frequency for the media, including banner impressions on Google and Facebook, television and radio.

Communications plans are developed for each independent campaign, are measured by the reach, and plans are adjusted from one campaign year to another. In addition, a Strategic Highway Safety Plan Outreach and Marketing Committee has been established

with the appointment of the VSP PIO as its chair. The PIO provides an important link to the DPS and its internal planning effort. The PIO of GHSP also sits on the Marketing and Outreach group of SHSP and will reinforce the GHSP's policies and goals. As yet, therefore, there does not appear to be an overall strategic communications plan that is coordinated among the major traffic safety partners and for which media and messages are tested to determine the most effective strategies for the State.

State and local agencies take advantage of free material available from other states and the National Highway Traffic Safety Administration, including public service announcements and print material. Messaging with these materials includes reference to strong enforcement ("Police will be out in force.") and reference to the consequences of impaired driving ("Drunk drivers not only risk death or injury, but also trauma and financial costs from a crash or an arrest.") There is no Vermont-specific media that highlights the costs of a DUI specifically to a Vermonter or presents Vermont law enforcement. Therefore, there has been no pre- or post-testing of messaging or materials.

The following communications activities are routinely conducted at the state and local level:

- Press releases. Vermont State Police and local law enforcement routinely issue press releases to notify the media of DUI checkpoints, provide information on the results of the checkpoints, and other enforcement efforts. Pre-checkpoint press releases are not considered to be particularly successful as they are often ignored by the media. These releases may be written primarily to comply with a notification requirement and written in such a way as to comply with Vermont State Police *Rules and Regulations*, which states that the exact dates, times, and locations for sobriety checkpoints should not be provided.
- Press conferences.
- Distribution of information at sobriety checkpoints.

There is not a consistent look or message for impaired driving communications. There is also no information available in any languages other than English or for a culturally-diverse audience. This is to be expected in a state that is predominately white. However, there is a small but growing minority population of migrant workers and other minorities. For the small town of Winooski, for example, a comparison of the 1990 and the 2000 Census shows:

	<u>1990</u>	<u>2000</u>
White	6431	5902
Black	49	80
American Indian/Alaskan Native	17	33
Asian or Pacific Islander	73	356
Hispanic	60	75
Other race alone	19	7
Two or more races	<u>na</u>	<u>180</u>
	6649	6561

Prevention campaigns at the University of Vermont (UVM) use various social norming messages. (e.g., “Most UVM students sometimes or always don’t drink when they go to a party.”) This campaign was specific to UVM and not replicated on other college campuses.

The use of websites to distribute information and campaign messages is common. The use of social media, however, seems to be very limited. One of the goals for the DPS is to broaden its communication reach to see a 25 percent increase in social media. Use of print media is also very limited, partly because there is some perception that newspapers are not receptive to the impaired driving message. Contrary to this perception, there was some indication provided that non-daily newspapers are looking for news.

Many of those responsible for communicating with the media have extremely limited or no training to do so. Though all 327 sworn state troopers are available to the media for comments and interviews, they do not receive formal training to do this successfully. VPS PIO conducted an eight-hour news media relations training for new troopers, but tenured troopers have not received the same training. Formerly, new recruit training included a two-hour panel on media relations. An effort has begun to reinstate that training. There was no indication that similar training was provided to local police or sheriffs or other highway safety subgrantees.

(Note: Communication efforts are further described in previous sections of this Report, particularly in Section II. B. Community-based Programs and III.B. Enforcement.)

Recommendations

- **Develop and implement an impaired driving communications plan, in coordination with the Strategic Highway Safety Plan, the Highway Safety Plan, and the Department of Safety communications plan, that creates a comprehensive communications program which:**
 - identifies target audience(s) and locales,
 - incorporates a mix of media appropriate to the target audience(s),
 - is identifiable and specific to Vermont,
 - emphasizes strong enforcement, and
 - highlights the costs and consequences of impaired driving.
- Complete and implement the Department of Safety-initiated communications plan.
- Implement communications and media relations training for all those who interact with the media on behalf of impaired driving programs.
- Incorporate creative ways, such as reporter “ride-alongs” and drunk driving demonstrations to access earned media.

- Conduct pre- and post-tests for media communications to determine the effectiveness of a comprehensive communications program.
- Track minority populations for their involvement in impaired driving crashes and begin to include them in communication strategies.
- Review existing campaigns, such as social norming, to determine their effectiveness; support and replicate only those that evidence effectiveness.
- Amend Vermont State Police *Rules and Regulations* to encourage publicity to include dates times and locations for sobriety checks.

V. Alcohol and Other Drug Misuse: Screening, Assessment, Treatment and Rehabilitation

Impaired driving frequently is a symptom of the larger problem of alcohol or other drug misuse. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crime. One-third of impaired driving arrests each year involve repeat offenders.¹⁴ Moreover, on average, individuals with alcohol or other drug abuse problems, drive several hundred times within two hours of drinking before they are arrested for driving while impaired.¹⁵

States should have a system for identifying, referring and monitoring convicted impaired drivers who are high risk for recidivism for impaired driving.

Nationally, the number and diversity of problem solving courts has grown dramatically. One such problem solving model is the DWI Court. These courts provide a dedicated docket, screening, referral and treatment and intensive monitoring of impaired driving offenders. States and localities that implement DWI Courts should ensure that they are established and operated consistent with the Guiding Principles recommended by the National Center for DWI Courts.

www.dwicourts.org/sites/default/files/ncdc/Guiding_Principles_of_DWI_Court_0.pdf

In addition, alcohol use leads to other injuries and health care problems. Almost one in six vehicular crash victims treated in emergency departments are alcohol positive, and one third or more of crash victims admitted to trauma centers—those with the most serious injuries - test positive for alcohol. In addition, studies report that 24-31percent of all emergency department patients screen positive for alcohol use problems. Frequent visits to emergency departments present an opportunity for intervention, which might prevent these individuals from being arrested or involved in a motor vehicle crash, and result in decreased alcohol consumption and improved health.

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

A. Screening and Assessment

Each State should ensure that all convicted impaired drivers are screened for alcohol or other substance abuse and dependency. The most immediate screening should take place in the criminal justice system. However, states should also encourage its health care

¹⁴ Repeat DWI Offenders in the United States. “Washington, DC: NHTSA Technology Transfer Series, Traffic Tech No. 85, February 1995.

¹⁵ On average, 772 such episodes, according to Zador, Paul, Sheila Krawchuck, and Brent Moore, “Drinking and Driving Trips, Stops by Police, and Arrests: Analyses of the 1995 National Survey of Drinking and Driving Attitudes and Behavior.” Washington, DC: U.S. Department of Transportation, NHTSA Technical Report No. DOT HS 809 184, December 2000.

professionals, employers and educators to have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment. Many individuals who are drivers and who have alcohol or other drug abuse problems present themselves in a variety of settings, e.g. emergency departments, in which Screening and Brief Intervention (SBI) and referral are appropriate and serve to prevent the individual from being involved in a future impaired driving crash or arrest.

