

North Carolina FY2021 Impaired Driving Plan

Prepared by:
North Carolina Statewide
Impaired Driving Task Force





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INTRODUCTION

This FY2021 Impaired Driving Plan was developed by the North Carolina Statewide Impaired Driving Task Force. The Plan provides a comprehensive strategy for preventing and reducing alcohol-impaired driving. It provides data on the impaired driving problem in North Carolina, documents ongoing initiatives to address the issue and discusses recommendations and new strategies. This Plan was approved by the Impaired Driving Task Force on July 29, 2020. This Plan is provided to the National Highway Traffic Safety Administration (NHTSA) in response to the grant requirements of Title 23, Section 405(d), and was developed in accordance with Highway Safety Program Guideline No. 8.

About the Statewide Impaired Driving Task Force

The Statewide Impaired Driving Task Force recommends policy, practices and procedures that will save lives in North Carolina. The Task Force also creates an impaired driving plan outlining a comprehensive strategy for preventing and reducing impaired driving.

The Impaired Driving Task Force has a long and storied history in North Carolina. Since its inception via Executive Order in the late 1980s, the Task Force has helped shape leading policy changes such as our .08 per se law and our state's Graduated Drivers Licensing (GDL) program. In 2018 the Task Force composition was greatly expanded and the Governor's Highway Safety Program (GHSP) hired a full-time staff member to serve as staff to the Task Force. The twenty-one current members were selected under the authority of the Governor's Representative, who serves as the chair. The current membership and affiliations of the Task Force are included in Appendix A.

Report Sections

This report is created in accordance with Title 23, Section 405(d.) and is divided as follows:

- **Background:** Describes the alcohol-impaired and drugged driving problem in North Carolina, including long-term trends.
- **Program Management and Strategic Planning:** Describes the Impaired Driving Task Force, the strategic planning process, GHSP's impaired driving program activities, funding, data and records, and the communications program.
- **Prevention:** Reviews current laws, programs and practices to limit the availability of alcohol and other drugs, to reduce excessive drinking, to prevent driving by individuals who have been drinking, to educate the public and high-risk groups, and to form community and youth coalitions to discourage impaired driving.
- **Criminal Justice System:** Reviews current impaired driving enforcement efforts and analyzes the state's effort to properly punish offenders.

- **Communication Program:** Reviews how communications efforts to reduce impaired driving are structured and how communications efforts supplement existing enforcement, prevention, education, adjudication and treatment efforts in the state.
- **Screening, Assessment, Treatment & Rehabilitation:** Reviews current treatment and monitoring programs for convicted offenders, including screening, interlocks and DWI treatment courts.
- **Program Evaluation & Data:** Reviews how impaired driving data (traffic records, crash/fatality data, court records) are presently tracked and analyzed, and efforts to link additional data resources.
- **FY2021 Recommendations**

Each section also provides an update on the progress made on FY2018 recommendations.

BACKGROUND

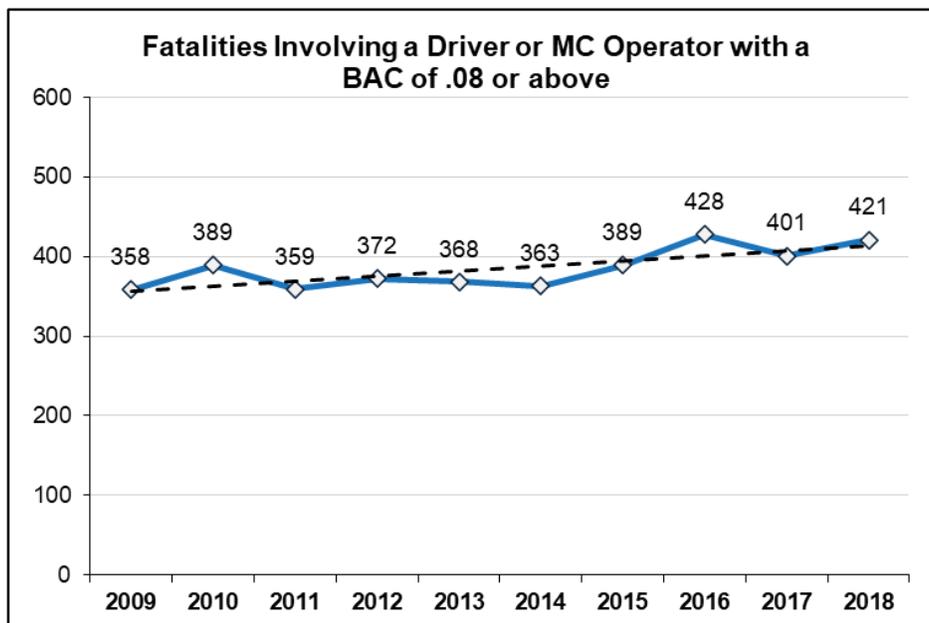
North Carolina is a Vision Zero State—even one fatality is too many on our roadways. This Plan’s vision, targets, and recommendations guide the development and implementation of strategies and actions to achieve Vision Zero. The working goal of North Carolina’s Strategic Highway Safety plan is to cut fatalities and serious injuries in half by 2035, achieving zero in 2050. Based on this, North Carolina has established the following target for alcohol-impaired driving fatalities:

Decrease alcohol-impaired driving fatalities 10 percent from the 2014–2018 average of 400 to the 2017–2021 average of 360 by December 31, 2021.

This section describes the alcohol-impaired and drugged driving problem in North Carolina. The sources of data include FARS, NC crash data, FHWA, and the U.S. Census.

Alcohol-impaired Driving

During 2018, 421 persons were killed in crashes in North Carolina involving a driver or motorcycle operator with a BAC of .08 or above. This was a five percent increase from the 401 alcohol-involved fatalities in 2017. The long-term trend suggests a gradual rise in the number of traffic fatalities involving an alcohol-impaired driver, as shown in the figure below.

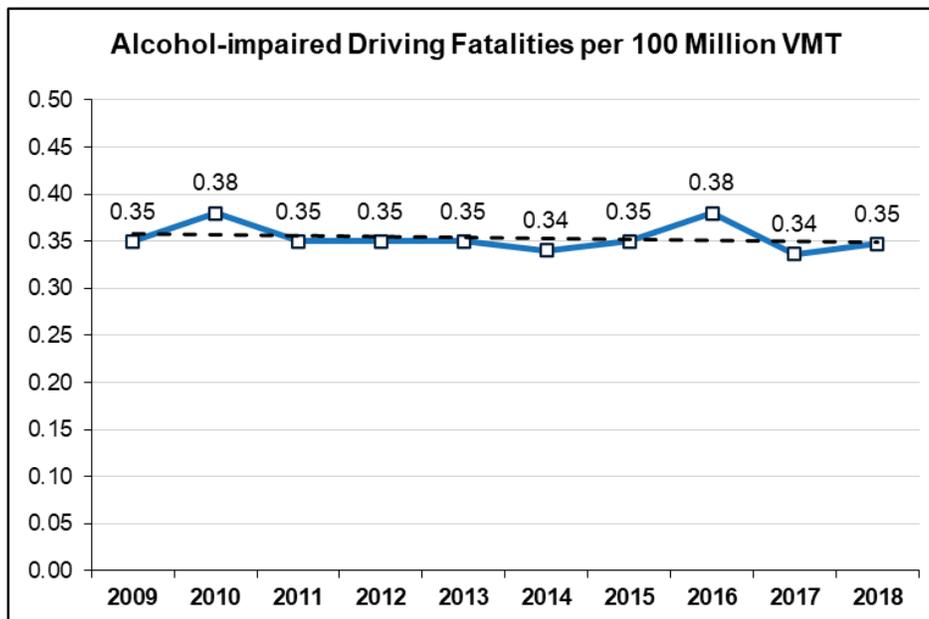


Source: FARS, 2009–2018

BACKGROUND

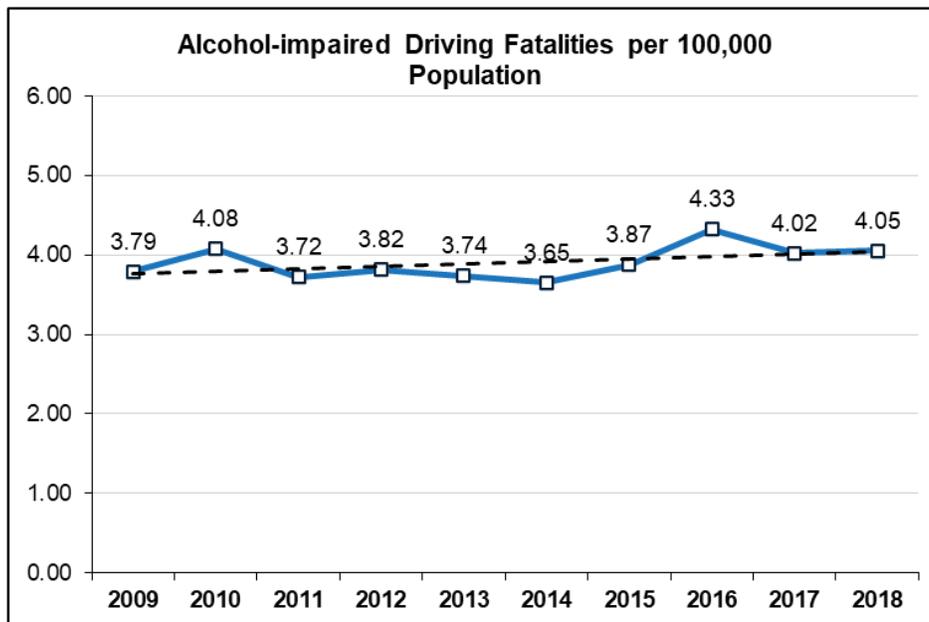
Twenty-nine percent of traffic fatalities in 2019 involved an alcohol-impaired driver. This is similar to previous years. Over the past decade, approximately 28 to 30 percent of fatalities each year involve a driver with a BAC of .08 or above.

During 2018, there were 0.35 alcohol-impaired driving fatalities per 100 million vehicle miles traveled (VMT) in North Carolina. This is slightly higher than the 0.34 fatalities per 100 million VMT recorded in 2017. As shown in the figure below, the long-term trend suggests little change in alcohol-impaired fatalities per 100 million VMT.



Source: FARS, 2009–2018 and FHWA

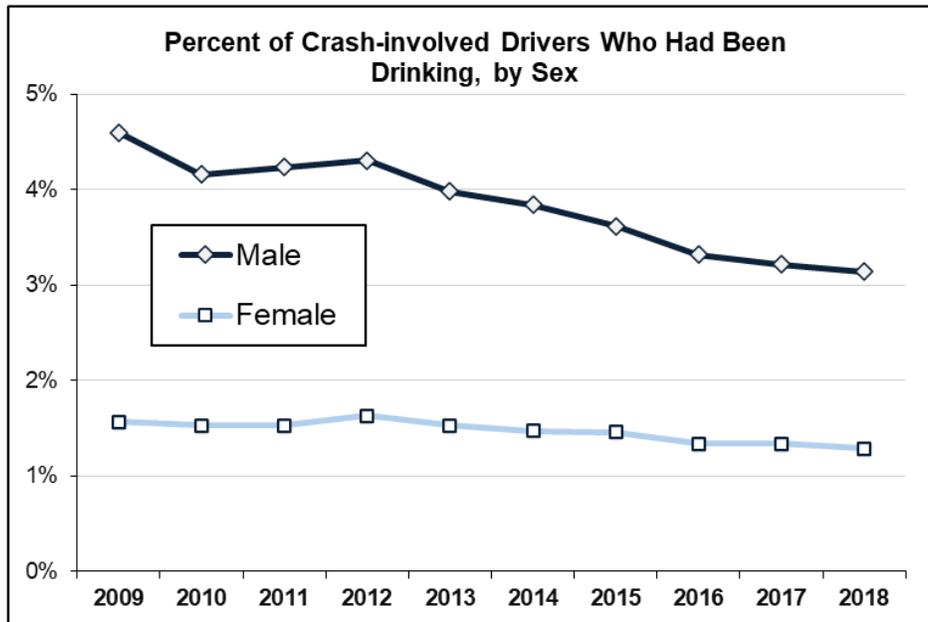
North Carolina's population has grown rapidly during the past decade. Consequently, it is important to consider fatality rates per capita. The figure below shows alcohol-impaired driving fatalities per 100,000 population in North Carolina from 2009 through 2018. Alcohol-impaired driving fatalities per capita increased slightly in 2018. Moreover, the long-term trend suggests a gradual rise in alcohol-impaired fatalities per capita over the past 10 years.



Source: FARS, 2009–2018 and U.S. Census

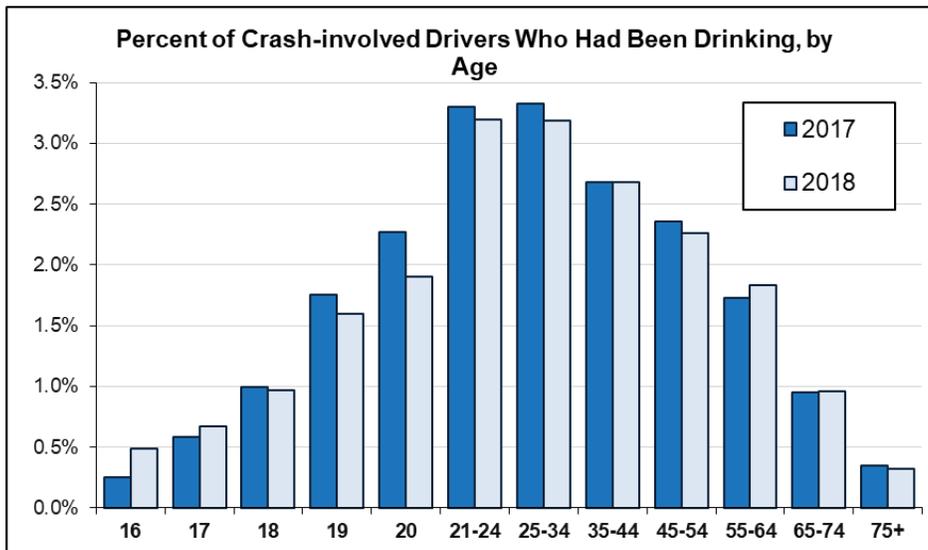
In addition to the 421 alcohol-impaired driving fatalities in 2018, there were 594 serious (“A”) injuries, 4,317 less severe injuries, and 5,582 property damage only crashes. Alcohol is less often involved in non-fatal crashes. Among all drivers in crashes in North Carolina during 2018, only 2.31 percent had been drinking (based on the judgment of the law enforcement officer who completed the crash report form). This is a slight drop from 2017, when 2.36 percent of all drivers were judged to have been drinking.

