

MESSAGE FROM THE DIRECTOR OF THE OFFICE OF TRAFFIC SAFETY

The California Impaired Driving Plan (CIDP) is a collaborative, multi-agency effort to reduce driving under the influence of drugs (DUID) and alcohol (DUI) on California's roadways. Impaired driving accounts for 32 percent of all traffic deaths in California. The number of people killed in alcohol-related crashes throughout the state increased 16 percent from 2020 to 2021, and we are seeing increases in the number of drivers killed in crashes with drugs, both legal and illegal, in their system.

There is a crisis on our roadways, and our collective focus as the State's designated Highway Safety Office – the Office of Traffic Safety (OTS) – is to tackle the alarming increases in traffic deaths, especially from impaired driving, and implement a variety of highway safety grant programs to reduce crashes, deaths, and injuries.

As the State's designated Highway Safety Office, the OTS promotes safety initiatives and administers a variety of national highway safety grant programs authorized and funded through Federal legislation aimed at reducing traffic crashes, fatalities, and injuries on public roads. The OTS administers California's Highway Safety Plan (HSP), which is our state's blueprint to foster a safe, equitable and accessible transportation system that targets user behavior through education and enforcement programs. California's HSP includes an impaired driving component that prioritizes highway safety activities aimed at reducing impaired driving related crashes.

In accordance with the criteria set out in CFR Title 23 § 1300.23 for the awarding of impaired driving countermeasures grants, a mid-range state must, among other things, submit to the National Highway Traffic Safety Administration (NHTSA), as part of its HSP, a copy of a statewide impaired driving plan that is based on the most recent version of the NHTSA's Highway Safety Program Guideline No. 8 – Impaired Driving. For this purpose, a mid-range state is defined as a state that has an average impaired driving fatality rate that is higher than 0.30 and lower than 0.60. California meets the definition of a mid-range state because its average alcohol-impaired driving fatality rate was 0.44 in 2021.

The California Impaired Driving Task Force (CIDTF) comprised of subject matter experts and key traffic safety partners was established by the OTS to look at bolder, more innovative approaches to address impaired driving. The result of this thoughtful and continued collaboration is the CIDP, which is a collection of strategies and best practices from law enforcement, prosecution, toxicology, licensing, education, and outreach efforts. The plan provides a strategic direction for continued discussion and evaluation of measures taken to reduce impaired driving.

The OTS is pleased to provide this 2024 edition of the California Impaired Driving Plan developed in accordance with federal regulations and wishes to thank its many partners and stakeholders who generously devoted their time to create a document that examines numerous aspects of impaired driving. Together we can make a difference.

Sincerely, Barbara L. Rooney Director, OTS



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AUTHORITY AND BASIS FOR OPERATION

This plan was developed by the California Impaired Driving Task Force (CIDTF) convened under the authority and direction of the Governor's Highway Safety

Representative and OTS Director, Barbara Rooney. Led by the OTS, the California Impaired Driving Plan reflects the collaborative input of a diverse group of impaired driving safety leaders in the state.

The process for developing this plan started in 2021 when the OTS established the CIDTF (see Appendix A for a complete list of CIDTF members). Over the course of the next six months, this multidisciplinary team of subject matter experts reviewed innovative research and best Led by the OTS, the California Impaired Driving Plan reflects the collaborative input of a diverse group of impaired driving safety leaders in the state.

practices to prevent deaths involving impaired drivers. This collaboration identified gaps in combatting impaired driving and set the strategic direction for the OTS to make evidence-based funding decisions incorporated into the California HSP.

The efforts of the newly formed CIDTF resulted in the creation of an updated California Impaired Driving Plan. Countermeasures, best practices, and recommendations are being offered for further policy discussion and review by interested stakeholders and do not reflect an official position or endorsement of the Administration.

The CIDTF approved the updated California Impaired Driving Plan on May 16, 2024.

INTRODUCTION

From 2012 to 2021, alcohol-impaired driving traffic fatalities in California increased 75.3 percent while overall roadway deaths increased 52.2 percent. Since 2015, both alcohol-impaired and drug-involved fatalities separately accounted for over one-quarter of traffic fatalities in California¹. Many fatalities are associated with impaired driving, or the use of more than one drug, including alcohol². In 2021, California reported 1,453 alcohol-impaired driving fatalities³ and 1,157 drug-involved driving fatalities⁴. Despite the implementation of proven strategies and countermeasures, alcohol-impaired and drug-involved driving continue to take innocent lives within our communities. California is committed to eliminating impaired driving on our roadways.

To achieve a significant reduction in traffic crashes, fatalities, and injuries on our roadways, California has developed a comprehensive highway safety program, reflective of the state's demographics. Integral within the highway safety program is its impaired driving component that addresses highway safety activities related to impaired driving.

The OTS serves as the primary traffic safety resource for the State of California. The OTS solicits proposals and allocates funds to state and local government agencies to implement traffic safety programs and grants to save lives in ten priority areas, including deaths and injuries attributable to alcohol-impaired and druginvolved driving. California is committed to eliminating impaired driving on our roadways.



Integral within the highway safety program is its impaired driving component that addresses highway safety activities related to impaired driving.

¹ UCB SafeTREC Analysis. Fatality Analysis Reporting System (FARS) Final File. (2015-2021). Washington, DC: National Highway Traffic Safety Administration https://www.nhtsa.gov/research-data

² Thomas, F. D., Darrah, J., Graham, L., et al. (2022, December). Drug prevalence among seriously or fatally injured road users (Report No. DOT HS 813 399). National Highway Traffic Safety Administration. ³ National Center for Statistics and Analysis. (2024, April). Overview of motor vehicle traffic crashes in 2022 (Report No. DOT HS 813 560). National Highway Traffic Safety Administration.