1. Criminal Justice System

Advisory

Within the criminal justice system, people who have been convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and to determine their need for treatment. The assessment should be required by law and completed prior to sentencing or reaching a plea agreement.

The assessment should be:

- Conducted by a licensed counselor or other alcohol or other drug treatment professional or by a probation officer who has completed training in risk assessment and referral procedures;*
- Used to decide whether a treatment and rehabilitation program should be part of the sanctions imposed and what type of treatment would be most appropriate;*
- Based on standardized assessment criteria, including validated psychometric instruments, historical information, e.g., prior alcohol or drug-related arrests or convictions, and structured clinical interviews; and*
- Appropriate for the offender's age and culture using specialized assessment instruments tailored to and validated for youth or multi-cultural groups.*

Status

Before sentencing, a DUI offender is subject to an alcohol assessment/screening at the discretion of the court and paid for by the offender. Screening of DUI offenders is not required in the criminal justice system. However, three courts have access to professionals who can conduct assessments on individuals charged with DUI.

All drivers convicted of an impaired driving offense are required to participate in Vermont's Drinking Driver Rehabilitation Program (Project CRASH), as a condition of driver's license reinstatement. The project CRASH program consists of a screening (an information gathering session), an intake (a half-hour appointment during which the evaluator does a brief assessment and discusses the next steps), a four-week, 2 ½ hour session each week, school program (a teacher delivers information related to substances

and driving), and an exit appointment with the evaluator. Evaluators are certified substance abuse counselors.

There is no single mandated screening instrument however; the Substance Abuse Subtle Screening Inventory (SASSI) is used in many assessments.

In 2011 approximately 2,765 individuals were assessed. This represents approximately 60 percent of all drivers charged with DUI.

Drivers who fail to complete an assessment may not be eligible for license reinstatement but, few drivers have assessment included as a condition of sentence by the courts. Consequently, it is possible that individuals who have progressed to advanced levels of chemical dependency can avoid assessment and subsequent treatment while continuing to drive without concern for license reinstatement. It is currently unknown if non-compliant drivers are at greater risk of recidivism.

The courts are minimally involved in the screening, treatment and monitoring of DUI offenders. This creates a belief that sentence and treatment accountability is deficient. This causes both the state's attorneys and the judiciary to have an incomplete picture of sentence and treatment compliance.

Offender monitoring can occur through the behavior data collection ability of ignition interlock devices (IID). Those involved with offender supervision are at the cusp of a new source of screening and treatment data that can help structure individual treatment strategies. This monitoring and treatment support tool is too new to report any results. It is hoped that the lack of resources does not cause this opportunity to be overlooked.

DUI screening and treatment providers are not fully prepared to address an increase in persons committing DUI while under the influence of other substances. Also, they are not equipped to address an increase in offenders with co-occurring disorders. Their modalities are aimed at alcohol.

Recommendations

- Conduct a study of the current screening, assessment and treatment processes for convicted impaired drivers to determine the characteristics of and recidivism rates for non-compliant drivers.
- Expand DUI screening and treatment modalities to include DUI/drugs and offenders with co-occurring disorders and support the expansion with sufficient resources.
- Require DUI offender supervision agencies to interact with the courts when administering offender monitoring.
- Utilize ignition interlock device data in structuring individual treatment plans.

2. Medical and Other Settings

Advisory

Within medical or health care settings, any adults or adolescents seen by health care professionals should be screened to determine whether they have an alcohol or drug abuse problem. The American College of Surgeons mandates that all Level I trauma centers have the capacity to use Screening and Brief Intervention (SBI). SBI is based on the public health model which recognizes a continuum of alcohol use from low risk, to high risk to addiction. Research from the Centers for Disease Control and Prevention indicates that an estimated 25 percent of drinkers are at risk for some harm from alcohol including impaired driving crashes. These individuals' drinking can be significantly influenced by a brief intervention. An estimated four percent of the population has a serious problem with alcohol abuse or dependence. A brief intervention should be conducted and, if appropriate, the person should be referred for assessment and further treatment.

SBI can also be implemented in other settings including: Employee Assistance Programs (EAP), schools, correctional facilities, at underage drinking party dispersals and any setting in which at-risk drinkers are likely to make contact with SBI providers.

Screening and brief intervention should be:

- Conducted by trained professionals in hospitals, emergency departments, ambulatory care facilities, physicians' offices, health clinics, employee assistance programs and other settings;*
- Used to decide whether an assessment and further treatment is warranted;*
- Based on standardized screening tools (e.g., CAGE, AUDIT or the AUDIT-C) and brief intervention strategies;¹⁶ and*
- Designed to result in referral to assessment and treatment when warranted.*

¹⁶ For a discussion of assessment instruments, see: Allen, John and M. Columbus (Eds.), NIAAA Handbook on Assessment Instruments for Alcohol Researchers (2nd edition). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 2003. For an overview of alcohol screening, see: "Screening for Alcohol Problems – An Update," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert No. 56, April 2002. For a primer on helping patients with alcohol problems, see: "Helping Patients with Alcohol Problems: A Health Practitioner's Guide," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, NIH Publication No. 04-3769, Revised February 2004.

Status

Screening and Brief Intervention (SBI) services are implemented in Vermont's one level I trauma center and in other hospital emergency departments. SBI is promoted by the Vermont Department of Health (VDH) and is consistent with the *Vermont Blueprint for Health*.

The American Automobile Association (AAA) provides an online SBI training program for healthcare professionals.

Vermont has eliminated two major impediments to implementing SBI. First, Vermont has no alcohol exclusion law under which insurance carriers may deny payment for treatment of injuries resulting from a client's use of alcohol. Second, Vermont is one of a few states that require healthcare providers to report to police any positive medical blood alcohol test result from an injured driver.

Recommendations

- Continue to promote and support implementation of Screening and Brief Intervention in all emergency rooms and trauma centers in Vermont.

B. Treatment and Rehabilitation

Advisory

Each State should work with health care professionals, public health departments, and third party payers, to establish and maintain programs for persons referred through the criminal justice system, medical or health care professionals, and other sources. This will help ensure that offenders with alcohol or other drug dependencies begin appropriate treatment and complete recommended treatment before their licenses are reinstated.