Alcohol involvement is more common among drivers involved in rural crashes (3.5 percent) than urban crashes (1.7 percent). Rural roadways are inherently more dangerous than urban roadways, and they can be particularly difficult to handle if a driver has been drinking. Additionally, alcohol-involvement in crashes is higher among males than females: 3.1 percent versus 1.3 percent. As shown in the figure below, alcohol-involvement among males has trended downward, especially since 2012.



Source: NCDOT Motor Vehicle Crash Data, 2009–2018

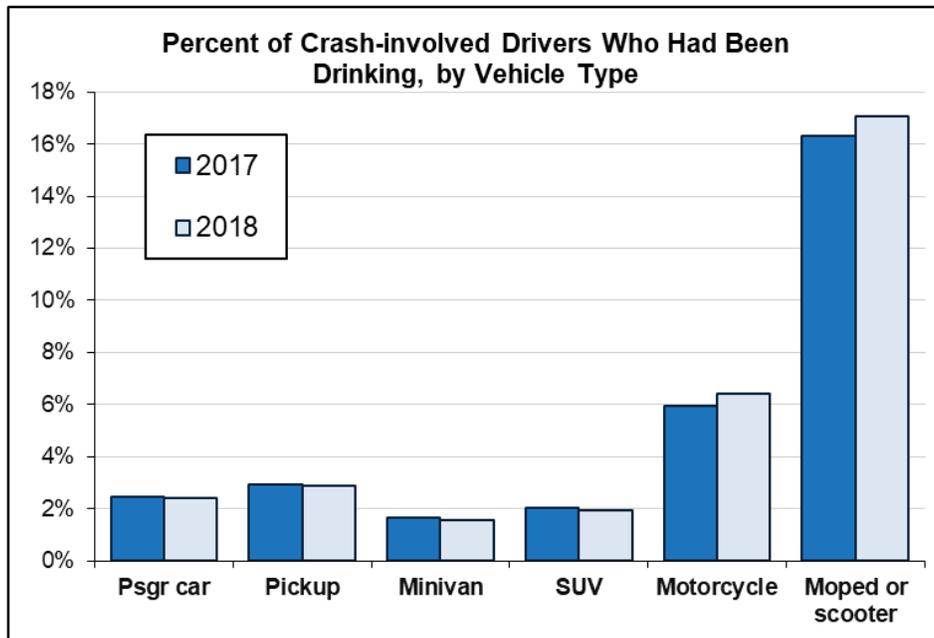
Alcohol-involvement also varies substantially by the age of the driver. As shown in the next figure, alcohol involvement is highest among crash-involved drivers between the ages of 21 and 34. Contrary to popular notion, North Carolina’s youngest drivers seldom drink and drive. The percent of 16- and 17-year-old crash-involved drivers who had been drinking is comparable to that of drivers age 65 and older. During 2018, alcohol involvement in crashes decreased somewhat for drivers between the ages of 19 and 34.



Source: NCDOT Motor Vehicle Crash Data, 2017–2018

BACKGROUND

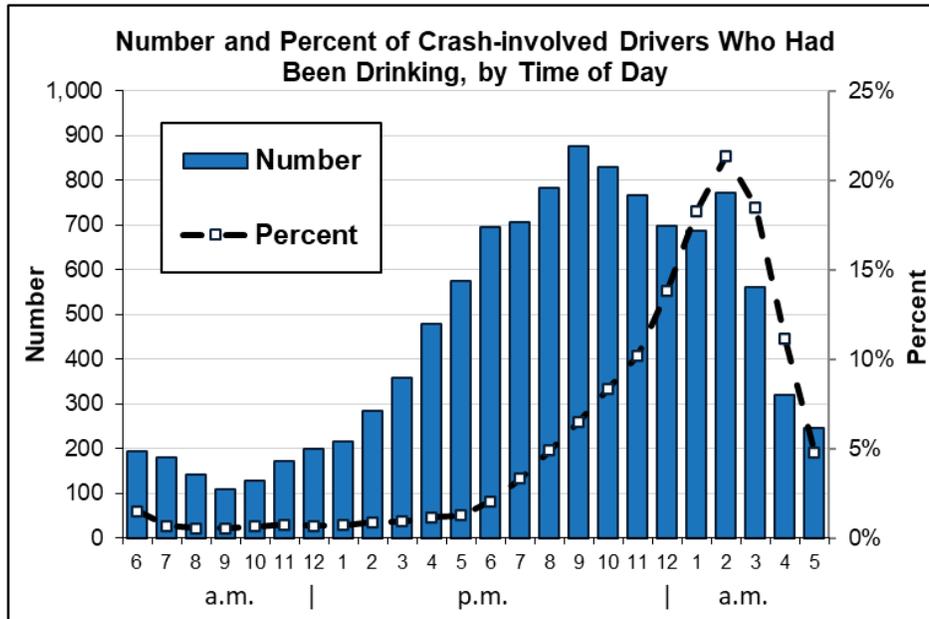
Drivers of different vehicle types also vary in their rate of alcohol-involvement in crashes. As shown below, alcohol-involvement in crashes is highest among riders of motorcycles and mopeds/scooters. During 2018, 6.4 percent of motorcycle crashes and 17.1 percent of moped/scooter crashes involved a driver who had been drinking. Alcohol-involvement increased slightly for motorcycle and moped/scooter riders during 2018.



Source: NCDOT Motor Vehicle Crash Data, 2017–2018

BACKGROUND

The figure below shows the number (left axis, blue bars) and percent (right axis, black dashed line) of crashes involving alcohol by time of day. The number of alcohol-involved crashes peaks at 9 p.m. and is generally high during the evening hours. However, the *percent* of alcohol-involved crashes peaks at 2 a.m. More than 20% of crashes between 2:00-2:59 a.m. involved alcohol.



Source: NCDOT Motor Vehicle Crash Data, 2018

North Carolina has 100 counties. The table below shows the number of fatalities in crashes from 2014 to 2018 involving a driver with a BAC of .08 or above. Mecklenburg County had the most alcohol-involved fatalities during this period followed by Wake, Guilford, Robeson, Forsyth, Cumberland, Durham, Davidson, Harnett and Johnston counties. Collectively, these 10 counties accounted for 37 percent of all alcohol-involved fatalities in North Carolina's from 2014 to 2018. These counties also have many of the largest population centers in the state.

The table also shows the alcohol-involved fatality rate per 10,000 population from 2014 to 2018. The counties with highest per capital rates of alcohol-involved fatalities include Northampton, Bertie, Warren, Robeson, Caswell, Halifax, Hoke, Pender, Hertford and Bladen. Many of these counties are in the eastern (coastal) part of the state.

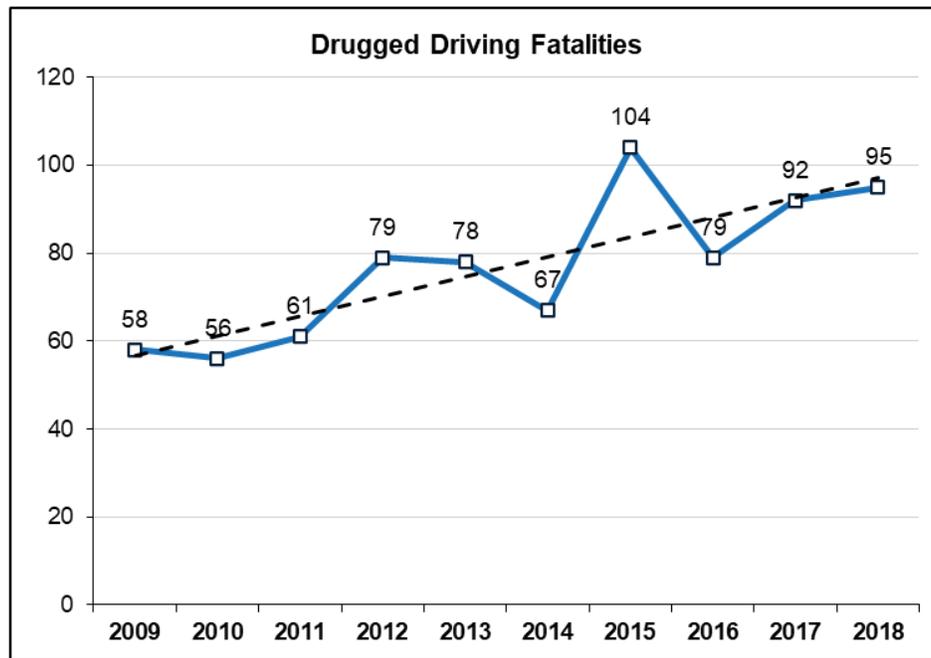
BACKGROUND

Alcohol-related Fatalities in Motor Vehicle Crashes, by County, 2014-2018

County	2018		Fatalities		Per 10k		County	2018		Fatalities		Per 10k	
	Population	#	Rank	Rate	Rank	Population		#	Rank	Rate	Rank		
Alamance	166,638	26	25	1.56	70	Johnston	199,790	43	10	2.15	43		
Alexander	38,303	7	69	1.83	58	Jones	10,196	1	95	0.98	87		
Alleghany	11,422	1	91	0.88	91	Lee	60,878	20	39	3.29	21		
Anson	25,288	9	65	3.56	14	Lenoir	56,856	11	57	1.93	53		
Ashe	27,606	4	77	1.45	75	Lincoln	84,751	21	35	2.48	36		
Avery	18,057	3	82	1.66	65	Macon	36,101	7	73	1.94	52		
Beaufort	47,475	7	70	1.47	73	Madison	22,361	9	66	4.02	11		
Bertie	19,709	11	54	5.58	2	Martin	23,264	5	76	2.15	44		
Bladen	34,566	14	50	4.05	10	McDowell	46,373	4	80	0.86	92		
Brunswick	137,103	31	19	2.26	38	Mecklenburg	1,088,350	171	1	1.57	68		
Buncombe	261,065	41	11	1.57	69	Mitchell	15,223	0	98	0.00	98		
Burke	91,402	20	37	2.19	42	Montgomery	27,621	7	74	2.53	32		
Cabarrus	209,150	30	20	1.43	77	Moore	99,390	34	15	3.42	18		
Caldwell	83,291	21	34	2.52	33	Nash	95,327	32	18	3.36	20		
Camden	10,490	1	92	0.95	89	New Hanover	232,248	30	22	1.29	82		
Carteret	70,696	6	75	0.85	93	Northampton	20,618	14	51	6.79	1		
Caswell	23,679	11	55	4.65	5	Onslow	198,740	35	14	1.76	61		
Catawba	158,483	30	21	1.89	56	Orange	145,574	19	40	1.31	81		
Chatham	74,264	15	44	2.02	49	Pamlico	13,359	3	86	2.25	39		
Cherokee	29,275	10	62	3.42	19	Pasquotank	39,790	4	81	1.01	86		
Chowan	14,173	4	78	2.82	28	Pender	62,168	26	26	4.18	8		
Clay	11,658	2	88	1.72	64	Perquimans	13,652	1	96	0.73	95		
Cleveland	99,140	32	17	3.23	23	Person	40,208	8	68	1.99	51		
Columbus	56,424	20	38	3.54	15	Pitt	178,440	26	27	1.46	74		
Craven	103,594	15	45	1.45	76	Polk	21,535	2	89	0.93	90		
Cumberland	331,764	64	6	1.93	54	Randolph	144,085	30	23	2.08	48		
Currituck	27,099	4	79	1.48	72	Richmond	45,199	10	64	2.21	40		
Dare	36,997	3	83	0.81	94	Robeson	131,600	71	4	5.40	4		
Davidson	168,093	43	8	2.56	31	Rockingham	91,746	16	42	1.74	62		
Davie	42,976	11	56	2.56	30	Rowan	141,802	30	24	2.12	47		
Duplin	59,772	15	46	2.51	34	Rutherford	68,423	9	67	1.32	80		
Durham	311,163	46	7	1.48	71	Sampson	64,087	22	33	3.43	17		
Edgecombe	52,724	16	41	3.03	25	Scotland	35,744	13	53	3.64	12		
Forsyth	376,309	69	5	1.83	57	Stanly	63,328	11	58	1.74	63		
Franklin	68,012	15	47	2.21	41	Stokes	46,472	11	59	2.37	37		
Gaston	221,006	40	12	1.81	59	Surry	73,232	21	36	2.87	27		
Gates	12,094	3	84	2.48	35	Swain	14,442	1	97	0.69	96		
Graham	8,686	1	93	1.15	83	Transylvania	35,115	2	90	0.57	97		
Granville	60,700	22	31	3.62	13	Tyrrell	4,260	0	99	0.00	99		
Greene	21,024	3	85	1.43	78	Union	232,465	33	16	1.42	79		
Guilford	534,346	96	3	1.80	60	Vance	45,764	16	43	3.50	16		
Halifax	51,552	22	32	4.27	6	Wake	1,070,197	104	2	0.97	88		
Harnett	133,172	43	9	3.23	22	Warren	20,066	11	60	5.48	3		
Haywood	62,839	7	71	1.11	84	Washington	12,153	0	100	0.00	100		
Henderson	116,857	13	52	1.11	85	Watauga	57,067	15	48	2.63	29		
Hertford	24,093	10	63	4.15	9	Wayne	124,703	25	28	2.00	50		
Hoke	53,992	23	30	4.26	7	Wilkes	69,913	15	49	2.15	45		
Hyde	5,198	1	94	1.92	55	Wilson	81,949	25	29	3.05	24		
Iredell	178,730	38	13	2.13	46	Yadkin	38,100	11	61	2.89	26		
Jackson	43,819	7	72	1.60	67	Yancey	18,455	3	87	1.63	66		