⁴UCB SafeTREC Analysis. Fatality Analysis Reporting System (FARS) Final File. (2021). Washington, DC: National Highway Traffic Safety Administration https://www.nhtsa.gov/research-data

METHODOLOGY

Information on fatal motor vehicle traffic crashes reported in the CIDP are from the Fatality Analysis Reporting System (FARS). Results from the 2012-2021 FARS Final Files are actual counts, unless otherwise noted. For alcohol-impaired driving fatal crashes with missing data, blood alcohol concentration (BAC) values are imputed using the multiple imputation method outlined in DOT HS 809 403⁵.

Alcohol-Impaired: Analyses from National Highway Traffic Safety Administration's (NHTSA) FARS presented are derived from crashes that involve at least one driver or motorcyclist with a blood alcohol concentration (BAC) of .08 g/dL or greater.

Drug-Involved: "Drug-involved" is used because drug data in FARS provides information about the presence of a drug in a person's system and does not indicate drug impairment.⁶ Analyses from FARS presented include fatalities in crashes that involved a driver or motorcyclist who tested positive for a drug that could cause impairment.

⁵ Subramanian, Rajesh. (2002, January). Transitioning to Multiple Imputation – A New Method to Impute Missing Blood Alcohol Concentration (BAC) values in FARS (Report No. DOT HS 809 403). National Highway Traffic Safety Administration.

⁶ Berning, A. and Smither, D. (2014, November). *Understanding the Limitations of Drug Test Information, Reporting, and Testing Practices in Fatal Crashes* (Report No. DOT HS 812 072). National Highway Traffic Safety Administration.

DRIVING UNDER THE INFLUENCE OF ALCOHOL (DUI)

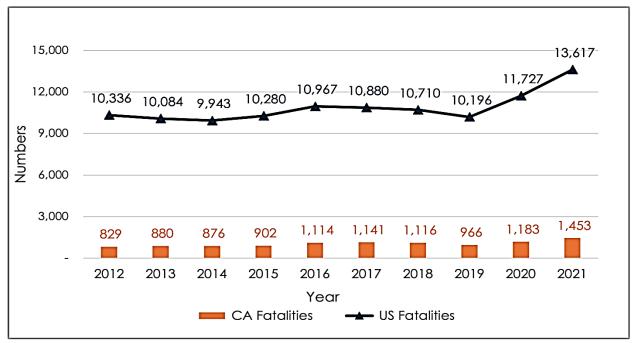


Figure 1: Alcohol-Impaired Fatality Trends, United States and California, 2012-2021

Figure 1 shows 13,617 people were killed in 2021 in the United States in alcoholimpaired traffic crashes (defined as those in which at least one driver had a BAC of 0.08 g/dL or higher). The number of alcohol-impaired driving fatalities was relatively stable in the United States from 2012 through 2018 while somewhat increasing during these years in California. After a decrease in 2019 in California and the United States (by 13.4 percent and 4.8 percent, respectively, when compared to 2018), there was a substantial increase in alcohol-impaired driving fatalities in 2020⁷ across both entities, which continued in 2021.

In California in 2021, there were 1,453 people killed in alcohol-impaired traffic crashes, which represented an increase of 22.8 percent from 1,183 fatalities in 2020. This increase closely mirrors an increase of 16.1 percent (from 11,727 to 13,617 fatalities) in alcohol-impaired driving fatalities seen in the United States in 2020 and 2021. From 2019 through 2021, there were increases of 50.4 percent and 33.6 percent in the number of alcohol-impaired driving fatalities in California and the United States, respectively.

There were 1,453 alcohol-impaired driving fatalities in California in 2021. This accounted for 32.2% of all traffic deaths in the state.

⁷ Note: The 2020 FARS data is likely affected by the COVID-19 pandemic period, during which there was an increase in high risk driving behavior occurrences and in the mileage death rate, despite a decrease in overall roadway traffic.

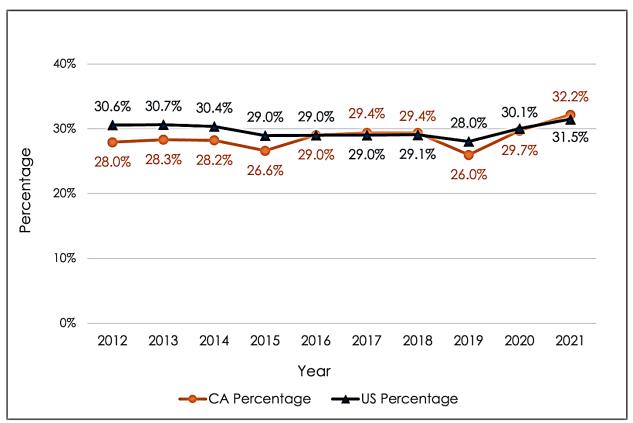


Figure 2. Percentage of alcohol-impaired driving fatalities among all motor vehicle fatalities, United States and California, 2012-2021

In 2021, fatalities in alcohol-impaired crashes represented 32.2 percent of the total motor vehicle crash fatalities in California, an increase from 28 percent in 2012. In the United States, the proportion of fatalities in alcohol-impaired crashes among all traffic fatalities in a year increased slightly from 30.6 percent in 2012 to 31.5 percent in 2021 (see Figure 2).