These programs should:

- *Match treatment and rehabilitation to the diagnosis for each person based on a standardized assessment tool, such as the American Society on Addiction Medicine (ASAM) patient placement criteria;*
- *Provide assessment, treatment and rehabilitation services designed specifically for youth;*
- *Provide culturally appropriate treatment and rehabilitation services;*
- *Ensure that offenders who have been determined to have an alcohol or other drug dependence or abuse problem begin appropriate treatment immediately after*

conviction, based on an assessment. Educational programs alone are inadequate and ineffective for these offenders;

- *Provide treatment and rehabilitation services in addition to, and not as a substitute for, license restrictions and other sanctions; and*
- *Require that offenders, who either refused or failed a BAC test, and/or whose driver's license was revoked or suspended, complete recommended treatment, and that a qualified professional has determined the offender has met treatment goals before license reinstatement.*

Status

Drivers who have their license suspended due to an alcohol-related driving offense are required to successfully complete CRASH, Vermont's Drinking Driver Rehabilitation Program, in order to have their license reinstated. Individuals are required to enroll in the CRASH Program within 30 days of his/her suspension. If the individual does not enroll within 30 days, and remain enrolled until completion, a non-compliance hearing will be scheduled with the court.

The CRASH Program consists of screening (an information gathering session), intake (a half-hour appointment during which the evaluator does a brief assessment and discusses the next steps), a four-week, 2 ½ hour session each week, school program (a teacher delivers information related to substances and driving), and an exit appointment with the evaluator. The CRASH program can include referral to substance abuse counseling, which is required for multiple offenders and may be required for first time offenders depending on various risk factors.

Drivers who are subject to lifetime revocation of driver's license may be eligible for the Lifetime Abstinence Program. Clients required to follow the life abstinence guidelines do not attend school, but have other requirements to fulfill.

CRASH includes interventions at several levels based on results of assessment. These include:

The Project CRASH Educational School. Lectures, reading materials, videos, and small group discussions are intended to provide offenders with an opportunity to openly examine facts about alcohol and discuss the role alcohol plays in their life. The objectives of the CRASH Education School are:

- To inform the individual of the extent and seriousness of alcohol impairment and some of the consequences of being under the influence.
- To provide the individual the opportunity to examine his/her own drinking and driving behavior.
- To evaluate the individual's relationship to alcohol and other drugs.

- To inform the individual of the resources available to assist him/her in changing his/her behavior.

There is a fee for the CRASH Educational School.

Weekday (evening) CRASH School. The Evening CRASH Education School is held for four 2-1/2 hour classes. No unexcused absences or tardiness is allowed. The individual must participate in small group discussions, complete homework assignments, demonstrate knowledge of the information presented, and attend an exit interview.

For individuals who are considered first offenders, or who are court ordered to attend the program, the exit interview will determine if alcohol therapy is necessary. For individuals who are considered second offenders, successful completion of treatment will be required.

Weekend Residential CRASH School. The weekend residential CRASH program is available to individuals who have an offense that is considered a first or second offense. Individuals with a life suspension are not eligible for participation in the weekend program.

The weekend program includes the CRASH intake evaluation, the CRASH Educational program, and the determination of whether or not further therapy is necessary. The program begins on Friday evening, continues all day Saturday, and ends on Sunday afternoon.

Treatment. Based on the clinical assessment, offenders may be required to successfully complete a treatment program with a licensed or certified alcohol and drug counselor. The Project CRASH Evaluator explains the process and requirements to the individual at the Intake Evaluation.

Successful completion of a treatment program is determined by the counselor, the Project CRASH Evaluator, and by the Project CRASH Director or his/her designee. The fee for therapy will be determined between the individual and the counselor of his/her choice.

Some drivers are sentenced to treatment and are monitored by the Vermont Department of Corrections (VTDOC) probation and parole services.

The Intensive Substance Abuse Program (ISAP) is an intermediate sanction program that operates in the community and is administered by the VTDOC probation and parole offices. It is designed to reduce incarceration, address the connection between an offender's criminal pattern and substance use, maintain non-violent offenders in the community and create a risk-management structure that is integrated with treatment services. Clinical support, relapse prevention, and supervision services are provided as an intermediate sanction sentencing option in probation and parole office setting. All services and activities are delivered or structured (pursuant to a comprehensive case plan) by staff as well as contracted providers. Offenders are placed in the program as a result of meeting both correctional and clinical criteria including an assessment by a qualified staff

or contractor and receive a combination of correctional and clinical services. Individuals will also be referred to other community services as necessary. The standard duration of the intensive phase of the program is six- months, followed by an aftercare component of three to six months. ISAP Treatment Teams may adjust the duration of treatment based on performance.

There are three treatment courts in Vermont. One is a drug treatment court but there is no DUI treatment court. Implementation of one or more DUI treatment court would provide greater access to treatment and intensive monitoring for chemically dependent DUI offenders.

Vermont has comprehensive substance abuse treatment available to meet the demand for services.

Vermont does not have a DUI tracking system. This is an impediment to offender monitoring as well to evaluating the impact of current treatment options and systems.

Recommendations

- **Implement DUI Courts throughout the State.**
- **Implement a DUI tracking system.**
- **Conduct an evaluation of the functioning and impact of DUI offender treatment options and systems and make modifications based on the results.**

VI. Program Evaluation and Data

A. Evaluation

Advisory

Each State should routinely evaluate impaired driving programs and activities to determine their effectiveness, and have access to and analyze reliable data sources for problem identification and program planning. Development of a Strategic Highway Safety Plan is a starting point for evaluation efforts. Problem identification requires quantifying the problem, determining the causes, and identifying available solutions. Strategies should be evaluated for their cost effectiveness and potential for reducing crash risk. These evaluations are central to the State's traffic safety endeavors and provide a guide to future evaluation of projects funded through grants and sub-grants. Evaluations should include measurement of activities and outputs (process evaluation) as well as the impact of these activities (outcome evaluation).

Evaluations should:

- *Be planned before programs are initiated to ensure that appropriate data are available and adequate resources are allocated to the programs;*
- *Identify the appropriate indicators to answer the question: What is to be accomplished by this project or program?*
- *Be used to determine whether goals and objectives have been met and to guide future programs and activities;*
- *Be organized and completed at the State and local level; and*
- *Be reported regularly to project and program managers and policy makers.*

The process for identifying problems to be addressed should be carefully outlined. A means for determining program/project priority should be agreed upon, and a list of proven methodologies and countermeasures should be compiled. Careful analysis of baseline data is necessary, and should include historical information from the crash system. Other data that are useful for evaluation include data from other records systems as well as primary data sources such as surveys. Record systems data include state and driver demographics, driver histories, vehicle miles traveled, urban versus rural settings, weather, and seatbelt use. Survey data can include attitudes knowledge and exposure to risk factors.

The Traffic Records Coordinating Committee can serve as a valuable resource to evaluators by providing information about and access to data that are available from various sources.

Status

The Governor's Highway Safety Program (GHSP) is in a rebuilding phase following substantial staff turnover including new leadership, a natural disaster requiring office relocation and loss of program records. Despite these difficulties, the grant program continues and the application process outlines its evaluation procedure, expectations, and examples.