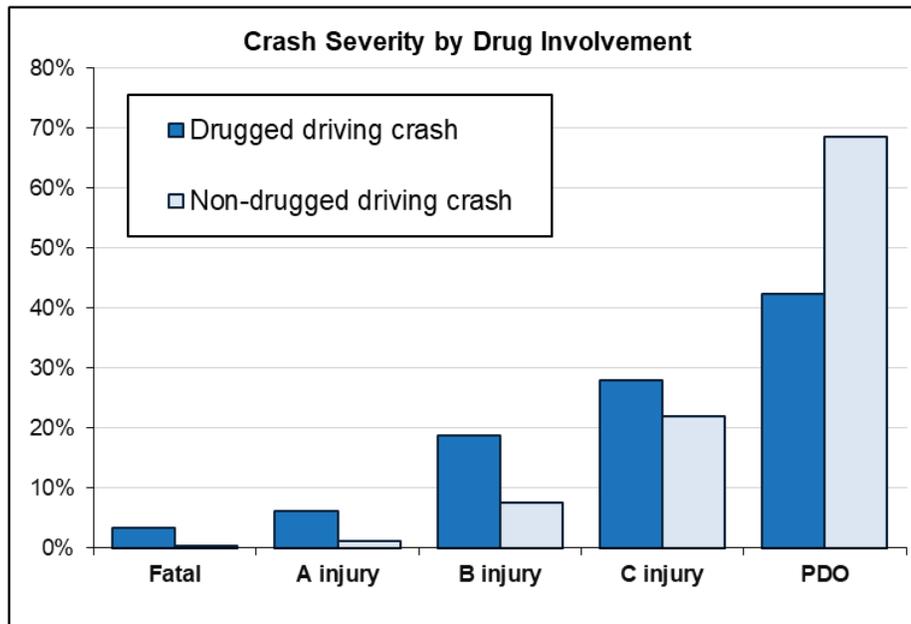
Drugged Driving

During 2018, there were 95 drugged driving fatalities in North Carolina. These are instances where an officer suspected that at least one driver in the crash was under the influence of a drug other than alcohol. As shown in the figure below, drugged driving fatalities have grown noticeably in North Carolina over the past decade, although they are still far less common than alcohol-related fatalities.



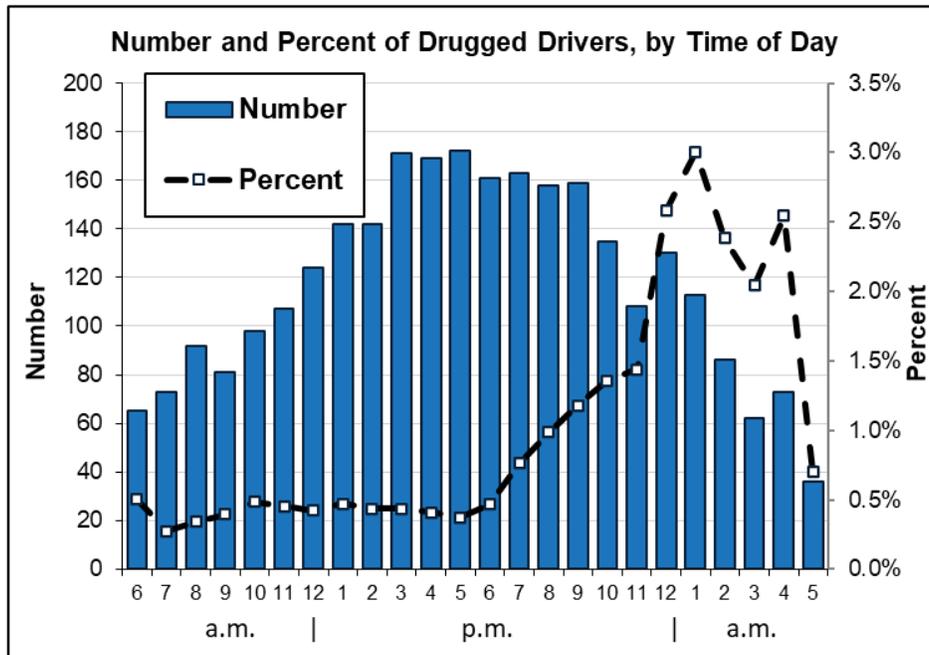
Source: NCDOT Motor Vehicle Crash Data, 2009–2018

In addition to the 95 drugged driving fatalities in 2018, there were 175 serious (“A”) injuries, 1,315 less severe injuries, and 1,194 property damage only crashes. Crashes involving drugged drivers are more likely to involve death or injury compared to non-drugged driving crashes. As shown in the next figure, 3.1 percent of drugged driving crashes in 2018 involved a fatality compared to just 0.4 percent of non-drugged driving crashes. Drug involvement was also over-represented in injury crashes of all severities.



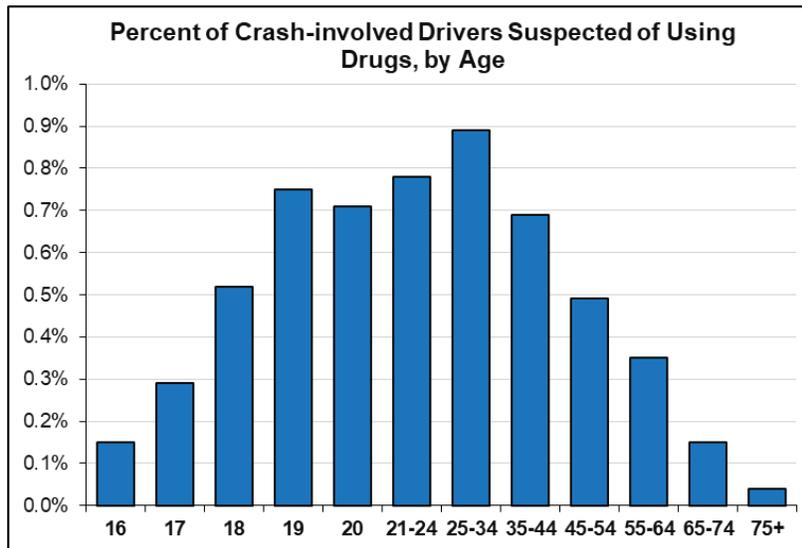
Source: NCDOT Motor Vehicle Crash Data, 2018

Two-thirds (67 percent) of drugged driving crashes in 2018 involved a male driver. Drugged driving crashes are also over-represented on rural roads. Only 36 percent of all crashes in North Carolina occur on rural roads, but more than half (52 percent) of drugged driving crashes were on rural roads. Drugged driving crashes also vary by time of day, as shown in the figure below. The number of drugged driving crashes (left axis, blue bars) is highest between 3:00 p.m. and 9:59 p.m. However, the *percent* of crashes involving a drugged driver (right axis, black dashed line) is highest late at night, especially between midnight and 4:59 a.m.



Source: NCDOT Motor Vehicle Crash Data, 2018

Drugged driving varies by the age of the driver. As shown in the next figure, drugged driving is highest among crash-involved drivers between the ages of 19 and 44. North Carolina’s youngest and oldest drivers seldom use drugs and drive.



Source: NCDOT Motor Vehicle Crash Data, 2018

Summary

During 2018, alcohol-impaired driving fatalities in North Carolina increased five percent, from 401 to 421. Similarly, the long-term trend suggests a gradual rise in alcohol-impaired fatalities. Certain groups of drivers are at higher risk for alcohol-impaired crashes including males, drivers age 21 to 34, motorcycle and motor-scooter riders, and drivers on rural roadways. Alcohol-involved crashes are most common at night, especially between 8 p.m. and 3 a.m. The counties that account for the most alcohol-involved fatalities are Mecklenburg, Wake, Guilford, Robeson, Forsyth and Cumberland.

The Impaired Driving Task Force believes the number of alcohol-involved and drugged driving fatalities can be reduced through a combination of prevention, education, enforcement, sanctions and treatment. These strategies are described in the sections that follow.

PROGRAM MANAGEMENT AND STRATEGIC PLANNING

As noted in NHTSA's *Countermeasures that Work*, one of the most important actions a state can take to reduce impaired driving is to conduct a thorough review of its DWI system. The North Carolina Impaired Driving Task Force is responsible for conducting such a review.

Alcohol-impaired driving laws evolve over time and are often extremely complex. Moreover, the various components of the DWI system are closely interrelated, so policies and practices in one part of the system can have unintended consequences elsewhere. For example, if an emphasis is placed on increasing arrests for DWI, a criminal justice system that is already overburdened may experience additional delays, lower conviction rates, or dismissals of cases that might otherwise have been pursued. Similarly, increasing the severity of sanctions for DWI offenders may inadvertently decrease the likelihood of convictions through offenders who mount a stronger defense or officers, judges or juries who may believe the required punishment is excessive. Successful DWI prevention requires an integrated system with effective communication between the many components. Officers need to know whether an individual stopped for DWI has a prior offense. Judges need to know whether offenders are following through with required treatment and sanctions. Licensing agencies need to know what penalties have been imposed on an offender's license.

The system as currently configured has been designed in small increments over time to address single issues, with little or no attention to how these might affect the system as a whole. The result has been a system that is sometimes inefficient, self-contradictory, not focused clearly on the largest part of the impaired driving problem and which does not currently involve the best available knowledge about effective countermeasures.

To reduce the workload involved in the complex, labor-intensive DWI system, it is important to discourage individuals from driving after they have been drinking, thereby reducing the number of impaired drivers on the road who might be arrested and then have to be handled through the DWI system. This approach is consistent with numerous recommendations of DWI experts, who routinely emphasize the value of *deterrence* over that of arrest, prosecution, and punishment as a broad and effective way to reduce the problem of crashes caused by alcohol-impaired drivers. A deterrence approach is mindful of the ultimate goal of reducing the number of alcohol-impaired drivers on the road rather than the intermediate goals of arrest & punishment, which are considered important mainly for their presumed (but largely undemonstrated) efficacy in deterring impaired driving.

Approaches to deter impaired driving have the advantage of focusing on the approximately 70-80% of drinking drivers who have not yet come to the attention of authorities either by crashing or being arrested. Increasing the visibility of DWI enforcement, which is already widespread, is

one proven effective way to enhance the deterrence effect. This approach has repeatedly been demonstrated to reduce alcohol-involved crashes when deployed appropriately. When done correctly, such an approach can decrease law enforcement interactions with the public by deterring drivers for drinking too much before driving because of the perceived likelihood of getting caught.

We note that it is important that any potential recommended changes to be advanced by the Task Force be viewed from a “Systems” perspective. This will entail at least two considerations:

- Consider what proportion of the overall impaired driving problem an action would address. The most desirable will be those that have the potential (ideally documented by research evidence) to address the largest proportion of the problem at the least overall cost (in terms of both dollars and person-time).
- Consider carefully how the action can be implemented to mesh smoothly with existing procedures. The DWI system is already characterized by inconsistencies and contradictory elements. We will not improve matters by introducing further inconsistencies.

Impaired Driving Task Force

In FY2020, GHSP expanded and rejuvenated the Statewide Impaired Driving Task Force. The Task Force is charged with reducing the number of impaired driving fatalities in the State by developing new strategies and initiatives to address the problem. The Task Force includes over 20 experts and is composed of police chiefs, local sheriffs, emergency room personnel, substance use disorder treatment providers, judicial officials, public health experts, state officials, impaired driving researchers and others. The Task Force has previously developed several Impaired Driving Plans for the State of North Carolina. The most recent plan (FY2018) described North Carolina’s current and future initiatives regarding prevention, enforcement, media and outreach, adjudication, and treatment and rehabilitation as described in NHTSA’s Highway Safety Program Guideline No. 8 Impaired Driving. This document provides an update to the Impaired Driving Plan for FY2021.

Strategic Planning

North Carolina conducts an extensive problem identification process to develop and implement the most effective strategic plan for deterring impaired driving and enforcing our State’s impaired driving laws. Several data sources are consulted to provide an accurate and complete picture of the impaired driving problem. These include, but are not limited to, North Carolina crash data, enforcement data, adjudication data, and FARS data. The problem identification process helps ensure the initiatives implemented address North Carolina’s proven crash, fatality and injury problems. The data analyses conducted in the problem identification process

PROGRAM MANAGEMENT

identifies which drivers are over-represented in impaired driving crashes, and shows when (day vs. night, weekday vs. weekend) and where (counties; urban vs. rural roads) crashes are occurring.

Many organizations have contributed to the strategic planning process to deter impaired driving in North Carolina. These organizations include:

- Governor’s Highway Safety Program (GHSP)
- Division of Motor Vehicles (DMV)
- NC DOT Traffic Safety Systems Management Unit
- NC Administrative Office of the Courts (AOC)
- NC Conference of District Attorneys
- NC Division of EMS
- NC Department of Insurance—Safe Kids NC
- Forensic Tests for Alcohol (FTA) Branch of NC DHHS
- NC Department of Justice Attorney General’s Office
- NC ABC Commission
- NC Advocates for Justice (defense attorneys trade group)
- GHSP Law Enforcement Liaisons
- City and County Law Enforcement
- NC State Highway Patrol
- North Carolina State University Institute for Transportation Research and Education (ITRE)
- University of North Carolina Highway Safety Research Center (HSRC)
- Mothers Against Drunk Driving
- Addiction Professionals of NC

The Impaired Driving Task Force was created under the direction of the Governor’s Representative for Highway Safety, who also serves as the Director of the Governor’s Highway Safety Program, which is North Carolina’s state highway safety office. The whole committee meets once a quarter, with subcommittee meeting occurring more often. A complete list of the Task Force membership can be found in Appendix A.

