



An Evaluation of the Three Georgia DUI Courts

Many repeat driving-under-the-influence offenders have serious alcohol problems that make it difficult to curb their drinking and driving behaviors. About one-third of all drivers arrested or convicted of driving while intoxicated or driving under the influence (DWI/DUI) of alcohol are repeat offenders. Following the model of drug courts, DUI courts are designed to address the underlying alcohol problems of repeat DUI offenders.

Drug courts take a rehabilitative approach to justice, which usually applies to nonviolent, addicted offenders. The Drug Court Model involves the coordination of the judiciary, prosecution, probation, defense bar, law enforcement, social services, mental health, and the treatment community to intervene with chronic offenders to break the cycle of substance abuse, addiction, and criminal activity.

In 2003, under a cooperative agreement, NHTSA assisted the Georgia Administrative Office of the Courts (GAOC) to establish three specialized DUI courts to treat and manage cases of offenders convicted of driving under the influence of alcohol on multiple occasions. All three DUI courts (Hall County/Gainesville, Clarke County/Athens, and Chatham County/Savannah) operate independently while following a uniform process coordinated by the GAOC.

The DUI court strategy uses the authority of the justice system and includes some common components of drug courts (e.g., intensive drug treatment, close supervision, and offender accountability). Additionally, offenders are under daily supervision and participate in weekly treatment groups, random drug and alcohol screening, self-help groups with 12-step programs such as Alcoholics Anonymous, and meeting with probation officers and court personnel. The Georgia DUI courts used five program phases: Phase 1 was the orientation and clinical assessment; Phase 2 was an extended assessment; Phase 3 was active treatment; Phase 4 was relapse prevention; and Phase 5 was a continuum of care. The supervising team (treatment providers, probation officials, and court personnel) met regularly to discuss the progress and to devise program plans for the each offender. Every two weeks, offenders met with a judge to be commended

for their hard work (sobriety) or ordered to sanctions for noncompliance.

The main objective of this study was to determine the effectiveness of DUI courts in reducing impaired driving recidivism.

Method

An impact evaluation began when enough court participants graduated and longitudinal data became available to determine the effectiveness of the DUI courts in reducing recidivism.

The basic design was to collect and compare information on three groups of DUI offenders: DUI court participants or the Intent-to-Treat group (N~600), a retrospective group of similar DUI offenders who were arrested and sanctioned in the same counties before DUI courts were established (N~300), and a contemporary group of DUI offenders from different Georgia counties that did not have DUI courts (N~400). The Intent-to-Treat group contained those individuals who completed the DUI court program as graduates (N=363), and those offenders who started the DUI court program but did not graduate (N=259) or were terminated for various reasons (e.g., as non-compliance with court requirements, returned to jail or prison, mental health issues, died, moved away, or entered the military). For some analyses, the terminated group of offenders were compared to the graduates to assess the general programmatic effect (i.e., the efficacy of assigning offenders to the DUI court), regardless of whether they completed all the requirements.

By county, DUI court participants include 294 from Chatham County, 158 from Clarke County, and 170 from Hall County. All these offenders had at least one prior DUI or similar alcohol-related offense before their index offense, except a small number of first offenders who were assigned to the program due to other aggravating circumstances (e.g., prior drug offenses, high arrest blood alcohol concentration [BAC], or involvement in a DUI crash causing serious injury).

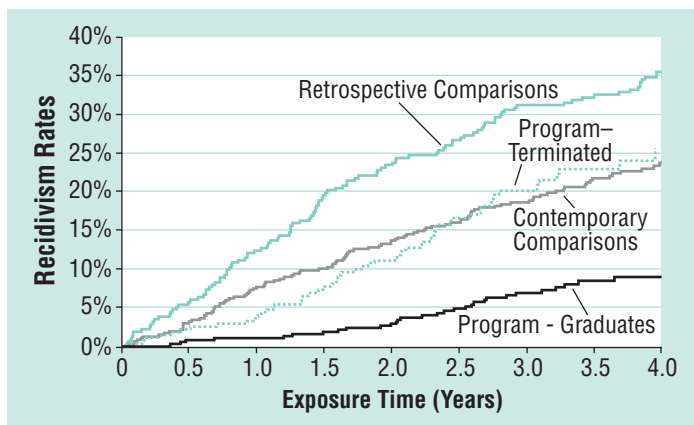
The Intent-to-Treat group and the retrospective group involved the same three counties (Chatham, Clarke, and