The new beginning afforded by the myriad changes in the GHSP provides a convenient platform for a re-evaluation of the planning and grant processes in order to review and revise, if necessary, the mission and vision of the agency and to re-assess the connectivity of the various planning efforts that are assigned to it. The problem identification process leads to the development of critical emphasis areas, which are the starting point for the Strategic Highway Safety Plan (SHSP) and the Highway Safety Plan (HSP).

Once the SHSP is developed, it is supported through data from the various components of the state's traffic records system and where appropriate data are not available, of adequate quality, or readily shared, there is opportunity to coordinate the Strategic Plan for Traffic Records Improvement to address those deficiencies. That plan should address quality control measures for traffic records components, which will ensure that data needed for evaluation of impaired driving enforcement are of the quality and timeliness needed to adequately determine the effectiveness of the countermeasures applied and the projects underway.

The grant application process outlines evaluation methodology and philosophy and provides examples of data that can be used to demonstrate the effect and effectiveness of the grant projects and programs. The fact that the evaluation planning is part of the project plan helps to ensure that as the project develops, should the outcome not meet expectations, it can be reassessed and changes made or it can be abandoned. Prioritization of grant requests should be based on the priorities of the SHSP and the HSP.

The following excerpt from the Grant Application form demonstrates the requirement for a project evaluation:

Project Evaluation Plan:

Federal grant rules require an evaluation plan for each project awarded by GHSP. In your application, you must detail how you will demonstrate that your project is being effectively implemented and how you will measure its success.

1) Identify what measurable data or information you will use to clearly demonstrate what change has occurred as a result of the project. This could include a data point just before your project starts and at the end of the project period. Possible data sources include: crash data, citation data showing decreases or increases, course evaluations or pre-project versus post-project survey comparisons.

2) Use project documents to show what the project is accomplishing. For example, you could plan to send GHSP the number of people trained or certified, course rosters, enforcement event results, newspaper coverage or membership rosters, etc.

NOTE: If it is difficult to provide evidence that an objective or activity has been completed please revisit prior sections of your project application. This is an indication that your objectives and activities are not specific, measurable, or clearly defined.

The application for funds also provides information about potential data sources [see table VI-1] and their location and contact information for database managers or data owners. These are effective means of promoting projects that have measurable outcomes. When evaluation is a concern at the outset, it is more likely that the project manager will realize the need for and collect baseline data—establishing a point of comparison.

A logical next step is the development or update of a complete inventory of traffic safety data sources, including contact information, which encompasses all components of traffic records in order to accommodate grant applications from the private sector or other communities that may have a substantial stake in traffic safety and impaired driving prevention and treatment.

Table IV-1

DATA TYPE	DATA REPORTS/RECORDS	POTENTIAL SOURCES FOR DATA
Crash Data	<ul style="list-style-type: none"> FARS (Fatality Analysis Reporting System) Roadway information Local collision and fatality report Traffic engineering records DMV registration and licensing 	<ul style="list-style-type: none"> Local Police Departments Mary Spicer (Traffic Records) Mary.spicer@state.vt.us Sally Tarabah (VT State Law Enforcement Data Analyst) starabah@dps.state.vt.us Our website: www.ghsp.vermont.gov
Crime Data	<ul style="list-style-type: none"> Local Records (DUI) 	<ul style="list-style-type: none"> Local Police Departments Vermont Crime Info Online http://vcic.vermont.gov/home
Behavioral Data on DUI, Seat Belts, Bike helmets	<ul style="list-style-type: none"> Youth Risk Behavioral Survey (YRBS) BRFSS Local Surveys 	<ul style="list-style-type: none"> Local Schools (YRBS) http://healthvermont.gov/pubs/yrbs2009/2009YouthRiskBehaviorSurvey.aspx http://www.cdc.gov/brfss/ (BRFSS)
Health Data	<ul style="list-style-type: none"> Emergency Medical Data Hospital Records 	<ul style="list-style-type: none"> Local EMS services Local Hospitals

It is difficult to determine if strong evaluation is a significant component of the impaired driving program. It appears that evaluation is limited to tracking of a single indicator, e.g., arrests and does not involve protocols that determine the impact of the program and individual strategies.

Recommendations

- Review and evaluate the strategic highway safety planning process to ensure the coordination of the various highways safety plans to facilitate evaluation.
- Identify and evaluate both output and outcome measures for impaired driving projects.
- **Develop evaluation protocols to determine the impact of the highway safety programs and individual strategies.**
- Develop a complete inventory of traffic safety data sources including contact information, which encompasses all components of traffic records.

B. Data and Records

Advisory

The impaired driving program should be supported by the State's traffic records system and use data from other sources, such as the U.S. Census, the Fatality Analysis Reporting System (FARS) and the Crash Outcome Data Evaluation System (CODES). The traffic records system should be guided by a statewide traffic records coordinating committee that represents the interests of all public and private sector stakeholders.

The state traffic records system should:

- *Permit the State to quantify:*
 - *the extent of the problem, e.g., alcohol-related crashes and fatalities;*
 - *the impact on various populations;*
 - *the level of effort dedicated to address the problem, e.g., level of enforcement activities, training, paid and earned media; and*
 - *the impact of the effort, e.g., crash reduction, public attitudes, awareness and behavior change.*
- *Contain electronic records of crashes, arrests, dispositions, driver licensing actions and other sanctions of DWI offenders;*

- *Permit offenders to be tracked from arrest through disposition and compliance with sanctions; and*
- *Be accurate, timely, linked and readily accessible to persons authorized to receive the information, such as law enforcement, courts, licensing officials and treatment providers.*

Status

Since Vermont's last Impaired Driving Assessment in 2002, the State has made a great deal of progress in developing a more complete, accurate and timely traffic records system. Lack of clear reporting standards and no statutory mandate to report had resulted in what appeared to be incomplete and sporadic reporting of crashes by law enforcement agencies.

Development of a widely used Web-based electronic crash system has increased reporting exponentially. The only statutory reporting mandate for crashes in Vermont is aimed at the drivers involved in the crash and is related to financial responsibility reporting, but could serve as a partial measure of the completeness of the crash file. The threshold for citizen reporting is higher than for police reported crashes, but the number of reports received from each the two sources could still be indicative of the level of completeness of the crash file if computed and compared over time.

The crash file is housed at the Vermont Agency of Transportation (VTrans). The few paper reports still being received are data entered immediately upon receipt at VTrans to ensure a complete crash file. The web-based system has a query tool which may be used for analysis by VTrans personnel and by the State Police Data Analyst.

Another source of data that is available in the state is the Spillman Records Management/Computer Aided Dispatch (RMS/CAD) system that is used by all but a handful of the State's law enforcement agencies. There are current efforts to aggregate and use data from the Spillman system for the various Departments in the state. One of the concerns is the lack of consistency by officers in their coding of incidents within the system. It appears that efforts are underway to train officers in proper coding methodology and to emphasize the importance of record integrity to data collection and usefulness.