GHSP Impaired Driving Program Activities

In FY2021, GHSP plans to spend over \$5.8 million in 405 (D) funds specifically for impaired driving projects and approximately \$1.9 million in 402 funds for impaired driving efforts. Each year approximately half of GHSP’s total funds are devoted to projects that impact impaired driving efforts in some way, and FY2021 will be no different.

GHSP receives grant applications each January for the preceding fiscal year. Each grant application is evaluated and reviewed by GHSP staff with input from NHTSA, Law Enforcement

PROGRAM MANAGEMENT

Liaisons, and additional partners as deemed necessary. Counties included in the top twenty-five in impaired driving fatalities are considered for funding. Past performance and program sustainability are also considered. Agencies approved for DWI enforcement and education funding are funded for four years at 100% the first year, 85% the second year, 70% the third year, and 50% the fourth year. Highly productive and successful agencies can be extended for subsequent years at 25% funding. Grant funding for DWI enforcement is limited to actual enforcement activity hours.

GHSP uses various tracking mechanisms to help GHSP Highway Safety Specialists monitor the progress of each project and to help law enforcement projects remain committed to their stated plans. Each agency receiving grant funding is required to submit quarterly progress reports to ensure the goals and outcomes of each project are met. Projects involving enforcement personnel must report monthly enforcement actions taken, educational programs delivered, and hours worked. During each statewide enforcement campaign, GHSP requires law enforcement agencies with grant funding to report their citation totals online on a weekly basis. GHSP also solicits non-grant funded agencies to participate in these campaigns and report as well. These checkpoint and saturation patrol activity reports include data on the locations and times worked, the number of officers present, and the number of tickets issued. This monitoring allows GHSP to adjust the enforcement plans for each agency in sufficient time to provide the greatest use of resources to address targeted traffic safety problems.

Projects that do not include enforcement personnel must complete quarterly reports to ensure that the project's goals and outcomes are met, and to enable GHSP and project personnel to adjust their tasks and objectives as needed to address problems that might arise.

Funding

North Carolina presently spends hundreds of millions of dollars of DWI prevention, adjudication, enforcement and treatment.

Those arrested for DWI provide much of the funding for NC's DWI system, and such a charge is costly for defendants. DWI defendants may incur Impaired Driving Fees, Limited Driving Privilege Fee, Continuous Alcohol Monitoring Fee (where applicable), State Crime Lab Forensics Fees, and others. These fees help finance the cost of DWI criminal adjudication. In addition, NC's Alcohol Beverage Control (ABC) system requires that a percentage of local board revenue from liquor sales fund local treatment and prevention programs.

Data and Records

North Carolina utilizes several data sources to provide the most complete picture of the impaired driving problem in North Carolina. The sources of information that informed the FY2021 Impaired Driving plan are described below.

- **Traffic Crash Data.** North Carolina has a centralized source for all traffic data. This data is collected from the Division of Motor Vehicles (DMV) as well as from other NCDOT staff members throughout the state. This data is channeled to the State Traffic Safety Engineer within NCDOT and is readily available to GHSP and, on a more limited basis, the public. In addition to crash data, GHSP has access to North Carolina licensure data (state-wide and by county), registered vehicle data (state-wide and by county), and vehicle miles traveled (VMT) data.

The National Highway Traffic Safety Administration's Fatality Analysis Reporting System (FARS) is the primary tool for tracking progress on reducing impaired driving fatalities. GHSP compares current year FARS data with FARS data from the previous 5-10 years. The FY2021 Impaired Driving Plan includes FARS data through 2018—the most recent year available at the time this Plan was prepared.

In addition to total fatalities, the following variables were examined as part of the problem identification process: crash severity (fatal, serious injury, or property damage only), driver demographics (age, gender, etc.), time of day of the crash, vehicle type, and whether the crash occurred on an urban or rural road. GHSP also examined FARS data for each of North Carolina's 100 counties. Counties were ranked based on their relative contributions to impaired driving fatalities.

- **Enforcement and Adjudication Data.** GHSP conducts highway safety campaigns throughout the year. Law enforcement agencies are asked to report their citation totals from activities conducted during each campaign week. The GHSP Yearly Planning Calendar lists dates for all GHSP campaigns and reporting deadlines. Law enforcement agencies are also asked to report their year-round traffic safety activities, such as seat belt enforcement initiatives, DWI checking stations and saturation patrols. These special enforcement data reports for GHSP campaigns and events are submitted to GHSP through an online reporting system.

The North Carolina Administrative Office of the Courts (AOC) has a centralized database of court interactions, which enables GHSP to obtain accurate and up-to-date data on DWI citations, including the status and disposition of cases.

- **Census Data.** The State Demographics branch of the North Carolina Office of State Budget and Management (OSBM) produces annual population estimates and projections of the population of North Carolina's counties and municipalities that are used in the distribution of state shared revenues to local governments. County population projections, available by age, race and gender, are used for long-range planning on the county level.

PROGRAM MANAGEMENT

The Traffic Records Coordinating Committee (TRCC) works to provide accurate and complete traffic records data in a timely manner that protects the privacy of citizens, fosters collaboration, data and resource sharing, and identifies success by measuring results, ultimately leading to a reduction in traffic fatalities, injuries, and crashes. The TRCC's diverse membership includes data stewards for each primary traffic records data or information systems in North Carolina.

The TRCC has met regularly since 2002. TRCC 's website provides access to the Traffic Records Assessment, traffic records strategic plan reports and list of key agency contacts within North Carolina. More information can be found at the current NC TRCC website:

<https://connect.ncdot.gov/groups/NCTRCC/Pages/default.aspx>:

Communication Program

North Carolina's Communications and Media plan, as described in the FY2021 Highway Safety Plan, specifically targets alcohol-impaired driving. North Carolina data show young males ages 21-34 are disproportionately affected by crashes involving impairment. Therefore, GHSP has focused media efforts on this demographic. GHSP is also targeting the 25 counties with the highest impaired driving crash rates. All impaired driving prevention campaigns, such as *'Booze It & Lose it,'* include both paid and earned media. This includes an aggressive social media strategy involving digital video, internet radio, microtargeted social media advertising and digital display presence. In addition, GHSP uses targeted display video ads in venues such as movie theatres and Gas Station TV. For more information about GHSP's communication strategies on impaired driving, see the "Communications" section of the Impaired Driving Plan.

PREVENTION

The Impaired Driving Task Force believes strongly that prevention and education are critical components of an effective DWI system. Prevention strategies can take many different forms including:

- Limiting the availability of alcohol and other drugs.
- Reducing excessive drinking.
- Avoiding or preventing driving for individuals who have been drinking.
- Educating the public or high-risk groups.
- Forming community coalitions to discourage impaired driving.

Limiting the Availability of Alcohol and Other Drugs

North Carolina is one of 17 states to regulate alcohol through a control system. In 1935, the North Carolina General Assembly authorized the Governor to appoint a commission to study the question of control of alcoholic beverages. The commission examined two models being implemented by other states at the end of Prohibition: state licensing systems and state monopoly systems. After careful study, the Alcoholic Beverage Control Act was submitted to the General Assembly of 1937, and a monopoly system was enacted into law in North Carolina. The Control Act provided for the establishment of a State Board of Control consisting of a chairman and two associate members appointed by the Governor. The Control Act also provided for a plan under which no county or city in the state could allow the sale of alcoholic beverages unless first approved by the local voters. In North Carolina, the sale of beer/wine/mixed drinks is legal only in jurisdictions that have voted in favor of it, and county/municipal boards operate the retail stores that sell bottles of spirituous liquor.

Today, the state board of control is known as the North Carolina ABC Commission. The Commission provides uniform control over the sale, purchase, transportation, manufacture, consumption and possession of all alcoholic beverages in the state. The Commission oversees permits allowing alcohol sales by more than 18,000 retail outlets across the state. Local ABC Boards, which manage county-wide sales, are legally required to provide a percentage of sales revenue back to the county in the form of grants to alcohol education,



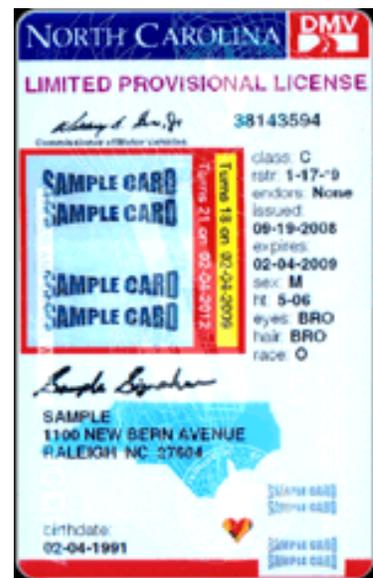
PREVENTION

alcohol and drug treatment, and local enforcement.

The legal age to purchase alcohol in North Carolina is 21. It is against the law for any person who is younger than 21 years of age to purchase or to attempt to purchase alcohol. The law requires a one-year driver license revocation upon conviction for:

- Any underage person who attempts to purchase or purchases an alcoholic beverage.
- Any underage person who aids or abets another who attempts to purchase or purchases an alcoholic beverage.
- Any underage person who obtains or attempts to obtain alcoholic beverages by using or attempting to use a fraudulent driver license or other ID or another person's driver license or ID.
- Any person who permits his or her driver license or any other ID to be used by an underage person to purchase or attempt to purchase an alcoholic beverage.
- Any person who gives an alcoholic beverage to any underage person.

In 2008, North Carolina's drivers' licenses were redesigned and introduced several new features to help alcohol vendors and servers determine whether someone is legal drinking age and/or whether someone is using a fake ID. North Carolina licenses use a "stoplight" theme with a colored border. A red border indicates the license holder is age 15-17 and is not permitted to purchase tobacco or alcohol. A yellow border indicates the license holder is age 18-20 and may purchase tobacco, but not alcohol. A green border indicates the license holder is age 21+ and may purchase tobacco or alcohol. In addition to the colored border, persons under age 21 have a vertical license, where those 21 and older have a horizontal license.



Well-publicized compliance checks of alcohol retailers are important for reducing sales of alcohol to underage persons.

During compliance checks, law enforcement officers supervise attempts by persons under age 21 to purchase alcohol from licensed establishments. If a sale is made, both the server and the license holder may be subject to penalties. These compliance checks, when well publicized, have been shown to significantly reduce sales of alcohol to underage persons.

The goal of compliance checks is deterrence. For that reason, it is essential that compliance checks be accompanied by sustained publicity targeting both retailers and the general public. In North Carolina, these compliance checks are conducted by the NC Alcohol Law Enforcement (ALE), a branch of the Department of Public Safety that serves as lead enforcement agency for the state's alcoholic beverage control, lottery and tobacco laws. In addition to compliance

PREVENTION

activities, NC ALE also conducts the KEYS to Life Program, which trains young people about the dangers of underage drinking.

Reducing Excessive Drinking

Some strategies aim to reduce excessive drinking. State statutes stipulate the following:

- Alcohol may not be sold or served to any person who is intoxicated.
- Intoxicated persons are not allowed to consume alcoholic beverages on the licensed premises.
- Happy Hours are not allowed.
- Free or reduced drink prices cannot be offered during limited hours.
- Certain drink specials or promotions are not allowed (e.g., 2 for 1; buy 1, get 1; buy a meal, get a free drink).

To reduce excessive drinking, North Carolina supports responsible beverage service for alcohol servers and retailers. Server training programs teach servers how to recognize the signs of intoxication and how to prevent intoxicated patrons from further drinking and from driving. For example, servers can encourage patrons to space their drinks over time and eat while drinking, thereby slowing the absorption of alcohol. For intoxicated patrons, servers can refuse to serve



additional alcohol or help arrange alternative transportation. Research shows that such interventions may reduce the frequency of alcohol-related crashes. Server training can also decrease the likelihood that servers sell alcohol to persons under the legal drinking age. Coupled with well-publicized compliance checks of alcohol retailers, responsible beverage service can substantially reduce the sales of alcohol to intoxicated and underage persons.

The Education Outreach section of the NC ABC Commission conducts responsible alcohol server/seller training programs (RASP) for both on-premise and off-premise business owners/managers/employees at no cost. This hands-on style live class lasts 2 hours and utilizes video, and open discussions to cover the following topics:

- Prevention of sales to underage persons and intoxicated persons.
- Acceptable forms of identification and how to spot fake/altered IDs.
- Dram shop laws, happy hour laws, hours of sale, and other laws.
- How to protect your business, protect the public, and protect yourself.

PREVENTION

Applicants applying for retail or delivery permits are required to provide proof of Responsible Alcohol Seller/Server training prior to obtaining their ABC permit. Acceptable proof of training may be in the form of a certificate of training, transcript, or other document provided by the course provider, or corporate/delivery permittee. The applicant may also have the course provider sign a form attesting to completion of this training. If the applicant is representing a corporate chain, the corporation will be required to provide to the NC ABC Commission a copy of their training manual which meets minimum course content requirements.

Avoiding or Preventing Driving for Individuals Who Have Been Drinking

Alternative transportation programs reduce DWI by eliminating the need to drive after drinking. Special ride service programs for impaired drivers have been tested in small towns in Colorado, Wisconsin, and elsewhere. Several have been shown to reduce alcohol-related crashes. These programs transport a drinker home from drinking establishments; some drive the drinker's car home as well. Most programs operate at only certain times of year (e.g., at New Year's), since they can be costly to maintain. Research suggests the most successful alternative transportation programs are continually available, convenient and easy to use, free to users, take individuals directly to their homes, and minimize the need to retrieve a vehicle later.

Buses, taxis and Uber/Lyft are widely available in urban areas. However, persons living in rural areas have fewer options for getting home if they have been drinking. During FY2021, GHSP is planning to develop and test partnerships with alternative transportation programs in a rural community. The service would transport drinkers and their vehicles home from drinking establishments, would operate on weekend evenings (Th-Sat), and would be free of charge to users. A goal of the project is to establish a dedicated local funding source so the program can be sustained. If successful, the program could serve as a model for rural communities across the state.