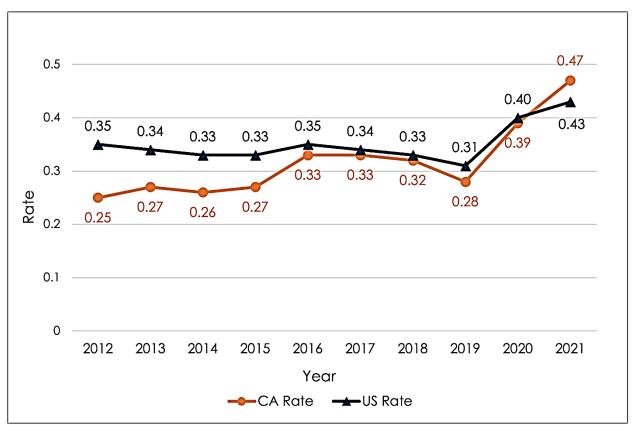


Figure 3. Alcohol-impaired driving fatalities per 100 million vehicle miles traveled (VMT)⁸, United States and California, 2012-2021. Source: FARS 2012 – 2021 Final File; Highway Statistics 2022⁹

The rate of alcohol-impaired fatalities by 100 million vehicle miles traveled (VMT), decreased in the United States during the period from 2012 to 2019 by 11.4 percent, from 0.35 in 2012 to 0.31 in 2019. In 2020, the rate spiked to 0.40 per 100 million VMT, a 1-year increase of 29.0 percent. There was a subsequent increase by 7.5 percent in 2021 in the United States, with the rate increasing to 0.43 alcohol-impaired fatalities per 100 million VMT. Comparatively, California saw an increase by 12.0 percent in the rate of alcohol-impaired fatalities by VMT during the same period, from 0.25 in 2012 to 0.28 in 2019. In 2020, the rate increased to 0.39 per 100 million VMT, which is a 1-year increase by 39.3 percent. In 2021, alcohol-impaired fatalities rate per 100 million VMT in California was 0.47, which is an increase by 20.5 percent.

⁸ Note: VMT data has been rounded

⁹ Federal Highway Administration. (2024). Highway Statistics 2022. Federal Highway Administration, Washington, D.C. Accessed at: https://www.fhwa.dot.gov/policyinformation/statistics/2022/. See Table vm-202.

Demographics

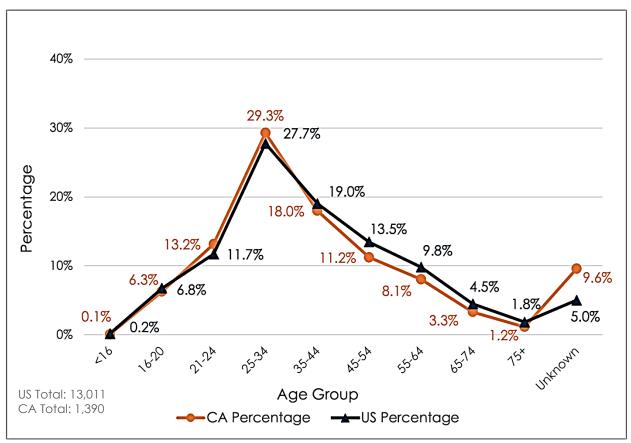


Figure 4. Alcohol-impaired drivers in fatal crashes by age, United States and California, 2021

In 2021, over one-fifth (21.7 percent or 1,390) of the 6,392 drivers involved in fatal crashes in California were alcohol-impaired.

The highest percentage of alcohol-impaired drivers in fatal crashes in 2021 in California and the United States were those aged 25 to 34 (29.3 percent and 27.7 percent, respectively) followed by those aged 35 to 44 (18.0 percent and 19.0 percent respectively). Among alcohol-impaired drivers in fatal crashes, 6.4 percent in California and 7.0 percent in the United States were below the legal age for purchasing or consuming alcohol.

Drivers aged 16 to 20 are 17 times more likely to die in a traffic crash when they have a BAC of .08 g/dL or higher than when they have not been drinking.¹⁰ In addition, these drivers are nearly three times as likely as drivers 20 years of age or older to be in a deadly crash.¹¹

¹⁰Centers for Disease Control and Prevention. (2012). Vital Signs: Teen Drinking and Driving A Dangerous Mix. Retrieved from: https://www.cdc.gov/vitalsigns/pdf/2012-10-vitalsigns.pdf

¹¹California Office of Traffic Safety. (2022). California Highway Safety Plan 2023.

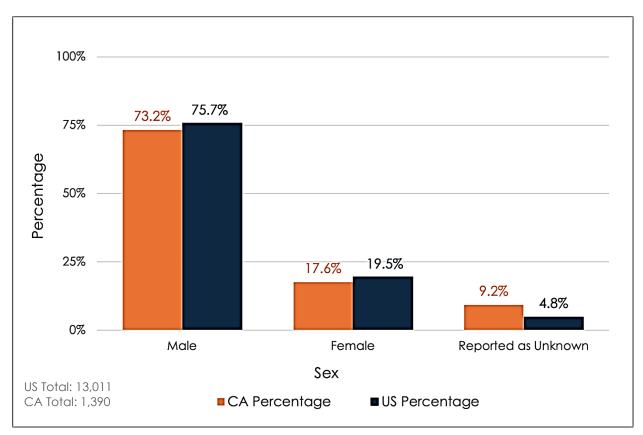


Figure 5. Alcohol-impaired drivers in fatal crashes by sex, United States and California, 2021

In 2021, males comprised 75.7 percent of alcohol-impaired drivers in the United States and 73.2 percent of these drivers in California. Female drivers comprised 19.5 percent and 17.6 percent of these drivers in the United States and California, respectively. The sex of 4.8 percent and 9.2 percent of alcohol-impaired drivers in fatal crashes in the United States and California, respectively, was reported as unknown.

DRIVING UNDER THE INFLUENCE OF DRUGS (DUID)

There are a wide variety of potentially impairing drugs and medications. These substances are absorbed, distributed, and metabolized differently, and the relationships between impairment, dosage, and measurable concentrations remain uncertain. Despite these challenges, there is general consensus that many medications and drugs impair one's ability to drive, and there is an increasing amount of evidence that the use of drugs in combination with alcohol or use of more than one drug is more impairing than either substance alone due to synergistic effects.¹²

There are some key limitations with the drug data in FARS. Drug-driving data is incomplete and may not be representative of drivers in all jurisdictions. In 2021, in California and the United States respectively, only 34.3 percent and 36.3 percent of drivers involved in a fatal crash were tested for drugs. California only requires testing deceased drivers and passengers for the presence of alcohol, and not drugs. This level of data reporting may create inaccurate estimates of drug prevalence.