A number of presenters at this assessment reported using data and maps provided by the Data Analyst as a means by which to plan countermeasures and to deploy officers. Because of the size of the database, using the entire crash file is more effective than using the fatality data only from the Fatality Analysis Reporting System (FARS), which had been the practice due to the lack of consistent crash reporting. The small numbers of alcohol-related crashes and fatal alcohol-involved crashes can cause wide variances in percentages from year to year, based on a change of one or two crashes. A clearer, more consistent picture of trends, then, requires the larger dataset from the crash database.

Vermont is not involved in the Crash Outcome Data Evaluation System (CODES) program, but expects to have more injury surveillance data available in the future based on an upcoming Crash Injury Research and Engineering Network (CIREN) project. CIREN, however, is based on reconstruction of crashes involving trauma center cases and newer model year vehicles, which will provide limited information and may be skewed toward higher costs due to the severity of the injury of vehicle occupants.

Coordination of the traffic records system outputs and use is the responsibility of the Traffic Records Coordinating Committee (TRCC), which continues to be active in the state, with monthly meetings. The TRCC focuses on the crash report and ensuring that it is updated as necessary. However, other initiatives are planned and there appears to be a good deal of enthusiasm related to electronic citations.

The majority of state law enforcement agencies use a single Records Management System (RMS). One of the benefits of this is that development of electronic systems is more easily accomplished when there is less need to ensure interoperability to dozens of different RMSs. The TRCC should continue to act as the central point of contact for the system development as a means of centralizing information and training dissemination about the system and its implementation. Additionally, the Court Administrator's Office must be involved in the development of electronic citations to ensure that integration with court case management systems is optimal. No project should be planned in a vacuum. A citation tracking system and a DUI tracking system are each logical outgrowths of a statewide electronic citation system. As electronic citations evolve, efforts should be made to determine the data elements that would need to be added to the citation data collection to successfully implement citation/DUI tracking systems concurrently. A model impaired driver records information system (MIDRIS) is available on the Internet that was developed through the auspices of NHTSA in order to perform the following functions, according to its website:

- timely tracking each offender from arrest through dismissal or sentence completion;
- providing impaired driving-related aggregate data;
- conforming to national standards and system performance standards;
- providing timely, accessible, accurate, complete, consistent, and integrated data; and
- maintaining quality control and security features that will not allow core and essential data elements and/or impaired driving records to become corrupt or compromised.

The TRCC has the capability of investigating the feasibility of a DUI tracking system and could provide an excellent opportunity to engage members of the treatment community in traffic safety, thus providing more opportunities for data sharing and collaboration generally.

Using electronic license plate readers, law enforcement has been able to improve both traffic and criminal enforcement. The Department of Motor Vehicles (DMV) provided

data for this effort from the driver and vehicles files which linked owners/drivers with vehicles.

Some data related to persistent drunk drivers were reportedly not readily available from the driver system. While the driver file is a legacy system that is not user-friendly in terms of aggregating conviction data from individual driver records, it is possible. One of the requirements of successful reporting from the driver file is the development of a standard program to capture data. It would benefit the TRCC to determine the most-requested and most needed data and work with the DMV to program the requests, ensuring that the data returned accurately reflect the query design and then to standardize the report by ensuring that the data elements and coding used are consistent over time. Such reports could then be requested on a regular basis in order to track trends related to alcohol violations and conviction rates. Similar requests could be made for administrative or civil sanctions. Standardized interim reporting from the DMV would be central to developing a complete picture of the impaired driving enforcement and adjudication within the state.

Two agencies, using the Data-Driven Approaches to Crime and Traffic Safety (DDACTS) have developed a model of data use for the state. Their success in integrating criminal and traffic crash data, along with DUI arrest and traffic contact information has allowed them to demonstrate the value of multi-layered data analysis to maximize resources by being able to pinpoint the problem locations and thereby allocate resources most effectively. The State Police and the town of St. Albans have used data to improve their efficiency and effectiveness in ways that can be adopted by agencies throughout the state to address various problems, and particularly target drinking and impaired drivers. Marketing of the success of the DDACTS project would demonstrate the value of data in traffic safety decision-making and potentially help more agencies maximize their efforts at enforcing impaired driving.

Recommendations

- Develop a set of standard data requests related to impaired driving from the driver file, the crash file and the vehicle file and collect similar data on a regular schedule several times each year, so that trends may be developed for use in assessing impaired driving in Vermont.
- **Replicate Data-Driven Approaches to Crime and Traffic Safety (DDACTS) as a model of data use throughout the state.**
- **Develop and implement a DUI tracking system.**

C. Driver Records Systems

Advisory

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

The driver license system should:

- *Include communication protocols that permit real-time linkage and exchange of data between law enforcement, the courts, the State driver licensing and vehicle registration authorities, liquor law enforcement and other parties with a need for this information;*
- *Provide enforcement officers with immediate on-the-road access to an individual's licensing status and driving record;*
- *Provide immediate and up-to-date driving records for use by the courts when adjudicating and sentencing drivers convicted of impaired driving;*
- *Provide for the timely entry of any administrative or judicially imposed license action and the electronic retrieval of conviction records from the courts; and*
- *Provide for the effective exchange of data with State, local, tribal and military agencies, and with other governmental or sovereign entities.*

Status

Vermont's Department of Motor Vehicles (DMV) is an active participant in a number of law enforcement efforts throughout the state. The fact that the Motor Carrier Safety Assistance Program is housed within the DMV is helpful in coordination of data related to commercial drivers and their driver history records.

Several programs assigned to the DMV and its investigative personnel are related to impaired driving and make the DMV a partner in the effort to prevent impaired driving in Vermont. The DMV has recently been assigned the oversight of the new Ignition Interlock Program, enacted in 2010 by the legislature. The DMV will be responsible to review data downloaded from all ignition interlock devices (IID) and will be the repository of information related to DUI offenders' habits and practices related to attempts to drive after drinking.

The DMV is also responsible for investigation of the claims of total abstinence of impaired driving offenders. Its staff conducts full background investigations related to claims of three years of abstinence by offenders.

The size and weight enforcement program for commercial motor vehicles is also handled by the DMV enforcement staff. They have a broad understanding of the requirements of the Motor Carrier Safety Improvement Act, which requires that commercial driver records have all convictions posted within a ten day timeframe. Motor carrier regulations also prohibit masking of offenses committed by commercial drivers through improper plea bargaining. The Motor Carrier Safety Enforcement Section is fully conversant with Federal Motor Carrier regulations.