Another important strategy to prevent impaired driving is ignition interlocks. Approximately 10,000 interlocks are installed on the vehicles of DWI offenders each year in North Carolina. Pursuant to G.S. 20-17.8(c), a driver is required to have an ignition interlock in place for one year, three years or seven years, depending on the length of the suspension. A driver suspended for a first offense DWI who is eligible for a limited driving privilege will have an interlock installed during the one-year suspension period following a forty-five-day waiting period. Convictions for subsequent DWI offenses will require lengthier periods of the ignition interlock if the offender is granted driving privileges.



PREVENTION

There are currently three approved service providers in North Carolina responsible for installation of the ignition interlocks. Each service provider is responsible for monitoring the installed devices. All detected violations are reported to NCDMV.

Prior to 2019, the NCDMV had been implementing the ignition interlock program through labor intensive, manual processes. GHSP provided funding to the NCDMV in 2019 to develop a web-based system to track all participants in the Ignition Interlock program. The web-based system tracks reporting for all participants, including participants with medical conditions. At the time of installation, the system transmits correct information about restrictions to all approved ignition interlock service providers. In addition to monitoring participants on the program, the web-based system also tracks data regarding service providers.

Numerous research studies have shown that ignition interlocks are a highly effective tool for preventing DWI offenders from continuing to drink and drive. However, much greater use of interlocks is currently needed to reduce recidivism among DWI offenders. Impaired driving experts now recommend that ignition interlocks be required as a condition of driver's license reinstatement for *all* DWI offenders. Many of those arrested for DWI have alcohol abuse or dependence issues, so they are likely to continue driving while impaired. Even first-time offenders are high risk—according to some estimates, individuals make 50 to 200 impaired trips before their first arrest. British Columbia has successfully required interlocks as a condition of license reinstatement for all DWI offenders. The interlock requirement is handled administratively, so there is no burden on the court system and the penalty is difficult for offenders to avoid.

Education

A variety of educational programs are taking place across North Carolina to educate the public about the effects of alcohol and other drugs and the dangers of drinking and driving. The North Carolina ABC Commission has an initiative to reduce underage drinking called "Talk It Out." The campaign was launched in 2014 to combat underage drinking by undertaking relevant research, educating parents and children about alcohol's health risks, and raising awareness about the resources available to families, both in person and online. The program includes a pledge to stop underage drinking, facts about underage drinking and the developing brain, and guidance for parents on talking with their children about the dangers of underage drinking. More information about the Talk It Out program is available at: <https://www.talkitoutnc.org/>.



For the past five years, GHSP has supported the Pitt Memorial Hospital Foundation's "PittCo Teen Safe Drivers" program. The program uses a peer-to-peer model and a variety of evidence-based strategies to create a community focused on teen safe driving. In March of 2018, the

program hosted the Pitt County SADD Summit with teen driving as a focus area. The event featured national and state speakers and interactive activities for teen participants. PittCo Teen Safe Drivers also hosted a “Countdown 2: Drive” program for 100 parents and teen drivers in partnership with NC State Highway Patrol, Greenville Police, Farmville Police and Hastings Ford. Specific efforts were made to reduce drinking and driving through partnerships with law enforcement and through conducting awareness events. Three events specifically focused on underage drinking and driving and reached 455 student, parents, and staff.

“Social norms” programs have proven effective in reducing many problem behaviors such as substance use, adolescent bullying, and sexual risk-taking. People are strongly influenced by beliefs and perceptions about how others typically behave. However, perceptions about others’ behaviors are often inaccurate. Most people believe risky behaviors (e.g., impaired driving) to be more common than they actually are. Social norms programs correct these misperceptions, thereby empowering people to make safer decisions.

A multi-year social norms program was implemented to address binge drinking at the University of North Carolina. A nighttime survey of several thousand UNC students, which included blood alcohol concentration (BAC) measurements, showed that even on traditional “party” nights (Thursdays, Fridays and Saturdays), two out of three UNC students returned home with a 0.00% BAC. A social norms campaign was developed based on this finding to alert students to the fact that *non*-drinking is the norm. The “2 out of 3, zero BAC” campaign included interactive presentations to all incoming students during orientation, posters, newspaper ads, incentives for displaying posters or knowing facts, and a variety of other media. Follow-up surveys showed that student recognition of the “2 out of 3, zero BAC” campaign was very high (over 90%), and the percentage of students with a BAC of .05% or higher decreased from 19% to 14%.

Forming Community Coalitions and Youth Coalitions to Discourage Impaired Driving

Several communities in North Carolina have formed coalitions with an impaired-driving prevention focus. The mission of the Pitt County Coalition on Substance Use (PCCSU) is to bring about a community in which youth reject substance use, adults utilize low-risk choices regarding substance use, and treatment services are available to those in need. The PCCSU was established in 2002 and is comprised of individuals, member agencies and organizations that provide prevention, treatment and enforcement services for Pitt County residents of all ages. Parents, youth, and members of the recovering community are members of the PCCSU. The media, faith-based and business communities, civic and volunteer groups, government officials, and other organizations involved in reducing substance abuse are represented on the Coalition. Current initiatives of PCCSU include:

PREVENTION

- **Drug Free Communities Grant:** The program aims to prevent underage drinking and opioid misuse by ensuring retail merchants are educated and asking for identification, and by partnering with Pitt County Schools to provide education to parents on how to communicate with their child about substance use.
- **Preventing Underage Drinking Initiative:** Alcohol Purchase Surveys are designed to determine which retailers in Pitt County have employees who sell alcohol without verifying that the individual has a valid ID. For every store where an alcohol purchase survey was conducted, merchants are provided education on the outcome of that purchase attempt and provided materials on how to continue to prevent the selling of alcohol to minors.
- **Youth Team:** Created in 2014, the Team's focus is to prevent underage drinking through collaboration with local law enforcement, parents, and government officials. The Youth Team has participated in activities such as advocating for the NC Good Samaritan Law and the creation of a PSA about the law, writing letters to the editor for National Alcohol Awareness Month, presenting at the PARC conference, creating personalized holiday cards for individuals who participate in the Greenville syringe exchange, and participating in fundraisers and leadership development activities.



GHSP funds two youth community coalitions to educate young people about alcohol use. One based with Vidant Health Systems in Greenville works throughout high schools in Eastern North Carolina (and is an important partner in PCCSU). Another is in Cabarrus County, where the Cabarrus Health Alliance (the local health department) works with high school students in one of NC's fastest growing counties to create the Keeping Every Youth Safe (KEYS) program, and to create a youth-led community coalition to tackle teen driving safety issues, including impaired driving prevention.

GHSP has also funded a statewide Vision Zero efforts. The Vision Zero project works to develop community coalitions to advance "Vision Zero" goals and create a systemic approach to planning and other disciplines that can be incorporated in local transportation efforts. Each Vision Zero community (Durham, Charlotte, Greensboro, Robeson County) creates community coalitions to advance system changes that puts crash prevention at the forefront.

The Governor's Highway Safety Program has a marketing opportunity with the NC High Schools Athletic Association (NCHSAA), which governs high school sports in NC. Through this

partnership, GHSP has worked with high school athletes, coaches, athletic directors and other school officials to discourage impaired driving.

Progress on FY2018 report

The Impaired Driving Task Force made progress on several prevention topics over the past three years.

One FY2018 Plan recommendation was to ensure the standardized curriculum for driver's education classes includes laws and consequences as they relate to DWI. North Carolina subsequently has adopted the National Driver Education Standards. The curriculum includes laws and consequences related to DWI.

The FY2018 Plan also recommended that apps be designed to provide information about alternative transportation/designated driving programs for safe rides home from restaurants, bars, events, etc. The Report recommended those apps be tied to a specific and easily recognizable "logo" that provides telephone numbers and websites to contact for safe rides home. The GHSP subsequently designed and launched a web site (BeSmarterThanThat.com) to educate citizens about the risks of drunk driving and to suggest alternative means of transportation to prevent it from happening. The website works across all mobile devices and can be used to call a cab or phone a friend, as well as to find public transportation based on a user's current location.

CRIMINAL JUSTICE SYSTEM

North Carolina has developed a comprehensive program to combat impaired driving and to maximize the likelihood of detecting, investigating, arresting and convicting impaired drivers. According to a 2015 study by the Pacific Institute for Research and Evaluation, impaired costs Americans approximately \$132 billion each year in medical costs, law enforcement efforts, adjudication and lost wages. The Centers for Disease Control estimate that North Carolina's impaired driving cost per year are approximately \$1.32 billion. The North Carolina Statewide Impaired Driving Task Force is committed to strong enforcement and adjudication of our State's laws.

Laws

North Carolina's impaired driving laws are designed to be sound, rigorous, and easy to enforce and administer. Key laws in North Carolina to address impaired driving include:

- **Per se laws:** It is illegal to drive with a BAC at or above 0.08 percent.
- **Zero tolerance laws:** Drivers younger than 21 are prohibited from operating a vehicle with any detectable blood alcohol.
- **Administrative license suspension:** There is a mandatory minimum 30 day pretrial administrative revocation for a driver with a BAC of 0.08 or more, 0.01 or more if under age 21, 0.04 or more if driving a commercial motor vehicle or refuses the implied consent test and this revocation cannot be waived.
- **Vehicle forfeiture:** If a person is driving while license revoked for an impaired driving revocation and is impaired or is impaired and has no driver's license and insurance, then the vehicle is subject to seizure and forfeiture.
- **Felony DWI:** A charge of impaired driving is a felony requiring 12 months in jail if the driver is driving while impaired and has previously been convicted of three or more offenses involving impaired driving within the past 10 years.
- **Ignition interlocks:** Interlocks are mandatory for offenders with a BAC of 0.15 or greater or if the person is a second or subsequent offender (within 7 years). After license restoration, required ignition interlock is 1 year if license revocation was for 1 year, 3 years if license revocation was for 4 years, and 7 years if the license was permanently revoked but can be restored. Tampering or attempting to circumvent the interlock system is a Class 1 misdemeanor. There are exemptions to the interlock requirement for financial hardship or persons with certain medical conditions.
- **Increased penalties for high BAC:** Penalties are greater for offenders with high BACs, defined as a BAC at or above 0.15 percent.
- **Open container laws:** Unless specifically exempted, an open container of any alcoholic beverage is prohibited in the passenger area of any motor vehicle (commercial or non-

commercial) located on the highway or highway right of way, even if the vehicle is parked. This law applies to passengers as well as drivers.

- **Sobriety checkpoints:** Checkpoints are permitted under N.C.G.S. §20-16.3A.
- **Breath test refusal:** “Implied consent” laws specify that all motorists agree to take a urine, blood, or breath test if lawfully arrested for driving under the influence. Motorists who refuse a breath test will be subject to a 12-month license revocation. Refusal can be admitted into evidence in criminal, civil or administrative hearings.
- **Alcohol treatment:** Treatment may be ordered by the court as a condition of probation. The court may order that a term of imprisonment imposed as a condition of probation be served in an inpatient alcohol treatment facility.
- **Continuous monitoring system:** As a condition of probation, the judge may order an offender to abstain from alcohol consumption for 30 days or up to the term of probation, as verified by a continuous alcohol monitoring system.
- **Child endangerment:** DWI with a child under age 18 in the vehicle is considered a grossly aggravating factor and will result in a minimum of 30 days in jail.
- **Drug-impaired driving:** It is illegal to drive under the influence of any impairing substance or with any amount of a Schedule I controlled substance (as listed in N.C.G.S. §90-89) or its metabolites.

North Carolina does *not* currently have the following:

- An ignition interlock requirement for *all* DWI offenders.
- An anti-plea bargaining statute. However, the law does require the prosecutor to explain a reduction or dismissal of a DWI charge in writing and in open court.

Enforcement

High Visibility Enforcement

According to NHTSA’s *Countermeasures that Work*, high visibility enforcement (HVE) is one of the most effective approaches for reducing impaired driving. The “high visibility” aspect is key because the largest benefit from such campaigns comes from deterring the general driving population from violating traffic safety laws. When drivers believe impaired driving is likely to be detected and violators punished, fewer will engage in this behavior. To ensure the general driving population is aware of law enforcement campaigns, they must be highly visible and publicized extensively.

North Carolina has implemented the ‘*Booze It & Lose It*’ campaign every year since 1994. This is a statewide campaign stressing enforcement and public awareness and media coverage. During



CRIMINAL JUSTICE SYSTEM

2019, law enforcement agencies in North Carolina conducted five waves of the 'Booze It & Lose It' campaign:

- St. Patrick's Day *Booze It & Lose It* (March 14 - 17)
- *Booze It & Lose It: Operation Firecracker* (July 1 - 7)
- Labor Day *Booze It & Lose It* (August 16 – September 2)
- Halloween *Booze It & Lose It* (October 28 – November 3)
- Holiday *Booze It & Lose It* (December 16, 2019 – January 5, 2020)

Across all five waves, 19,447 checkpoints and saturation patrols were conducted in 2019, resulting in 6,767 DWI charges. Compared to 2018, 7 percent more checkpoints and saturation patrols were conducted during 'Booze It & Lose It' enforcement activities in 2019, and these activities resulted in 7 percent more DWI charges.

Law enforcement participation rates continue to be high. During 2019, statewide participation in 'Booze It & Lose It' campaigns averaged 88.5% of all law enforcement agencies (up from 80.0% in 2018). GHSP continues to utilize an online reporting system for law enforcement agencies



to report campaign activity. This system allows each department to enter their activity each week during any campaign and have their numbers immediately included in the statewide totals. All law enforcement agencies funded by GHSP are required to participate in a minimum of one DWI checkpoint each month and in all high visibility enforcement campaigns.