In California, the majority of toxicology testing is conducted by the California Department of Justice, with some testing and screening performed by local laboratories. There is variability in drug data testing and reporting due to the differences in equipment capabilities, laboratory procedures, and toxicological reporting. The types of drugs tested for, and the detection levels used may also differ depending on when and at which laboratory the testing was performed. Specifically, testing capabilities are restricted to the accreditations of the laboratory and training of personnel to interpret results. Each of California's 58 counties make their own decisions about drug testing, including policies and drug panels. Ultimately, California's goal is to centralize testing which will improve consistency in reporting statewide.

Although the testing procedures for drug use lack uniformity, recent efforts have sought to increase the standardization of toxicological laboratory practices. The National Safety Council's (NSC) Alcohol, Drugs, and Impairment Division works with laboratories to provide recommendations on toxicological testing. In 2021, NSC released changes to recommendations for testing for some drugs, including those to cutoff thresholds for drugs most frequently encountered in impaired driving arrests, that are detected and confirmed with commonly available toxicology laboratory

¹² Azofeifa A, Rexach-Guzmán BD, Hagemeyer AN, et al. (2019, December). Driving Under the Influence of Marijuana and Illicit Drugs Among Persons Aged ≥16 Years — United States. MMWR Morb Mortal Wkly Rep 2019;68:1153–1157.

<sup>Berning, A., Smith, R. C., Drexler, M., & Wochinger, K. (2022, March). Drug testing and traffic safety: What you need to know (Report No. DOT HS 813 264). National Highway Traffic Safety Administration.
Berning, A., Smith, R. C., Drexler, M., & Wochinger, K. (2022, March). Drug testing and traffic safety: What you need to know (Report No. DOT HS 813 264). National Highway Traffic Safety Administration.
Berning, A., Smith, R. C., Drexler, M., & Wochinger, K. (2022, March). Drug testing and traffic safety: What you need to know (Report No. DOT HS 813 264). National Highway Traffic Safety Administration.
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equipment.¹⁷ The recommendations from NSC serve as a guide for toxicology laboratories to support the standardization of drug testing.

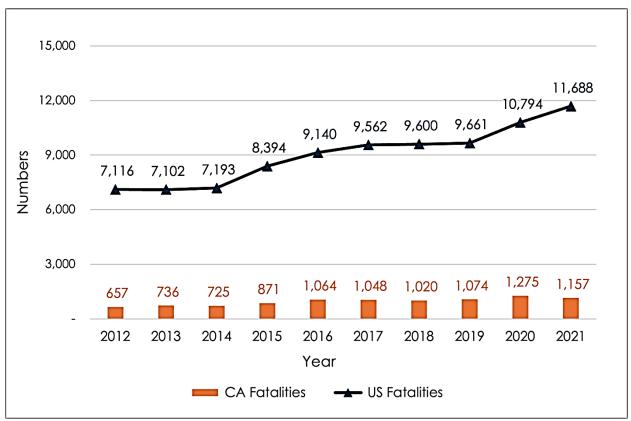


Figure 6. Drug-involved driving fatalities, United States and California, 2012-2021¹⁸

In 2021, there were 11,688 drug-involved traffic fatalities in the United States, defined as those in which at least one driver tested positive for one or more drugs. In California, there were 1,157 drug-involved crash fatalities in 2021.

There were 1,157 drug-involved driving fatalities in California in 2021. This accounted for 25.6% of all motor vehicle deaths in the state.

Berning, A., Smith, R. C., Drexler, M., & Wochinger, K. (2022, March). Drug testing and traffic safety: What you need to know (Report No. DOT HS 813 264). National Highway Traffic Safety Administration.
 Note: NHTSA recommends against comparing FARS drug data across years due to changes in how the data was reported. Data for each year is based on the FARS specifications in that year. The FARS data variable "drug test result" changed in 2018 to allow unlimited reporting of drug test results. In 2022, the variable was changed again to further expand the list of drugs to reflect pharmacological advancements. Changes to what is reported limits our ability to compare drug presence across years.

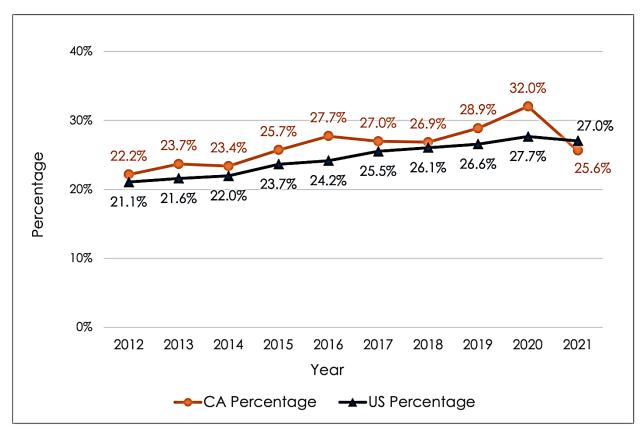


Figure 7. Percentage of driving fatalities that were drug-involved, United States and California, 2012 – 2021

In California, the proportion of fatalities in drug-involved crashes among all traffic fatalities in a year was 25.6 percent in 2021.