Provision of data and records by the DMV was generally deemed to be timely and accurate, and the staff helpful and cooperative in the impaired driving efforts. The single concern about data availability and the suggested solution is addressed in section V.B of this report. One means by which to address the difficulty of extracting aggregate data about convictions and traffic charges from the driver database is to develop a separate citation tracking system, which contains the requisite data elements and is more easily queried and data more easily manipulated than is currently possible with the legacy driver system.

Although prosecutors and judges do not have live access to driver records, none seemed concerned about the ready availability of driver histories as needed for efficient adjudication. The separate and un-linked case management systems used by the various courts do not permit an efficient search for pending cases. Unfortunately, access to on-line driver records would not address that deficiency.

Law enforcement officers also indicated that the Department provided data they needed and had no concern about the quality of the data, which feeds the license plate readers used by several departments.

Driver records are readily available to law enforcement officers on patrol through the state NLETS network. No concerns were voiced about access or timeliness of driver history data.

Recommendations

- **Develop and implement a citation tracking system from roadside origination through adjudication to driver history file, concurrent with electronic citation implementation.**

ASSESSMENT TEAM CREDENTIALS

SUSAN N. BRYANT, M.A., M.B.A.

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Susan (Sue) Bryant is currently a consultant for a firm based in Iowa where she recently returned after almost thirty years of employment with the state of Texas. She retired as the director of the public transportation division of the Texas Department of Transportation (TxDOT). The public transportation division had 180 employees and an approximately \$150 million budget of federal and state grant programs for rural and small urban transportation systems, the state's medical transportation program, and public transportation planning. Prior to becoming division director, she served for over ten years as the director of the Texas traffic safety program.

During her career with TxDOT, she also held the positions of assistant to the deputy director for field operations, and highway safety planner and traffic safety program manager. She served as secretary and member of the board of the National Association of Governors' Highway Safety Representatives (now Governors Highway Safety Association) and member of the law enforcement committee for the Transportation Research Board.

She facilitated the strategic planning process for the Governors Highway Safety Association (GHSA) and completed a "How To Manual" for occupant protection for children for GHSA. Most recently, she headed a project in Texas to conduct community assessments and develop local strategic plans for underage drinking prevention. In addition, she has served as community liaison for the Travis County Alliance for a Safe Community, an underage drinking prevention coalition based in Austin. She has served on highway safety program assessment teams for Alaska, Colorado (2), Florida (2), Georgia, Illinois, Kentucky, Maine (2), Maryland, Massachusetts, Montana (2), Missouri (2), North Dakota, South Carolina, and Wyoming. She served on the team to update the impaired driving assessment tool and on the team to develop assessment team training.

She has taught high school and adults, consulted for the media in major television markets, and also teaches management to state and local officials. She has been named to "Who's Who of American Women," has received the national Award for Public Service from the U.S. Department of Transportation, and is a two-time recipient of the American Association of State Highway and Transportation Officials (AASHTO) President's Modal Award for highway safety.

A Phi Beta Kappa graduate with Highest Honors in English from the University of Iowa, she holds a master's degree in communications from the University of Iowa and a master's degree in business administration from the University of Texas at Austin.

BRIAN D. JONES

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Brian is currently the Program Director for the Washington Traffic Safety Commission (WTSC). His duties include policy and program development, as well as management of five professional program staff, each with the responsibility for behavioral traffic safety programs in support of Washington's Strategic Highway Safety Plan; Target Zero. As a member of the Washington Impaired Driving Advisory Council (WIDAC) he also assists with the development and implementation of multi-disciplinary initiatives to reduce impaired driving fatality and serious injuries collisions. He is a frequent presenter at the local, state and national levels on traffic safety, to include issues related to impaired driving, primary seat belt legislation and grant management. He is an invited presenter on behalf of the Governor's Office for Government Management, Accountability and Performance (GMAP) for the Mid-Managers Leadership Academy on Accountability Driven Leadership

Prior to his employment with the Washington Traffic Safety Commission, Brian served 25 years with the Washington State Patrol (WSP). He began his career with the WSP in September, 1979, and his tenure included assignments as a trooper; detective, specifically investigating vehicular homicide and vehicular assault collisions; field operations sergeant, supervisory duties in human resources with oversight of the recruiting, testing and hiring of new troopers, detective sergeant in Internal Affairs; as a lieutenant coordinating ten federally funded narcotics task forces throughout Washington State, and assistant commander of the WSP Training Academy and Field Operations Bureau District One in Tacoma. As a captain, he served as the commander of the WSP Training Academy, and of the Office of Professional Standards and Human Resources Divisions. He was twice voted Trooper of the Year by the Pierce County Prosecutors Office, received eight departmental commendations for his work in traffic safety, and was twice presented with the Chiefs Award for Professional Excellence in recognition of outstanding investigative efforts. He also co-authored an article published in the International Association of Police Chiefs Magazine; Professional Based Discipline, a Common Sense Approach; September 2003

Brian served as a member of the State and Provincial Association of Academy Directors, Camp Fire Girls of Tacoma board of directors, and is a member of the board of directors, and past president, of the WSP Memorial Foundation.

Brian has a bachelor's degree in Business Administration from The Evergreen State College and is a graduate of the Federal Bureau of Investigations National Academy, 207th Session, and completed Washington's Criminal Justice Training Commission Law Enforcement Command College.

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www.evalumetrics.org

Rob Lillis is President of Evalumetrics Research and has been providing planning, research and evaluation services to traffic safety, substance abuse, criminal justice, education, health and mental health programs at the state and local level for over 35 years. He provides planning, research and evaluation services for Drug Free Community Grant programs and serves as evaluation consultant to the Allegany Council on Alcoholism and Substance Abuse (ACASA) and numerous other local substance abuse prevention and youth development programs. He also provides evaluation services for school districts for a variety of special programs including 21st Century Learning Center programs, after-school mentoring programs and environmental education programs. Mr. Lillis has served as the evaluator for the Ontario County Juvenile Drug Treatment Court, the Finger Lakes Drug Court, Ontario County Youth Court, the Finger Lakes Child Abuse Response Team-Child Advocacy Center and the Ontario County Family Support Center. He also has conducted outcome studies for the Yes Pa Foundation, character education program.

Mr. Lillis was the primary source of research support to the governor and Legislature during the debate on the 21 year old minimum drinking age law in New York. He also served on the consultant panel for the U.S. General Accounting Office Special review of Minimum Drinking Age Laws.

Since 1991 Mr. Lillis has served as a member of the Impaired Driver Assessment Consultant Team for the National Highway Traffic Safety Administration (NHTSA) and has conducted 50 assessments of prevention and treatment programs in 32 states, Puerto Rico and for the Indian Nations. He was the recipient of the 2011 NHTSA Public Service Award.