North Carolina utilizes a variety of communication strategies to draw attention to 'Booze It & Lose It' and the enforcement efforts in the state. GHSP uses innovative paid media strategies to reach young adult audiences, a key demographic according to market research. This includes media buys on internet radio, digital video, digital displays on microtargeted web sites, TV advertising on cable stations, and customizable advertising such as in movie theaters. GHSP has created new digital video ads, including cartoons and animation, to use as digital video and displays. GHSP also uses free social media such as Facebook, Twitter and Instagram. Social media site engagement has doubled and will continue to be a key part of our advertising strategy. Marketing and advertising efforts are becoming more progressive with the ability to

micro-target our audience and utilize a variety of mediums to ensure *'Booze It & Lose It'* makes the most effective use of messaging.

Law Enforcement Liaisons Network

GHSP coordinates a statewide Law Enforcement Liaisons (LELs) network. The State has been divided into 11 regions, with each region consisting of multiple counties. GHSP chooses one law enforcement officer from each region to serve as the regional LEL. The regional LELs appoint one officer per county to serve as county coordinator in each of North Carolina's 100 counties. Working together, the LELs and county coordinators promote the *'Booze It & Lose It'* program, encourage checking stations, and relay campaign reporting opportunities to each agency in the State. With the support of the regional LELs, several counties have organized DWI task forces that are made up of officers from each agency in the county. By organizing agencies at the county level, more checking stations are being conducted. Additionally, an increased number of smaller towns in these counties are now able to host checking stations.

Breath Alcohol Testing Unit Program (B.A.T. Mobile Program)

Law enforcement officers in North Carolina use seven mobile breath-alcohol testing units, better known as "BAT Mobiles," to increase the efficiency of on-site DWI processing. The BAT Mobile program is administered by the Forensic Tests for Alcohol (FTA) Branch of the NC Department of Health and Human Services. The BAT Mobiles are fully functional DWI processing centers. Each BAT Mobile is equipped with evidentiary breath test instruments, a DRE evaluation room, cellular telephones, computers, officers' workstations, magistrates' work area, lavatory, DWI checkpoint signs, traffic cones, traffic vests, search batons, screening test devices and all necessary equipment and supplies for processing DWI suspects. Since its inception in 1996, the BAT Mobile program has played a major role in assisting law enforcement officers at DWI checking stations and in raising awareness of the dangers of



impaired driving at education and safety events. Each year, the BAT Mobile Program receives approximately 450 - 500 requests to participate in enforcement and educational events. Approximately 35% of those requests are for educational events that promote safety across the state. Each BAT mobile unit displays the logos of *'Booze It & Lose It'* and *.08 It's The Law*.

GHSP's annual 'Booze It & Lose It' campaigns are the most intense periods of enforcement activities for the BAT Mobiles. Typically, these campaigns run during periods prone to increased drinking and driving including the Saint Patrick's Day weekend, the Fourth of July holiday, Labor Day, Halloween, and Christmas to New Years.

DWI Enforcement Teams

GHSP has established DWI Enforcement Teams in counties that are overrepresented in alcohol-related crashes, injuries, and fatalities. GHSP crafted the initiative to encourage law enforcement agencies in the identified counties to focus their enforcement efforts on days and times that impaired drivers are most likely to be on the roadways—typically Thursday, Friday, and Saturday nights between 10 p.m. and 6 a.m. During FY2019, GHSP provided Section 402 and Section 405 funds to support DWI Enforcement Teams in Buncombe, Forsyth, Guilford, Mecklenburg, Onslow, Robeson, Union, Wake and Wayne counties. GHSP also funded two State Highway Patrol DWI Enforcement Teams to work in Gaston and Robeson counties. Collectively, these ten counties accounted for a third (34%) of the alcohol-related fatalities in North Carolina during the past five years, and they include the five counties with the highest number of fatalities. These agencies have set goals to reduce the number of alcohol-related crashes and fatalities, increase the number of officers trained to use breath testing equipment and administer field sobriety tests, and educate the public about the dangers of driving while impaired. GHSP also provided access to data and county maps in these communities to communicate the location of impaired driving crashes, injuries and fatalities, as well as the time of day and day of week that these are occurring.

Law Enforcement Training

The Forensic Tests for Alcohol Branch (FTA) provides training to state, county and municipal law enforcement agencies who have the responsibility of administering chemical analyses to drivers charged with implied consent offenses. Officers are trained and issued permits as Chemical Analysts to operate the Intox EC/IR II breath alcohol testing instrument. Law enforcement training includes:

- Intox EC/IR II Operator Basic
- Intox EC/IR II Operator Recertification
- Alcohol Screening Test Device (ASTD)
- Intro to Drugged Driving
- Drug Recognition Expert (DRE)
- Advanced Roadside Impaired Driving Enforcement (ARIDE)
- Standardized Field Sobriety Testing (SFST) and SFST Refresher

SFST training enhances the law enforcement officer's knowledge, skills, and abilities in the detection and apprehension of the impaired driver. ARIDE builds on the SFST training. A DECP

trained law enforcement officer is certified as a Drug Recognition Expert (DRE), trained in detection and recognition of impairment caused by substances other than alcohol. DREs are used when it is determined that a driver is impaired, but there is either no evidence of alcohol consumption or a subsequent breath test result is not consistent with the level of impairment.

In partnership with the Department of Justice and the NC Justice Academy, FTA now offers automated student enrollment and certification system for Intox EC/IR II courses. Offered to law enforcement officers, registration is located on the North Carolina Justice Academy Training Portal. The new system, powered by the Acadis Readiness Suite software program, offers self-service features, a complete audit trail, and legally defensible training records.

Drug Recognition Expert Program

North Carolina's Drug Recognition Expert (DRE) program is considered one of the strongest in the country. The DRE coordinator schedules trainings across the state to help officers detect impaired driving suspects under the influence of drugs. The DRE coordinator also provides training for DRE's and DRE instructors to ensure state of the art training for all certified DRE personnel in North Carolina. Additionally, GHSP will continue to help the DRE program increase management proficiency by funding the program's Data Entry and Management System.

GHSP is leading a National Governor's Association (NGA) group collaborative to expand testing and data collection for drugged drivers in North Carolina. This collaborative will include representatives of the NC Office of Chief Medical Examiner's Office, NC Division of Public Health, and others.

Prosecution

To successfully prosecute impaired drivers, North Carolina has expanded the Traffic Safety Resource Prosecutor (TSRP) program with the NC Conference of District Attorneys (CDA). These positions act as a liaison with NHTSA, National Association of Prosecutor Coordinators (NAPC), GHSP, North Carolina State Highway Patrol, NC court system and other agencies, and provide both general and specific technical assistance to prosecutors, law enforcement, judges and other highway safety professionals. Some of the TSRP activities include:

- Distributing a DWI Primer, Checkpoint Primer, Criminal Procedure Manual, Cannabis Impairment Quick Assessment, and DWI Manual for law enforcement.
- Publishing the tri-annual "For the Record," a traffic safety newsletter distributed to every prosecutor in North Carolina, as well as legal assistants and law enforcement officers. The newsletter serves as a resource providing case law, important traffic safety topics, and procedural updates on highway safety issues.
- Managing a listserv known as the NC Traffic Law Forum which has 599 participating law enforcement officers, judges, magistrates and prosecutors throughout North Carolina. The NC Traffic Law Forum lets officers, prosecutors, judges and magistrates obtain

professional advice at any time and to track defense arguments that are being used throughout the State.

- Maintaining a webpage for highway safety issues that includes a training calendar for prosecutors, judges, magistrates, and law enforcement officers as well as information about publications and contact information for the TSRP.
- Providing highway safety training courses for prosecutors, law enforcement officers, magistrates, and judges such as: DWI Boot Camps, Train the Trainer, New Prosecutor's School, Legal Updates, Summer and Fall Association Meetings, Lethal Weapon, GHSP Traffic Safety Conference, Cross Examination, Understanding Toxicology in Impaired Driving, and webinars.

The Conference of District Attorneys funds five regionally based TSRPs through a GHSP grant. They will continue to assist with prosecuting cases and providing technical assistance to prosecutors, law enforcement, judicial officials and other professionals in their regions.

The TSRPs and the Highway Safety Czar (HSC), in coordination with the North Carolina Sheriffs' Association and the North Carolina Association of Police Attorneys, file amicus curiae briefs before the North Carolina Supreme Court and Court of Appeals in cases that have an impact on DWI enforcement, adjudication and punishment.

GHSP and CDA will continue collaborations with the NHTSA Regional Judicial Outreach Liaison (JOL) to address impaired driving judicial issues that occur across the State. North Carolina is fortunate that the Regional JOL lives in North Carolina and serves as a member of the NC Impaired Driving Task Force. Task Force members will seek opportunities to inform judges of impaired driving detection techniques such as horizontal gaze nystagmus and the effects of alcohol on humans and their ability to perform tasks such as driving.

Adjudication

DWI Treatment Courts

North Carolina supports the implementation of DWI Treatment Courts to address the recurring problem of repeat offenders who have chemical dependence issues. North Carolina presently has six DWI treatment courts. During FY2019, GHSP supported dedicated DWI treatment courts in Buncombe and Cumberland counties. In FY2020, GHSP supported a dedicated DWI treatment court in Robeson County. Research shows these courts result in quicker disposition of DWI cases, significantly higher conviction rates, and lower rates of offender recidivism. These DWI treatment courts are designed and operated according to the guidelines set by the National Association of Drug Court Professionals. The DWI treatment court identifies DWI offenders for participation in the program. The overall goal of the DWI treatment court is to reduce the recidivism rate for the habitual DWI offenders.

Blood Alcohol Testing Facilities

Although the North Carolina State Bureau of Investigation (SBI) laboratory does the blood alcohol testing for most law enforcement agencies in North Carolina, other labs exist as well. During FY2019, GHSP funded blood alcohol testing labs in Wake County, Pitt County and Wilmington to expand their existing blood alcohol testing facilities and to expedite the blood alcohol analysis. In FY21, a laboratory in New Hanover County will receive funding. The establishment of the regional blood alcohol testing labs has decreased the turnaround time for a blood analysis from as much as 18 months to as little as 30 days in participating counties.

Administrative Sanctions

Ignition Interlocks

Currently, approximately 10,000 ignition interlocks are installed in the vehicles of DWI offenders in North Carolina. In 2019, GHSP provided funding to DMV to develop a web-based system to track all interlock program participants. The web-based system can track reporting for all participants, including participants in the medical program for ignition interlock. The system also transmits correct restrictions to service providers at time of install system for all approved ignition interlock service providers in North Carolina. Prior to implementation of the web-based system, the NCDMV had been implementing the ignition interlock program through a labor intensive, manual processes. In addition to the web-based system to monitor participants on the program, the system can track data regarding service providers.

Administrative Hearings

For the past several years GHSP has funded the NC Division of Motor Vehicles (NCDMV) to properly train their Administrative Hearing Officers, who oversee hearings about driving privilege restorations after convictions for driving while impaired, driving while license revoked, and licensees required to drive with ignition interlock devices. The Division's hearing officers are expected to conduct administrative hearings, make evidentiary findings, draft findings of facts, and reach and draft conclusions of law. The findings of fact and conclusions of law made by the hearing officers are subject to judicial review. It is imperative that the hearing officers receive training on conducting fair and impartial administrative hearings and drafting orders that will withstand judicial scrutiny. The National Judicial College (NJC) offers certification in Administrative Law Adjudication Skills, Dispute Resolution Skills, General Jurisdiction Trial Skills, and Special Court Trial Skills. The certification program is typically completed over the course of a two-week period on-site at the NJC campus. As a cost saving measure the NJC sends instructors to North Carolina to conduct the training. In addition to the training and instruction provided by the NJC, they also trained their hearing officers and support staff on legislative changes, policy and procedure changes, and recent judicial decisions pertinent to their work. The NCDMV found that it was more effective to deliver this message to all hearing officers and support staff simultaneously.

Progress on FY2018 Recommendations

The Impaired Driving Task Force made progress on several recommendations from the FY2018 Impaired Driving Plan related to the criminal justice system.

One FY2018 Plan recommendation was to support the continued operation of existing and new local labs for testing of blood for alcohol concentration, and review and identify blood/alcohol analysis from the SBI/hospital labs statewide and issues involving receiving results in a timely manner. The GHSP will fund each of the three North Carolina State Crime Labs (NCSCCL) with one Liquid Chromatograph/Quadrupole-Time-of-Flight (LC/Q-TOF) instruments. These instruments allow for the screening of blood sample extracts for compounds with known molecular formulas, which includes over a thousand drugs and metabolites. GHSP will also fund partially or wholly three other regional labs in the state.

The FY2018 Plan recommended support for a non-waivable \$200 lab fee for convicted offenders that opt for a blood draw instead of a breath test. This would replace the current \$600 fee that many judges are waiving. A law was passed (GSS 7A-304) that requires judges to make written findings of facts to waive the \$600 lab fee.

The FY2018 Plan recommended increased funding for toxicologists at the state lab and increase pay to ensure that personnel do not leave for better paying jobs as soon as they attain critical certifications. The GHSP has funded three regional blood labs over the past 4 years. The turnaround times for labs being funded by the GHSP has decreased from a high of 18 to 24 months to as low as 30 days with the highest turnaround times at 3 months.

The FY2018 Plan recommended a legislative amendment to GSS 20-139.1 to authorize the use of live video testimony by State toxicologists in DWI cases heard in District Court. Currently, the Administrative Office of the Courts has a pilot program to allow this video testimony.

Other recommendations, such as support for expanding ignition interlocks to an increased number of offenders and reinstating funding for Dedicated Drug and DWI Courts, are included in the "Recommendations" chapter of the current Impaired Driving Plan.