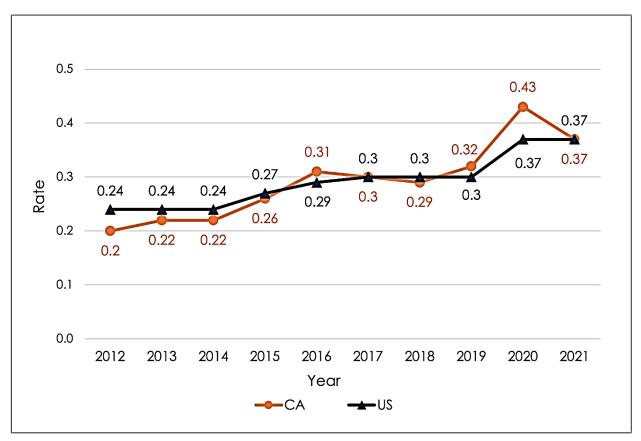


Figure 8. Drug-Involved driving fatalities per 100 million VMT¹⁹, United States and California, 2012-2021 Source: FARS 2012 – 2021 Final File; Highway Statistics 2022²⁰

The rate of drug-involved fatalities by 100 million vehicle miles traveled (VMT) in 2021, seen in Figure 8, was 0.37 in both the United States and California. From 2012 to 2021, California saw a large increase in the rate of drug-involved fatalities by VMT, rising 85.0 percent from 0.2 to 0.37 drug-involved fatalities per 100 million VMT.

¹⁹ Note: VMT data has been rounded.

²⁰ Federal Highway Administration. (2024). Highway Statistics 2022. Federal Highway Administration, Washington, D.C. Accessed at: https://www.fhwa.dot.gov/policyinformation/statistics/2022/. See Table vm-202.

Demographics

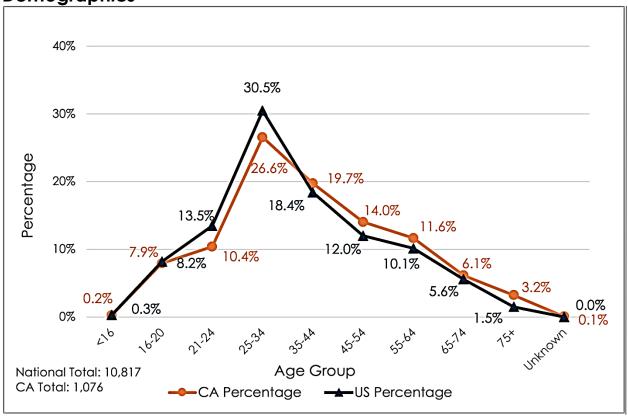


Figure 9: Age of drivers who tested positive for one or more drugs in fatal crashes, United States and California, 2021²¹

About one-third (34.3 percent of 2,195) of drivers involved in fatal crashes were tested for drugs in California in 2021. Of those drivers, drugs were found in just under 50 percent (or 1,076), as seen in Figure 9. In California in 2021, the age group with the highest percentage of drivers who tested positive for one or more drugs in fatal crashes was adults aged 25 to 34 accounting for 30.5 percent of all drivers who tested positive for drugs. Over two-third (70.9 percent) of drivers who tested positive for drugs in a fatal crash in California were under age 45.

In the United States in 2021, the age group with the highest concentration of drivers who tested positive for one or more drugs in fatal crashes was also adults aged 25 to 34, accounting for 26.6 percent of all drivers who tested positive for drugs. Those aged 21 to 24 accounted for 10.4 percent. About one third (34.9 percent) of drivers who tested positive for drugs in a fatal crash in the United States in 2021 were aged 45 and over.

²¹ Note: NHTSA cautions against comparing FARS drug data across jurisdictions due to differences in drug test reporting. Figures for California and the United States can be interpreted separately.

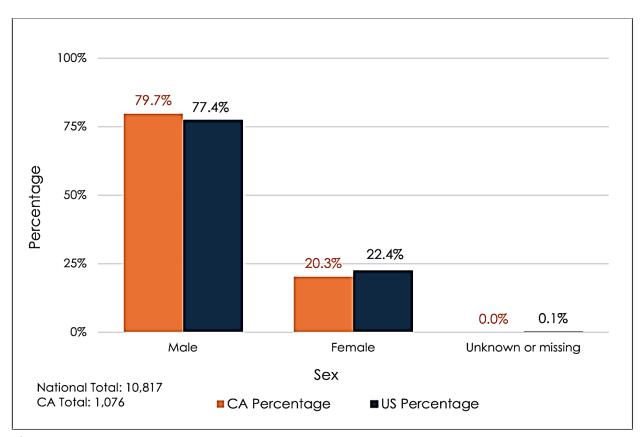


Figure 10: Sex of drivers who tested positive for one or more drugs in fatal crashes, United States and California, 2021

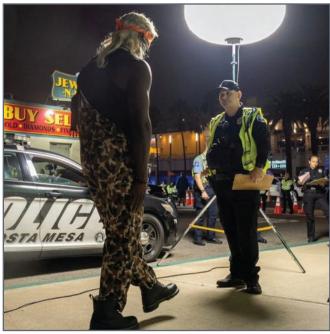
In 2021, males comprised 77.4 percent of drivers who tested positive for one or more drugs in fatal crashes in the United States. Males comprised about four out of five (79.7 percent) of drivers who tested positive for one or more drugs in a fatal crash in California. Female drivers comprised 22.4 percent and 20.3 percent of these drivers in the United States and California, respectively.

PLAN STRUCTURE

The subsequent sections of the California Impaired Driving Plan adhere to the components a state's impaired driving program should include and meet, as recommended by the NHTSA's Uniform Guidelines for State Highway Safety Program – No. 8. Coordinated with California's SHSP, which guides the State's investment decisions, this plan describes California's impaired driving programs and activities embodied within its comprehensive highway safety program. The California Impaired Driving Plan identifies six program components for a State's impaired driving program. The components include:

- Program Management and Strategic Planning
- Prevention
- Criminal Justice System
- Communication Program
- Alcohol and Other Drug Misuse: Screening Assessment, Treatment and Rehabilitation
- Program Evaluation and Data





PROGRAM MANAGEMENT AND STRATEGIC PLANNING

GOAL

California's impaired driving program will have strong leadership, sound policy development, effective program management, and coordinated planning, including strategic planning.