JOAN L. VECCHI

vecchijoan@yahoo.com

Joan Vecchi retired from state service in November 2010 as the Senior Director of the Colorado Motor Vehicle Division. The division includes Driver Licensing, Vehicle Titles and Registration, Driver Control, Motor Vehicle Investigations, Motor Carrier Services and the Emissions Section. She held the position from 2005 until her retirement. She was the custodian of driver and vehicle records and crash records for the state. Her responsibilities included development of strategic plans, legislative agendas, and operational plans for all sections of the Division.

Her prior experience includes twelve years as a police officer in Denver. During that period, Joan worked as a patrol officer and sergeant and as a technician responsible for Department policy and procedures and design of forms and citations. Joan left the City of Denver to work at the Colorado Department of Revenue in the Office of Program Analysis as a policy/budget analyst, where she was responsible for developing budget requests and justifications, analyzing the efficiency and effectiveness of various state programs, auditing the performance of existing programs, and implementing new programs. Later, she was assigned to the Liquor Enforcement Division as Enforcement Manager, where she worked with the industry and law enforcement to assure a fair regulatory system while targeting underage consumption and over-service of alcohol. Joan was responsible for development of a compliance-check policy that was acceptable to both law enforcement and the liquor industry. During her tenure with Liquor Enforcement, Joan served as acting Director of the Division for a period of eleven months and implemented the tobacco enforcement program in Colorado.

Prior to acting as the Motor Vehicle Senior Director, Ms. Vecchi was assigned as operations director of Driver Control. She was a member of the Colorado Persistent Drunk Driver Committee, made up of representatives from the Alcohol and Drug Abuse Division of the Department of Human Services, the Judicial Department, and the Department of Transportation, Governor's Highway Safety Office. This group reviewed and approved requests for funding from the Persistent Drunk Driver Cash Fund, which collects surcharges from persons convicted of Driving under the Influence of Drugs or Alcohol. The funding is directed toward educational and prevention programs throughout the state.

During her tenure in Motor Vehicle, Ms. Vecchi was co-chair of the Identity Fraud Working Group, which drafted legislation that allowed the use of facial recognition upon application for a driver license or identification card. Colorado continues to have one of the largest facial recognition databases in the United States due to its ten year lifespan. Investigations using facial recognition technology prevent issuance of more than 100 fraudulent documents each year. Ms. Vecchi was also responsible for Colorado's Motorist Insurance Database, which matches all registered vehicles and licensed drivers to insurance policy information from companies licensed to sell auto insurance in the

state. She was the chair of the Colorado Traffic Records Coordinating Committee during a revision of the state crash report.

Education

Bachelor of Science, Majors in Law Enforcement and Psychology 1977

Master of Arts, Management, Emphasis in Human Relations and Organizational Behavior 1984

Numerous professional training courses in law enforcement and management

Organizations/Appointments

- Ms. Vecchi is past president of the Association of Transportation Safety Information Professionals.
- Ms. Vecchi has served as a team member on 31 Traffic Records Assessments and 8 Impaired Driving Assessments throughout the country since 2002. She has also served as the facilitator on three Traffic Records Assessments.
- Joan was a member of the working group that finalized the NHTSA Model Impaired Driving Records Information System data dictionary, which outlined the components of a model DUI tracking system.
- Ms. Vecchi was a member of the consensus body for the ANSI D.16 Classification of Traffic Accidents, 7th edition and the ANSI D.20, data dictionary for driver and vehicle data systems, 2009 revision.
- Ms. Vecchi served as a member of the ANSI Identity Management Standards Panel, a national public/private partnership that sought to develop national standards for identity proofing and prevent identity theft.
- Ms. Vecchi recently served as a panel member to revise the National Highway Traffic Safety Administration's advisory tool for Impaired Driving Assessments and served on the panel for the revision of the Traffic Records Advisory, 2006 revision.
- As Chair of the Driver and Vehicle Records committee, Ms. Vecchi helped to prepare the NHTSA white paper on performance measures for traffic records systems.
- Ms. Vecchi was a member of the AAMVA Region IV Board of Directors during 2010.

HONORABLE G. MICHAEL WITTE

Email: gmwitte@hotmail.com

Hon. G. Michael Witte is the Executive Secretary of the Indiana Supreme Court Disciplinary Commission. Formerly a senior judge for the State of Indiana, he also served as the National Highway Traffic Safety Administration (NHTSA) Region 5 Judicial Outreach Liaison. In addition, he served as Judge of the Dearborn Superior Court No. 1, Lawrenceburg, Indiana, from 2000-2008, judge of the Dearborn County Court from 1985 – 2000, and was the first Asian American to serve as judge in the State of Indiana. He received both his B.A. and J.D. degrees from Indiana University, served as President of the law school's Alumni Board, and was honored in 2008 by the Alumni Association as its Distinguished Asian Alumni.

He is a 1991 graduate of the Indiana Judicial College, the 2002 class of the Graduate Program for Indiana Judges, and a former member of the Indiana Commission on Courts. Judge Witte served as the NHTSA Judicial Fellow from 1995-98, and served on the Congressional Advisory Committee for Commercial Driver's License, 2007-08. He served as Chairman of the American Bar Association Judicial Division, 2011 and also served as Co-chair of the ABA Judicial Division's Standing Committee on Minorities in the Judiciary.

In addition, he has served as faculty for programs presented by the American Bar Association, the National Judicial College, NHTSA, the National Center for State Courts, the National Criminal Justice Association, the Indiana Judicial Center, and the Indiana Continuing Legal Education Forum. Judge Witte's teaching experience is primarily in the field of impaired driving, traffic court, and small claims issues. His legal teaching assignments have occurred in Arkansas, Hawaii, Indiana, Illinois, Ohio, District of Columbia, Florida, Georgia, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, South Carolina, Tennessee, Texas, Virginia, Toronto, Canada, and Washington. Judge Witte has performed NHTSA assessments of impaired driving programs for Hawaii, Missouri, Montana, South Carolina, Rhode Island, Kansas, Maryland and Washington. Judge Witte joined The National Judicial College faculty in 1994.