COMMUNICATION PROGRAM

NC GHSP and the Impaired Driving Task Force will coordinate efforts in developing an effective communication strategy among member groups. NC GHSP and the Impaired Driving Task Force recognize that high visibility enforcement is one of the most effective approaches for reducing impaired driving. The “high visibility” aspect of North Carolina’s extensive *‘Booze It & Lose It’* campaigns is key because the largest benefit from such campaigns comes from deterring the general driving population from violating traffic safety laws. When drivers believe impaired driving is likely to be detected and violators punished, fewer will engage in these high-risk behaviors. To ensure the general driving population is aware of law enforcement campaigns, they must be highly visible and publicized extensively.

GHSP’s impaired driving communications strategy involves a comprehensive marketing approach that brings together paid media, strategic alliances, advocacy, and media relations to

accomplish our goals. This year’s strategy is to specifically target alcohol-impaired driving efforts towards young adults in counties with large numbers of impaired driving crashes. NC traffic data and research show young males ages 21-34 are disproportionately affected by crashes involving impairment. GHSP’s strategy targets the 25 counties with the highest impaired driving crash rates through both paid and earned media. This includes an aggressive social media strategy involving digital video, internet radio, microtargeted social media advertising and digital display presence. In addition, GHSP uses targeted display video ads in venues such as movie theaters and Gas Station TV.

In FY2020, GHSP created new advertising copy to compliment the digital and internet video strategy. This included two new *‘Booze It & Lose It’* ads to increase knowledge and awareness of the dangers of impaired driving among the target audience. A North Carolina specific public service announcement will be placed across the State during the holiday campaign (December 2020 – January 2021). Again, media will include outlets such as television, radio, digital media,



“Safety City” at the annual State Fair in Raleigh

internet radio, social media (Facebook, Instagram, Twitter, Pandora, CBS Sports, AMI, etc.) and out-of-home elements. Both earned and paid media will include cross-cultural platforms and alliances, and will include multiple languages. Earned media will be gained from kickoff events as well as high visibility checkpoints throughout the campaigns.

Public Information, Education and Alliances

Many public information and education events and activities take place statewide, reaching diverse groups across North Carolina. These activities are often in partnership with key alliances and partners that help advance the objectives of the impaired driving plan. Some examples:

- Campaign kickoff events are planned for all six FY2021 *'Booze It & Lose It'* campaigns, which are held at times of high risk of impaired driving. These events involve partnerships with NC Department of Transportation, Office of the Governor, MADD, NC State Highway Patrol, local law enforcement, Conference of District Attorneys, etc. Typically, the kickoff events will feature the GHSP Director, state law enforcement, local law enforcement, and often victims, survivors, or offenders. At times GHSP will change the typical kickoff format to draw attention to a variety of impaired driving issues. These kickoff events provide coordinated social media messaging, earned media through radio and TV interviews, paid media through ad buys coordinated with our agency of record, and other public awareness activities. Success is evaluated and measured by analysis of earned media stories, number of paid media impressions, social media analytics and agency participation data. In 2021, GHSP will emphasize more creative social media strategies such as geofencing to reach our plan's target audiences.
- GHSP plans to update the now 26-year-old *'Booze It & Lose It'* campaign messaging through a new project called "Booze It 2.0". This project is a partnership of the Insurance Institute for Highway Safety (IIHS), the UNC Highway Safety Research Center (HSRC) and GHSP. The project outline is to involve new partnerships such as ride share and new media messaging to reach new audiences who may not receive the high visibility enforcement message through traditional media such as news coverage.
- GHSP, along with MADD, hosts the annual Statewide Tree of Life event on the first Friday of December at the State Capitol in Raleigh. The event is an occasion to remember those lost to impaired driving crashes during the prior year. Additional events, including the World Day of Remembrance, are held in Western North Carolina, the Piedmont, and Eastern North Carolina.
- GHSP also coordinates a traffic safety display called "Safety City" at the annual State Fair in Raleigh (October). These displays bring traffic safety messages to over 80,000 Fair attendees each year, and involve partners such as MADD, FTA, and law enforcement agencies working together to share information with the public concerning the dangers of impaired driving.
- GHSP also plans to host the annual NC Traffic Safety Conference and Expo in FY2021. This conference, to be held in August 2021 in Raleigh, will host over 800 state and

COMMUNICATION PROGRAM

national highway safety specialists training courses in specific highway safety topics, many of which focus on impaired driving education and enforcement.

- The risks and consequences of impaired driving are presently included in the Driver Education curriculum for new drivers in North Carolina. Local law enforcement officials are frequently asked to participate in Driver Education classes and make presentations on risky driving behavior, including impaired driving. GHSP also serves as a member of the NC Driver Education Advisory Committee to work with local education agencies and other partners to advance driving safety and sobriety messages in that curriculum.

Note that the COVID-19 outbreak might impact these plans, including the ability of agencies to hold in-person events. Those events may be held virtually or in person attendance may be limited based on conditions present in October 2020, the beginning of the FY2021 fiscal year.

Paid/Social Media Plans

GHSP plans to spend approximately \$1.8 million on media buys to accomplish the goals of the Impaired Driving Plan. GHSP will use innovative paid media strategies to reach young adult audiences, a key demographic according to market research. Paid media will be utilized during enforcement periods and certain months when increased alcohol-related fatalities occur. This will include media buys on internet radio, digital video, digital displays on microtargeted web sites, TV advertising on cable stations, and customizable advertising such as in movie theaters, restaurants and other venues. GHSP has created new digital video ads, including cartoons and animation, to use as digital video and displays.

In 2021, social media technology will be utilized as part of the campaigns. GHSP will promote impaired driving prevention programs and enforcement efforts, communicate safety messages and increase dialogue with the public via our growing social media outreaches on Facebook, Twitter, and YouTube, as well as on Pinterest, Instagram and other developing social platforms. GHSP has access to 38 social media accounts, in addition to traditional media outreach, to communicate key messages. Social media site engagement has doubled since last year and will continue to be a key part of our advertising strategy. GHSP's Facebook page has seen a large increase in followers, especially males between the ages 18-34. GHSP's Twitter account has approximately 200 followers and when paired with the NC DOT Twitter page has the potential to reach over 1 million users. Marketing and advertising efforts are becoming more progressive with the ability to micro-target our audience and utilize a variety of mediums to ensure '*Booze It & Lose It*' makes the most effective use of messaging.



Annual Statewide Tree of Life at the State Capitol in Raleigh

use more targeted geofencing strategies to help reach specific communities in NC with very microtargeted messages.

In addition, other partners such as the Governor's Office regularly post GHSP activities on their Twitter page. During the 20th Anniversary of the *'Click It or Ticket'* campaign, 1.7 million Twitter users were reached, via 39 tweets, which were mentioned 60 times and re-tweeted (shared) 104 times. GHSP's Facebook and Instagram accounts also help amplify messages to the target audience. GHSP plans to

The GHSP has launched a web site, BeSmarterThanThat.com, to educate citizens about the risks of drunk driving and to suggest alternative means of transportation. The website works across all mobile devices and can be used to call a cab or phone a friend, as well as to find public transportation based on a user's current location. It can also link to social media accounts to enable a user who has been drinking to reach out to friends for a safe way home.

ALCOHOL AND OTHER DRUG MISUSE: SCREENING, ASSESSMENT, TREATMENT AND REHABILITATION

North Carolina is dedicated to addressing substance use and addiction issues among impaired driving offenders. 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 continue driving while impaired. The Division of Mental Health, Developmental Disabilities, and Substance Abuse (MH/DD/SA) within the NC DHHS manages assessment and treatment services for offenders, promotes evidence-based practices, and reviews outcome data regularly. It also assures offender accountability through a web-based reporting system. These services are reported to the legislature annually.

NC closely monitors alcohol use, dependence and deaths from alcohol-related causes in all 100 counties. This allows the state to deploy additional screening, assessment, and treatment resources to areas with rising rates and to have a higher impact. The “Alcohol & the Public’s Health in North Carolina” is an interactive dashboard available to the public and used by DHHS and the Impaired Driving Task Force in planning and delivery of alcohol services. An estimated 4,300 people in North Carolina died from alcohol-related causes in 2017. Of those, 1,700 were due to short-term, or acute alcohol-related causes, including motor vehicle crashes, falls, drowning, risky sexual behavior and alcohol poisoning. Alcohol is responsible for 119,000 emergency room visits by underage youth each year. Approximately 30% of all fatal crashes in North Carolina involve alcohol.

Screening and Assessment

All drivers convicted of DWI in North Carolina must receive a substance use assessment. Additionally, a substance use assessment is required for driver’s license re-instatement. Assessments must follow the American Society of Addiction Medicine (ASAM) criteria. ASAM’s criteria are based on six dimensions for service planning and treatment:

1. **Acute Intoxication and/or Withdrawal Potential.** Exploring an individual’s past and current experiences of substance use and withdrawal.
2. **Biomedical Conditions and Complications.** Exploring an individual’s health history and current physical condition.
3. **Emotional, Behavioral, or Cognitive Conditions and Complications.** Exploring an individual’s thoughts, emotions, and mental health issues.
4. **Readiness to Change.** Exploring an individual’s readiness and interest in changing.
5. **Relapse, Continued Use, or Continued Problems Potential.** Exploring an individual’s unique relationship with relapse or continued use or problems.

ASSESSMENT & TREATMENT

6. **Recovery/Living Environment.** Exploring an individual's recovery or living situation, and the surrounding people, places and things.

Clinical assessments are completed by credentialed substance abuse professionals within authorized agencies. Annually, more than 52,000 offenders are assessed to determine whether a substance use disorder exists. Based on the results of the assessment, individuals will be referred to either an education program or a treatment program. All individuals who refuse to submit to a breath test or who have a BAC of 0.15 percent or greater are referred to treatment.

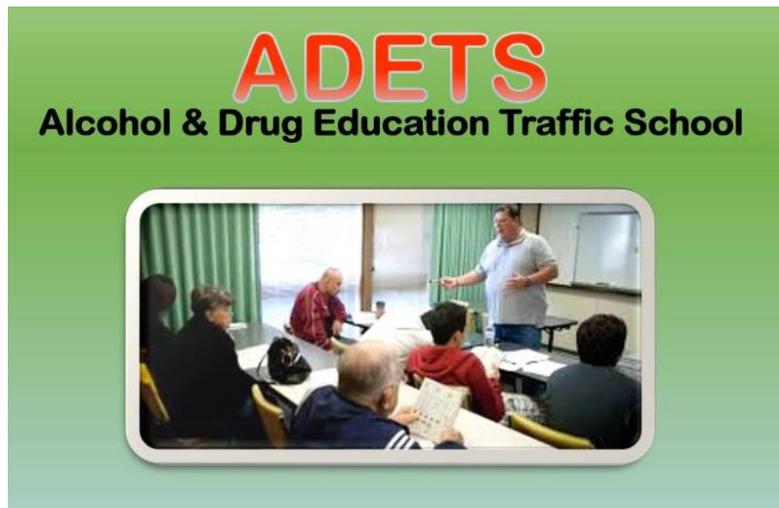
According to NC DWI laws, an assessment is only valid for six months. Participants must begin attending the classes or treatment within six months of completing the assessment. If the offender waits longer than six months, state statute requires them to complete a new assessment.

Treatment and Rehabilitation

North Carolina has significantly increased the provider network for substance abuse services in the past few years. Substance abuse services for DWI offenders are offered in most counties, with 346 agencies statewide. DHHS is working closely with agencies to increase access in rural areas, with an emphasis on providing services in Spanish. They are also working closely with the prison and military systems to coordinate DWI services for those populations.

Alcohol Drug Education Traffic School (ADETS)

The MH/DD/SAS Division offers Alcohol Drug Education Traffic School (ADETS), an educational intervention for someone with a DWI conviction who has not been identified as having a substance use disorder, but may be at risk for these disorders as well as other problems associated with substance use. North Carolina has adopted an evidence-based curriculum, PRIME for Life, for the ADETS programs statewide. PRIME For Life (PFL) is a motivational intervention used in group settings to prevent alcohol and drug problems and to provide early intervention. It is listed on the SAMHSA National Registry of Evidence-based Programs and Practices. Research shows this program significantly reduces recidivism. PFL has been used primarily among court-referred impaired driving offenders, but has also been adapted for use with military personnel, college students,



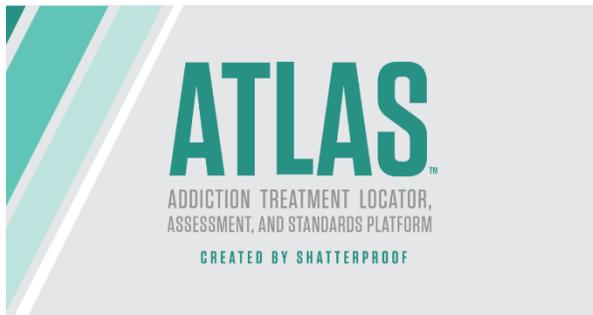
ASSESSMENT & TREATMENT

middle and high school students, and parents. Different versions of the program and optional activities are available to guide use with various populations. Prevention coordinators from MH/DD/SAS are implementing PFL for students who exhibit high-risk behaviors within the public-school system in North Carolina. Additionally, several agencies have pilot tested PFL along with another evidence-based intervention, known as Solutions, for DWI offenders who have a substance use disorder and require substance abuse treatment. PFL has been proven to move individuals into acceptance and active participation in recovery when addiction is present. The Division plans to expand these projects in the future.

Each year, approximately 6,000 offenders complete ADETS. Another 26,000 who have a substance use disorder complete substance abuse treatment every year. Everyone who has a DWI conviction must complete ADETS or the substance abuse treatment program before they are eligible for license reinstatement.

Addiction Treatment Locator, Assessment, and Standards Platform (ATLAS)

North Carolina offers a full continuum of treatment services, including Intensive Outpatient Programs for those for whom this level of care is deemed appropriate during the assessment process. If necessary, inpatient detox is also available in some counties, though this option needs expansion.



North Carolina is one of six states to launch an innovative tool for accessing treatment services, including treatment for alcohol. The Atlas online tool identifies high-quality care best suited to an individual's needs. This online platform, www.TreatmentATLAS.org, includes a consumer-friendly level of care assessment aligned with the ASAM Criteria and provides a directory of addiction

treatment facilities across the state with transparent data on the use of evidence-based medical practices and patient experiences.