STRATEGIES

- Strengthen the CIDTF to foster leadership, commitment, and coordination among all impaired driving safety leaders.
- Utilize best practices in strategic planning.
- Ensure impaired driving initiatives coordinate with and support other state plans, including the HSP and SHSP.
- Ensure that appropriate data are collected to direct resources, assess program impact, and conduct evaluations.
- Allocate sufficient funding, staffing, and other resources to support California's impaired driving programs.

Strategic activities of the State of California's Impaired Driving Plan are designed to ensure a coordinated, data- driven plan with clear leadership at the state level and involvement by key stakeholders. Strategic activities that align with the SHSP are indicated. Activities currently taking place, as well as future actions, are identified. California's Impaired Driving Plan includes strategic activities in six areas which reflect and require participation from a multidisciplinary group of stakeholders. Actions based on these strategies will allow California stakeholders to develop and monitor performance measures and outcomes to reduce needless traffic deaths and serious injuries.

CHAPTER I



STRATEGIC HIGHWAY SAFETY PLAN (SHSP)

The California SHSP is a statewide, coordinated safety plan that provides a comprehensive framework for reducing fatalities and serious injuries on all public roads by providing strategic direction for statewide safety plans, such as the Highway Safety Improvement Program (HSIP), the HSP, and the Commercial Vehicle Safety Plan (CVSP). These programs must align their efforts and support the SHSP as seen in Figure 11:

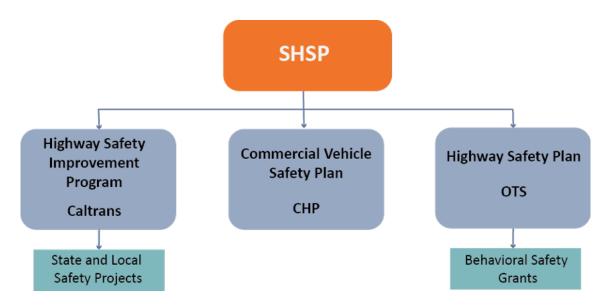


Figure 11. SHSP Comprehensive Framework

The SHSP is:

- Data-driven, i.e., it uses crash and other data analyses on all public roads to identify safety issues;
- Coordinated by the State Department of Transportation (Caltrans) in collaboration with a broad range of stakeholders, including the OTS, California Highway Patrol (CHP), Department of Motor Vehicles (DMV), California Department of Public Health (CDPH), Emergency Medical Services Authority (EMSA), Metropolitan Planning Organizations (MPOs), local law enforcement, and others;
- Multidisciplinary addressing the 5Es of Safety engineering, enforcement, education, emergency response, and emerging technologies; and
- Performance-based with the adoption of strategic and performance goals which focus resources on the areas of greatest need.

Each SHSP cycle includes an evaluation of the overall program and five-year effort to determine whether the SHSP's measurable objectives were met as well as include information on the output and outcome measures identified for each action. The 2020-2024 SHSP Report has been approved.

The SHSP focuses on 16 Challenge Areas that have been categorized into High Priority and Focus Areas. The Challenge Areas were identified by the SHSP Executive Leadership and Steering Committees after an in-depth analysis of California crash data as well as an extensive statewide outreach process that involved hundreds of diverse traffic safety partners around the state. The High Priority Areas represent the five areas — made up of six Challenge Areas — that were identified as having the greatest opportunity to reduce fatalities and serious injuries on public roads in California. The 2020–2024 SHSP identified challenge areas are:

HIGH PRIORITY AREAS	FOCUS AREAS
Active Transportation: Pedestrians & Bicyclists	Aging Drivers (equal to>65)
Impaired Driving	Commercial Vehicles
Intersections	Distracted Driving
Lane Departures	Driver Licensing
Speed Management/Aggressive Driving	Emergency Response
	Emerging Technologies
	Motorcyclists
	Occupant Protection
	Work Zones
	Young Drivers (15-20)

The SHSP Pivot

In summer 2020, state transportation leaders recognized a bolder and more focused approach was necessary to combat the rise in fatalities and serious injuries that have occurred on California roadways. This important change being referred to as "The Pivot" includes several changes in an updated SHSP document with the supporting Implementation Plan released in Spring 2021. The SHSP Executive Leadership adopted New Guiding Principles and identified High Priority Challenge Areas.

The following four Guiding Principles have been incorporated into the 2020–2024 SHSP to further improve safety:

1. Integrate Equity

The SHSP integrated equity into all aspects of the plan to address institutional and systemic biases. This will ensure that the processes, strategies, and outcomes of the SHSP serve all, but particularly vulnerable and traditionally underserved populations.

2. Double Down on What Works

The SHSP focuses on implementing proven safety countermeasures that are highly effective in reducing fatalities. These include the technical resources from the Federal Highway Administration's Proven Safety Countermeasures as well as the National Highway Traffic Safety Administration's Countermeasures That Work.

3. Accelerate Advanced Technology

As technology development rapidly increases, the SHSP encourages advanced technology in and on our roadways by forming new partnerships with technology providers, health and safety groups, manufacturers, and government partners to prioritize safety.

4. Implement a Safe System Approach

The Safe System Approach aims to eliminate fatal and serious injuries for all road users through a holistic view of the roadway system. Learn more about the <u>Safe</u> System Approach from FHWA (PDF).

The OTS participates in each level of the SHSP: Executive Leadership, Steering Committee, and many challenge areas including the Impaired Driving Challenge Area. This Challenge Area focuses on impairment due to alcohol, prescribed, over-the-counter, or illicit drugs that can severely alter a driver's ability to safely navigate the road and includes crashes where any evidence of drug or alcohol use by the driver is present even if they are not over the legal limit. The actions items are published in the 2020-2024 SHSP Implementation Plan (Table 1).

 Table 1. 2020-2024 SHSP Action Items, Impaired Driving.