AGENDA
Vermont Impaired Driving Assessment
Sheraton Hotel and Conference Center
870 Williston Road ❖
Burlington, Vermont 05403
January 15 - 20, 2012

Sunday January 15, 2012	
6:30 PM - 8:00 PM	<p>Welcome Introductions and Presentations by Ted Minall, Chief, Vermont Governor's Highway Safety Program, State Police Lieutenant John Flannigan, Commander, Traffic Safety Unit, Keith W. Flynn, Commissioner of Vermont Department of Public Safety</p>
Monday January 16, 2012	
8:00 - 9:00 AM	<p>Program Management and Strategic Planning Panel</p> <ul style="list-style-type: none"> ● Welcome from Ted Minall, Chief, Vermont Governor's Highway Safety Program ● Law Enforcement Grants Sue Aikman, Highway Safety Grants Specialist ● Program Management Lt. John Flannigan, Vermont State Police, Commander, Traffic Safety Unit ● Strategic Planning Tom Fields, Law Enforcement Liaison, Vermont Governor's Highway Safety Program
9:00 - 10:30 AM	<p>Strategic Planning</p> <ul style="list-style-type: none"> ● Susan Aikman - Grants Process ● Sally Tarabah - Crash Data, Impaired Driving Data, Vermont State Police ● Mary Spicer - Crash Data, FARS, VTrans
10:30 - 10:45 AM	Break

10:45 - Noon	<p>High Visibility DUI Enforcement Campaigns</p> <ul style="list-style-type: none"> ● Sgt. Allen Fortin, Shelburne Police - SHARP/START/Tri-Town ● Lt. Kevin Geno, Rutland City Police - DUI Task Force Planning/Recruiting ● Sgt. Thomas Mozzer, Vermont State Police - DUI Checkpoints ● Lt. Bret Meyer, Washington County Sheriff's Department ● Lt. David Eggum, Orange County Sheriff's Department
Noon - 1:00 P.M	Lunch
1:00 - 1:45 PM	<p>Laws/Dedicated DUI Prosecutors/Training of Prosecutors</p> <ul style="list-style-type: none"> ● James P. Mongeon, Esq. Executive Director, Vermont Department of State's Attorneys and Sheriffs
1:45 - 2:30 PM	<p>Impaired Driving Enforcement</p> <ul style="list-style-type: none"> ● Drug Recognition Expert Program Lt. John Flannigan, Vermont State Police ● Standardized Field Sobriety Testing, ARIDE Program Sgt. James Roy, Colchester Police Department
2:30 – 2:45 PM	Break
2:45 - 3:30 PM	<p>Impaired Driving Enforcement - Continued</p> <ul style="list-style-type: none"> ● Policies/Procedures/Zero Tolerance - Chief Douglas Johnston, Springfield Police Department, and President, Vermont Association of Chiefs of Police ● Sheriff Sam Hill, Washington County Sheriff's Department, and Vermont Sheriffs Association

3:30 - 5:00 PM	Communications Programs <ul style="list-style-type: none"> ● Public Information and Education - Betsy Ross, Vermont Governor's Highway Safety ● Public Information - State Police P.I.O. Stephanie Dasaro ● Paid Media Planning - Paula Bazluke, hmc2 ● Vermont Press Association, William (Mike) Donoghue
Tuesday January 17, 2012	
8:00 - 9:30 AM	Treatment/Prevention <ul style="list-style-type: none"> ● Jackie Corbally, Dept. of Health, Project CRASH ● Marcia LaPlante, Dept. of Health, ADAP (Alcohol and Drug Abuse Program) ● Norman James, Dept. of Labor - Project WorkSafe ● Dr. Harry Chen, Commissioner, Vermont Department of Health
9:30 - 10:00 AM	Structure/Regulations <ul style="list-style-type: none"> ● William Goggins, Chief, Education, Licensing & Enforcement Divisions, Department of Liquor Control
10:00 - 10:15 AM	Break
10:15 - 11:00 AM	Strategic Highway Safety Planning <ul style="list-style-type: none"> ● Vermont S.H.S.P. Kevin S. Marshia, P.E. Vermont Agency of Transportation
11:00 - Noon	Criminal Justice System - Laws <ul style="list-style-type: none"> ● Attorney Stuart Schurr, Former, Traffic Safety Resource Prosecutor, Department of State's Attorneys and Sheriffs
Noon - 1:00 PM	Lunch

1:00 - 1:45 PM	<p>Criminal Justice System - Legislature</p> <ul style="list-style-type: none"> ● State Senator Richard Sears, Chairman, Senate Judiciary Committee ● State Representative William Lippert, Chairman House Judiciary Committee
1:45 - 2:45 PM	<p>Driver Licensing/Administrative Sanctions - Vermont Department of Motor Vehicles</p> <ul style="list-style-type: none"> ● Michael Smith, Director of Operations - Licensing/Suspensions & Ignition Interlock Program ● Capt. Drew Bloom, Chief of Safety - Total Abstinence Program ● Capt. William (Jake) Elovirta, Chief of Safety - Commercial Vehicle Enforcement and Safety ● Glen Button, Director of Enforcement, and Safety Division, DMV
2:45-3:00 PM	Break
3:00 – 4:00 PM	<p>Prevention</p> <ul style="list-style-type: none"> ● William Goggins, Vermont Department of Liquor Control ● Lindsay Townsend, Executive Director, Vermont Driver and Traffic Safety Association ● Diana Gonzales, Center for Health and Well Being, University of Vermont ● Tom Williams, Director, AAA of Northern New England
4:00 - 5:00 PM	<p>Prosecution - DUI Courts</p> <ul style="list-style-type: none"> ● Deputy State’s Attorney Greg Nagurney

Wednesday January 18, 2012

8:00 - 8:45 AM	<p>Prosecution/Adjudication</p> <ul style="list-style-type: none"> ● Hon. Judge Brian Grearson, Vermont Superior Court - Criminal Division
8:45 - 9:30 AM	<p>Training - Data Driven Approach to Crime and Traffic Safety (DDACTS)</p> <ul style="list-style-type: none"> ● Chief Gary Taylor, St. Albans Police Department ● Captain Rob Evans, Assistant Field Force Commander, Vermont State Police
9:30 - 10:00 AM	<p>Training/Enforcement</p> <ul style="list-style-type: none"> ● Cindy Taylor-Patch, Director of Training and Curriculum, Vermont Police Academy
10:00 - 10:15	<p>Break</p>
10:15 - 11:00	<p>Toxicology</p> <ul style="list-style-type: none"> ● Kirk Kimball, Organic Chemistry Program Chief, Vermont Department of Health
11:00 - Noon	<p>State Leadership Panel - Questions and Answers</p> <ul style="list-style-type: none"> ● Major Walter Godell, Field Force Commander ● Lt. John Flannigan, Commander, VSP Traffic Operations ● Ted Minall, Chief, Governor's Highway safety Program ● Tom Fields, Law Enforcement Liaison, Governor's Highway Safety Program ● Sheriff Kevin McLaughlin, Chittenden County Sheriff's Dept. ● Chief Gary Taylor, St. Albans Police Department ● Capt. Rob Evans, Assistant Field Force Commander

Wednesday January 18, 2012 continued	
Noon - 12:30 PM	Program Management Review Ted Minall, GHSP Chief Lt. Flannigan, Commander of Traffic Safety Unit Sue Aikman, Grants Specialist Tom Fields, Law Enforcement Liaison
12:30 - 1:00 PM	Lunch
1:00 PM –	Assessment Team Report Development
Thursday January 19, 2012	
8:00 AM - Completion	Assessment Team Report Development
Friday January 20, 2012	
8:00 - 10:00 AM	Assessment Team Report Presentation