Hall). The contemporary comparison group consisted of offenders who fit the criteria of the DUI court offenders in the intent-to-treat group, but were arrested and sanctioned in three other counties that did not have DUI courts. These were Bibb County (for Chatham), Bulloch County (for Clarke), and Whitfield County (for Hall). These counties were selected to match demographics and socioeconomics of the intent-to-treat group. Approximately 150 DUI offenders from each of the contemporary group counties were further matched on gender, age, and number of prior DUI convictions.

Results

Using Cox regression models, the DUI court graduates had a 63.5 percent lower recidivism (per same equivalent exposure) than the contemporary comparison group; 79.3 percent lower recidivism than the retrospective comparison group; and 65.1 percent lower recidivism than the terminated group. The recidivism risk curves, pooled across counties and adjusted for the effects of *age* and *prior DUIs* are shown in Figure 1. After four years of exposure, the DUI court graduates' group displayed a recidivism rate of approximately 9 percent, compared to almost 24 percent for the contemporary comparison group, 35 percent for the retrospective comparison group and 26 percent for the terminated group. The intent-to-treat group displayed a recidivism rate of 15 percent after four years of exposure.

Figure 1. Recidivism Rate for DUI and Other Alcohol Offenses Pooled Across Counties



Repeat DUI Arrests Prevented

The number of DUI arrests prevented was calculated using the four-year recidivism rates from the survival analyses, pooled across all counties and adjusting for significant predictors (prior DUI offenses and age). When the

number prevented was defined as being the gap between the intent-to-treat group and the graduates only group recidivism rate versus their contemporary group recidivism rate, there were between **46.8 and 49.4 repeat DUI arrests prevented**, respectively. When the retrospective group's recidivism rate was used, there were between 88.7 and 112.3 repeat DUI arrests prevented for the intent-to-treat group and the graduates only group, respectively. Thus, it appears that the three DUI courts in Georgia prevented between 47 and 112 new DUI arrests.

Predictors of Recidivism

Other factors were also examined that might contribute to or cause an offender to recidivate (e.g., age, gender, ethnicity/race, and number of prior DUI offenses) to ensure that the group effect found was not an artifact of some other factor on which the group might have been differently composed, including differences among counties.

From these other variables tested, only *age* and *prior DUIs* were significant predictors of recidivism for all four groups of the offenders examined.

Summary And Conclusion

The three DUI courts did not appear to use substantially different approaches. Georgia DUI courts demonstrated substantial reductions in recidivism for repeat DUI offenders. Even when the terminated offenders are combined with the DUI court graduates, significantly lower recidivism rates were evident (38% to 65% lower recidivism compared to the offenders in traditional programs) when all three courts are combined.

The overall finding from this analysis greatly supported the DUI court concept for reducing recidivism. These reductions in recidivism rates ranged from 38 percent to 79 percent depending upon the comparison group. The DUI court program prevented between 47 and 112 repeat DUI arrests over the four-year period analyzed. Based upon this study, DUI courts have the potential to reduce DUI recidivism and the societal costs associated with the harm caused by the re-arrests of DUI offenders.

How to Order

To order *An Evaluation of the Three Georgia DUI Courts* (64 pages), prepared by Pacific Institute for Research and Evaluation, write to the Office of Behavioral Safety Research, NHTSA, NTI-130, 1200 New Jersey Avenue SE., Washington, DC 20590, fax 202-366-7394, or download from www.nhtsa.gov. J. DeCarlo Ciccel was the project manager.



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1200 New Jersey Avenue SE., NTI-132
Washington, DC 20590

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