	Action Item
ID.1	Provide Drug Evaluation and Classification Program (DECP) training statewide to detect and remove impaired drivers from the roadway.
ID.2	Create and deploy new messaging for DMV field offices related to the designated driver program to encourage Californians to designate a sober driver (or choose other safe alternatives).
ID.3	Provides quarterly updates of the number of DUI Checkpoints administered/conducted by CHP throughout the state. In addition, including the number of vehicles screened, the number of field sobriety test administered, number of DUI arrest made, and citations issued.
ID.4	Conversion of an existing impaired driving Excel dashboard (a prior Action from the 2014-2019 SHSP), the Impaired Driving County-Crash Analysis Tool (ID C-CAT), into a web-based application. The ID C-CAT consists of four primary elements (utilizing publicly available data from DOJ, iSWITRS, and the US Census); 1) crash frequencies (including the number of victims) by County and DUI type (i.e. DUI, DUID, DUI combinations), 2) DUI crash fatalities as compared to homicides by County, 3) DUI crash victim demographics, and 4) a statewide, population-controlled map depicting crashes and victims by County.
ID.5	PI&E campaign intended to raise public awareness of the presence of children in vehicles with impaired drivers. Digital 'posters' are being developed (with messaging in English and Spanish) for display in DMV Field Offices statewide.
ID.6	Designated Driver Program (DDP) program is designed not only to educate the public about the dangers of drinking and driving, but also to encourage and reward those who choose not to drink in order to safely drive others home.
	Five hundred billboards statewide displayed the DDP logo and an anti-DUI message. The DDP logo and message have also been used to promote anti-DUI messages through Anheuser-Busch, Inc. (paid advertising through PSAs), professional and semi-professional sports stadiums, California wine associations, and schools and universities statewide.
ID.7	Increasing accurate reporting of BAC level and DUI treatment program duration to DMV will reduce DUI recidivism and the proportionately large number of fatal and serious injury crashes caused by DUI recidivists through an increase in accurate court reporting of DUI penalty sanctions, specifically BAC levels and their consequent DUI treatment program durations/components reported to and recorded by DMV. This improved accuracy on DMV records will better ensure that a greater proportion of convicted DUI offenders are assigned to the sanctions they were sentenced to by the court.

CALIFORNIA HIGHWAY SAFETY PLAN

The HSP is developed annually by the OTS and serves as the application for highway safety grant funds to NHTSA under 23 U.S.C. Chapter 4 and Section 1906. The HSP is an evidence-based plan that identifies traffic safety issues on all of California's roads and provides funding for countermeasures to reduce crashes. It is the main implementation mechanism for traffic safety education and enforcement efforts in California.

The OTS provides approximately \$70 million annually for Section 164 and Section 405(d) funding for Impaired Driving Programs. The OTS funded activities include DUI/ Driver's License (DL) checkpoints, DUI saturation patrols, alcohol enforcement operations,

impaired driving officer training (Standardized Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement (ARIDE), and Drug Recognition Expert (DRE)), probation compliance checks, warrant service operations, intensive supervision of DUI offenders, vertical prosecution programs, multi-track DUI Courts, and public awareness campaigns.

Annually the OTS awards approximately \$70 million to Impaired Driving countermeasure projects.

The Department of Alcoholic Beverage Control (ABC) partners with local law enforcement agencies to conduct underage drinking prevention and enforcement activities such as Minor Decoy, Shoulder Tap, Target Responsibility for Alcohol Connected Emergencies and Informed Merchants Preventing Alcohol-Related Crime Tendencies.

A variety of state and local agencies conduct educational presentations to communities, schools, and employers. Effective educational presentations include Every 15 Minutes, Friday Night Live, Know Your Limit, and Mothers Against Drunk Driving (MADD) community-based DUI prevention and education efforts.

Efforts are supported in crime laboratories throughout the state to enhance alcohol and drug testing capabilities and improve forensic technology services for DUID cases.

TASK FORCES OR COMMISSIONS

California supports multidisciplinary efforts in outreach, education, and enforcement to prevent impaired driving crashes. Active participation in these task forces demonstrates the investment California is making in reducing impaired driving. These include:

SHSP Impaired Driving Challenge Area

As mentioned above, the SHSP Impaired Driving Challenge Area addresses crashes involving impaired drivers. California stakeholders from the OTS, CHP, DMV, CDPH, Caltrans, and others serve as leads for actions which work toward the strategic goals. Each action developed by the Challenge Area is approved by the Steering Committee and monitored through process and outcome evaluation.

The California Impaired Driving Task Force

The CIDTF developed California's Impaired Driving Plan which this multidisciplinary team of subject matter experts reviewed innovative research and best practices to prevent deaths involving impaired drivers. The CIDTF is comprised of a diverse group of

impaired driving safety leaders in the state who have expertise in related DUID fields such as: Law Enforcement; Prosecution; Toxicology; Judicial; Public Outreach; Education; and Licensing.

Statewide Opioid Safety Workgroup

The CDPH sponsors the Statewide Opioid Safety (SOS) Workgroup that provides a forum to encourage collaboration across various state sectors to align activities and messages in addressing the opioid epidemic in California.



The SOS Workgroup brings together more than 40 state and non-government stakeholder organizations/agencies to improve coordination and expand joint efforts to address opioid misuse, addiction, and overdose deaths.

Traffic Records Coordinating Committee

The Traffic Records Coordinating Committee (TRCC) is a multi-agency group whose purpose is to improve the collection, quality, management, and analysis of traffic safety data in California. The TRCC membership is comprised of agencies that oversee crash, vehicle, driver, roadway, citation/adjudication, and injury surveillance data systems. Other members include local traffic safety representatives and additional traffic safety stakeholders. Led by the Executive Committee and managed by the Technical Committee, it coordinates the OTS's Traffic Records funding program.