ATLAS was designed to meet the needs of those looking for treatment by Shatterproof, a national nonprofit dedicated to reversing the addiction crisis in America. Shatterproof serves individuals and families impacted by addiction and knows firsthand how difficult it is to locate high-quality treatment, and the risks associated with not doing so. To further advance their mission, ATLAS will also support statewide improvement in the quality of addiction treatment by democratizing data for use by addiction professionals, policymakers, and payers such as health insurers and employers. Addiction treatment facilities can use ATLAS to create benchmarks and inform quality improvement efforts while other stakeholders can use this information to deliver more targeted technical assistance, inform policy change, and designate high performing facilities.

ATLAS measures addiction treatment facilities' use of best practices through a combination of validated data sources and reports the results of these measures publicly. ATLAS will also continue to collect feedback from patients in a crowdsourcing fashion and will display this information publicly once a minimum threshold of 20 patients have submitted responses on their experience at a given facility.

Additional Treatment Considerations

North Carolina offers the Treatment Accountability for Safer Communities (TASC) Network, which provides care management services to people with substance abuse or mental illness who are involved in the justice system. TASC combines the influence of legal sanctions with treatment and support services to permanently interrupt the cycle of addiction and crime. The TASC program matches participants with a continuum of services the defendant may need once their criminal case has been adjudicated.

University and college campuses present a vexing challenge for DWI and alcohol use disorders. The NC Collegiate Policy Advisory Council consists of 52 campuses working together to educate, screen, assess, refer and rehabilitate around alcohol misuse and related problem behaviors like driving under the influence. The NC Higher Ed Coalition on Alcohol and Other Drugs is the arm of the Advisory Council that provides training, technical assistance, and professional development, free of charge, to university and college staff on evidence-based approaches to screening and assessment. Last year, 63 campus professionals were trained to use the “Brief Alcohol Screening and Intervention of College Students” (BASICS) program and provided program materials.

College and university staff have extended the sessions in this program to see a student through the treatment and/or recovery process. In addition, many campuses



also use AlcoholEdu, an online learning platform required for freshman and new students. This aims to prevent harms caused by alcohol, prevent risky behaviors, reduce DWI, and teach students to engage in bystander intervention.

Finally, DWI Treatment Courts are another option to address the recurring problem of repeat offenders involved in the court system who have alcohol use disorders. The underlying goal of DWI Treatment Courts is to change offenders' behavior by identifying and treating their alcohol abuse problems and by holding offenders accountable for their actions. A DWI Treatment Court

can reduce recidivism because judge, prosecutor, probation staff, and treatment staff work together as a team to assure that alcohol treatment and other sentencing requirements are satisfied. In 2011, the NC General Assembly cut state funding for specialty courts, which greatly reduced their number. Currently, there are DWI Treatment Courts in seven counties in North Carolina: Brunswick, Buncombe, Cumberland, Mecklenburg, New Hanover, Robeson, and Union. These courts fund operations through county or state appropriations, grants or other public & private funding combinations.

Despite the services described above, significant gaps exist in the state's treatment options for those with substance use disorders. A 2019 Final Report of the DWI Sentencing Commission found that treatment program availability varied by county due in part to resources. The report also noted that the effectiveness of programs varied depending on internal as well as external factors. In 2021, the Impaired Driving Task Force will study the availability and quality of treatment resources and issues associated with treatment option availability.

Progress on FY2018 Recommendations

FY2018 Impaired Driving Plan discussed efforts to require an Ignition Interlock Device (IID) for offenders with a breath or blood alcohol concentration of .13 or higher and to modify driving restrictions. Legislation was introduced in the 2017 and 2019 legislative sessions to address this, but the legislation did not move forward.

Note that Ignition Interlock expansion is a Task Force recommendation for FY2021. (See the Chapter of this plan entitled, "Recommendations.")

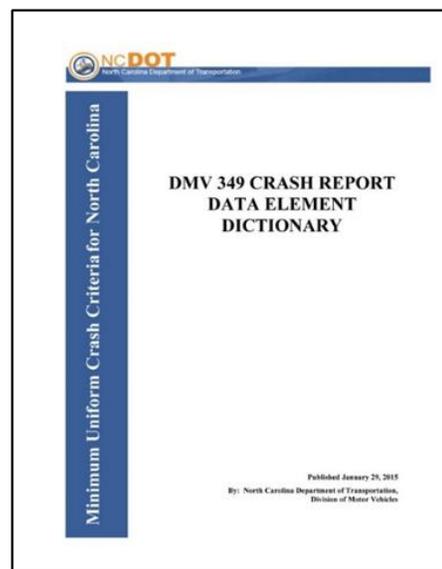
PROGRAM EVALUATION AND DATA

North Carolina strives to develop and implement effective programs that improve the timeliness, accuracy, completeness, uniformity, integration, and accessibility of traffic safety data. North Carolina also continues to link State data systems to each other and improve the compatibility and interoperability of North Carolina's data systems with national data systems. Such data is needed to identify priorities for Federal, State, and local highway and traffic safety programs, and evaluate the effectiveness of these programs.

Data Sources

North Carolina maintains comprehensive data regarding impaired driving offenders, impaired driving crashes, and the resulting injuries and fatalities. The Task Force uses data from multiple sources including the Fatality Analysis Reporting System (FARS), NC traffic crash data, DMV driver licensing data, and Administrative Office of the Courts (AOC) data. The data from these sources is vital to measure progress, determine program effectiveness, plan and implement new strategies, and ensure the appropriate allocation of resources.

North Carolina is fortunate to have a centralized source for all traffic data. This data is collected from the Division of Motor Vehicles (DMV) as well as from other Department of Transportation (NCDOT) staff members throughout the state. This data is channeled to the State Traffic Safety Engineer within NCDOT and is readily available to GHSP. Moreover, through the analytical work funded through the Vision Zero program, GHSP has supported efforts to make NC crash data readily available to law enforcement, the general public, media representatives, and researchers. The Task Force also has access to North Carolina licensure data (state-wide and by county), registered vehicle data (state-wide and by county), vehicle miles traveled data, and U.S. Census data.



Additionally, the Impaired Driving Task Force has access to the National Highway Traffic Safety Administration's Fatality Analysis Reporting System (FARS) which is the primary tool for comparing NC data to the national numbers to identify our state's ongoing concerns. The Task Force compares current year impaired driving data with data from the previous 5-10 years. This data is critical to identifying problems, monitoring trends and establishing appropriate targets.

North Carolina also has high quality enforcement and adjudication data. GHSP conducts highway safety campaigns throughout the year. Law enforcement agencies are asked to report their citation totals from activities conducted during each campaign week. GHSP campaigns and reporting deadlines are listed on the GHSP Yearly Planning Calendar. Law enforcement agencies are also asked to report their year-round traffic safety activities such as DWI checking stations and saturation patrols. These special enforcement data reports for GHSP campaigns and events are submitted to GHSP through an on-line reporting system.

Finally, North Carolina has a centralized system of courts administered by the Administrative Office of Courts (AOC). This enables the Task Force to obtain accurate and up to date data on citations including the status and disposition of cases.

North Carolina Traffic Records Coordinating Committee

The Traffic Records Coordinating Committee (TRCC) works to provide accurate and complete traffic records data in a timely manner that protects the privacy of citizens, fosters collaboration, promotes data and resource sharing, and measures results. The TRCC's diverse membership includes data stewards for each primary traffic records data or information systems in North Carolina. NC TRCC representatives are agency data and data system specialists who know how their data records and database systems work. Many are also members of the NC Executive Committee for Highway Safety (ECHS), which helps guide multi-agency traffic safety policy and includes agency leaders and/or senior managers for almost all the same agencies. The NC TRCC makes recommendations to the NC Executive Committee for Highway Safety, which then may endorse multiagency action based on these recommendations.

In cooperation with the Task Force and GHSP, the NC TRCC has supported many efforts in recent years including:

- Fund the NC Traffic Records Assessment conducted in 2012 and 2017.
- Assist the NC Administrative Office of the Courts as they replace the paper submission process for traffic citations with electronic eCitations.
- Equip the NC State Highway Patrol's patrol vehicles with AirCard technology to improve their computer connection capability from their vehicles.
- Provide additional printers for the law enforcement officers issuing traffic citations.
- Assist the NC Department of Transportation Geographic Information Systems with updates to their systems.
- Work with Emergency Medical Services (EMS) staff to review current Injury Surveillance data area systems interfaces. Additionally, the NC TRCC is advising efforts to link medical data and crash data, working toward Model Inventory of Roadway Elements (MIRE) requirement standards for Fundamental Data Elements (FDEs), and establishing better communication procedures and processes for sharing data across agencies.

EVALUATION & DATA

- Assist in a GHSP funded project with the Injury Prevention Research Center (IPRC) to promote comprehensive data linkages to improve crash outcomes. IPRC is working to link hospital, emergency response, crash, health outcomes and other data to provide a more complete picture of the complete costs, financial and otherwise, of traffic crashes in North Carolina.

Jackie Mitchell from GHSP serves as the State Traffic Safety Data Coordinator and is also a primary point of contact for information on the Traffic Safety Systems for the National Highway Traffic Safety Administration, the state of North Carolina, and the North Carolina TRCC.

RECOMMENDATIONS

Based on the analysis outlined in this plan, the NC Impaired Driving Task Force makes six recommendations for action during the 2021 federal fiscal year. It should be noted that these recommendations are not static. The Task Force will track progress on these recommendations and may add others based on evaluations done beyond this report's due date.

1. **Expand North Carolina's Ignition Interlock Program to include all convicted first time offenders, and remove the 45-day waiting period for cases involving ignition interlock (*Criminal Justice/Adjudication*)**

North Carolina should expand ignition interlocks to require an interlock for all offenders convicted of Driving While Impaired (DWI), regardless of impairment level. This expansion should also provide a funding mechanism to both sustain program expenses and provide indigent access to the program.

An alcohol ignition interlock prevents a vehicle from starting unless the driver provides a breath sample with a BAC lower than a pre-set level, usually .03. Interlocks typically are used as a condition of probation for DWI offenders, to prevent them from driving while impaired by alcohol after their driver's licenses have been reinstated.

Numerous studies have found that offenders who had interlocks installed in their vehicles had 75% lower arrest recidivism rates than drivers who did not have interlocks installed.

2. **Maintain North Carolina's existing Alcohol Beverage Control System (*Prevention*)**

Excessive alcohol use costs the U.S. approximately \$223.5 billion per year. Much of this cost is due to auto crashes. The reduction of excessive alcohol consumption through a controlled ABC system is a matter of major public health and economic interest for North Carolina as there is strong, empirical evidence that privatization of retail alcohol sales leads to increases in excessive alcohol consumption, which in turn leads to increased instances of impaired driving.

Seventeen studies have assessed the impact of privatizing retail alcohol sales on the per capita alcohol consumption, a well-established proxy for excessive alcohol consumption, including nine studies that also examined the effects of privatization on the per capita consumption of alcoholic beverages that were not privatized. Across those academic studies, there was a 44.4% median increase in the per capita sales of privatized

beverages in locations that privatized retail alcohol sales. During the same period, sales of nonprivatized alcoholic beverages decreased by a median of 2.2%.

In addition, local ABC boards provide vital revenue for needed community services. In 2017, local boards provided approximately \$25 million to local treatment services, alcohol rehabilitation programs and law enforcement services.

3. Make Standard Field Sobriety Test (SFST) training a required part of the state's Basic Law Enforcement Training (BLET) standard curriculum (*Criminal Justice/Enforcement*)

In 2018, over 2,500 people enrolled in Basic Law Enforcement Training (BLET) classes to give them the basic educational tools needed to be an effective officer. Standard Field Sobriety Tests (SFST) should be one of those tools. These tests are the standard to determine probable cause in making an impaired driving arrest. The overwhelming majority of those new officers will invariably encounter impaired drivers and make impaired driving arrests shortly after becoming a sworn officer and will continue to do so in their career. These officers also must successfully testify at trial about that arrest. Making SFST a required part of this curriculum can improve the quality of traffic stops and reduce DWI case dismissals.

4. Restore funding for North Carolina's DWI Courts (*Screening/Assessment/Treatment/Rehabilitation*)

Prior to 2011, the NC Legislature funded specialty courts such as DWI treatment courts, which are designed to change the behavior of alcohol and/or drug dependent offenders arrested for Driving While Impaired (DWI). DWI treatment courts generally require alcohol abstinence and breath testing as a condition of supervised probation rather than as a condition of pre-trial release, and also provide appropriate social services (housing, transportation, treatment, etc.) to help increase long term recovery.

Since 2011, the number of treatment courts have dwindled, and those remaining have had to piece together funding from grants and local sources. North Carolina currently has seven DWI treatment courts located in local district court judicial districts (Brunswick, Buncombe, Cumberland, Mecklenburg, New Hanover, Robeson, and Union counties).

5. Update impaired driving and occupant protection campaigns to reflect new communication methods & partnerships (*Communications*)

Both the '*Click It or Ticket*' occupant protection campaign and the '*Booze It & Lose It*' campaign began in North Carolina and have since become national models adopted by most U.S. states. However, each campaign is over twenty-five years old, and neither has

RECOMMENDATIONS

been adequately overhauled to significantly incorporate new technology, enforcement practices, or evolving communications practices.

Both campaigns should be overhauled to explore new messaging such as social norm messaging, incorporate new technology and partnerships such as rideshare companies, and consider the use of evolving enforcement techniques such as replacing traditional checkpoints with saturation patrols and phantom enforcement. Both campaigns should test these new techniques in localized pilot sites first with adjustments made as needed before widespread statewide implementation.

APPENDIX A: IMPAIRED DRIVING TASK FORCE MEMBERS

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(Note that additional representatives will be added within the month, including a defense attorney's representative, multi-ethnic group representatives and others.)