STRATEGIC PLANNING

The California Impaired Driving Plan documents the state's continuing efforts in implementing an evidence-based, data-driven plan that includes both short- and long-term activities to reduce impaired driving crashes statewide. Crash data from the FARS and Statewide Integrated Traffic Records System (SWITRS), DMV DUI Management Information System (DUI-MIS), and other research data are used. The development of this plan included experts in institutions of higher education and research, public information and outreach, state and local law enforcement agencies, public health professionals, prosecutors, and toxicologists.

PROGRAM MANAGEMENT

The OTS, HSP, and Annual Report (AR) provide annual traffic safety allocations and performance metrics. Based on the NHTSA's "Traffic Safety Performance Measures for States and Federal Agencies" and "Tracking Core Outcome Measures and Performances Targets," the OTS uses the templates, tools, and standardized language developed by the NHTSA and the Governors Highway Safety Association (GHSA) to measure progress toward reaching all core performance measures, including impaired driving. Programs funded are required to track progress toward achieving goals and objectives and ensuring that appropriate data are collected for evaluation. The OTS monitors its performance, as well as grantees' performance to detect and correct problems quickly and to be able to evaluate the programs.

Impaired driving efforts are continuously evaluated on state and local levels. For alcohol-related crashes there are multiple data sources available to measure the outcomes of California's efforts to reduce DUI crashes, including FARS, SWITRS, and the DUI-MIS report. The OTS also encourages prospective grantees to include local DUI data in their grant applications for evidence-based consideration of funding.

DUI is a public health and safety issue, affecting the population of California broadly, requiring the involvement of numerous disciplines and stakeholders. Data is of primary importance to the OTS and all traffic safety stakeholders. Collecting accurate and reliable data is the first step in understanding the magnitude and characteristics of impaired driving.

RESOURCES

Impaired driving efforts in California utilize local, state, federal, and other funding sources to pay for many of the countermeasures and research to reduce impaired driving crashes. Beginning in 2021, the CHP Cannabis Tax Fund Grant program funded projects to enhance traffic safety by educating the public regarding the dangers of impaired driving, fund efforts to remove impaired drivers from the roadway, and advance research into impaired driving issues. Yet, challenges continue to exist around facilitating the resources needed to address impaired driving. For example, crime labs often lack resources to obtain laboratory equipment adequate to analyze the drug type and concentration that drivers are using. Many law enforcement agencies do not have enough traffic officers or patrols to adequately address the extent of impaired driving issues. Often, offenders do not have the resources to pay for the mandated treatment or court ordered monitoring costs. Efforts will continue at the state and local level to identify and secure resources to adequately fund these critical programs.

DATA AND RECORDS

DUI is a public health and safety issue, affecting the population of California broadly, requiring the involvement of numerous disciplines and stakeholders. Data is of primary importance to the OTS and all traffic safety stakeholders. Collecting accurate and reliable data is the first step in understanding the magnitude and characteristics of impaired driving. Data provides public and private stakeholders with information at the individual, regional, and statewide level to address and implement countermeasures and best practices. At the individual level, data aids in identifying and applying appropriate treatment and sanctions. At the regional level, data informs law enforcement and local government and helps to focus resources on providing appropriate services. At the statewide level, data provides stakeholders with the knowledge to make informed decisions and implement laws that focus on addressing specific problems.

California has a rich repository of data sources collected by a wide range of agencies. DUI and DUID crash information are currently available through the FARS, SWITRS, and DUI-MIS databases. The DMV prepares the annual report of the DUI-MIS. This document, mandated by Assembly Bill 757 (1989 - Friedman), compiles and cross-references data from diverse sources for the purposes of developing a single comprehensive DUI data reference and monitoring system.

Public health sources include the Crash Medical Outcomes Data (CMOD) and the California Emergency Medical Services Information System (CEMSIS) data. Caltrans collects roadway and infrastructure data. The United States Census and the California Department of Finance provide population and demographic data. Court systems such as the local Trial Court Information System (TCIS) and other local prosecution and Department of Justice (DOJ) records maintain complete data about impaired driving arrests and final disposition of cases. The DOJ is the custodial agency for all DUI arrest data in California. Enhanced monitoring of DUID data will be supported by DREs entering all evaluations into the National Tracking System. The CHP is working with DREs to encourage all evaluations to be entered into the National Tracking System and has built a tablet application to facilitate seamless data collection and transmission.

Currently there are few resources that collect data specifically related to DUID. These resources provide limited information, and use different definitions and objectives, making it difficult to understand the full scope of DUID and its relationship to alcoholimpaired driving. To fully understand the scope of drug-involved driving, collection of relevant data points is necessary, such as quantitative drug results, tracking polysubstance DUID separately from DUID cases in which only one drug is detected, whether alcohol was a contributing factor, time of initial contact with officers, time toxicology sample was taken, if warrants were used to obtain samples, and among other variables such as sex, age, and race of the arrestee.

COMMUNICATION PROGRAMS

The OTS develops strategic and effective communication programs that are well-rounded, effective, and provide targeted awareness and social norming tactics for all Californians. All efforts are culturally appropriate and relevant to multiple audiences. Partner agencies such as law enforcement entities, community groups, private partners, and OTS grantees assist with extending messaging efforts to their own communities throughout the state. Specific communications strategies appear in Chapter IV, Communication Programs.





PREVENTION

GOAL

California's prevention programs will be effective in eliminating impaired driving.

STRATEGIES

 Develop strategies that address the impacts of impaired driving by potentially impairing substances such as cannabis, illicit drugs, prescription drugs, alcohol, and over-the-counter drugs.

CHAPTER II

- Promote equity by implementing strategies that provide resources to address the impacts of impaired driving in underserved communities.
- Educate and inform the public about policies and program activities that aim to reduce underage drinking and impaired driving.
- Prevent sales or service of alcoholic beverages and cannabis products to persons under the age of 21 through merchant responsibility.
- Conduct education and enforcement programs related to over-service of alcohol to persons aged 21 and older and the use of potentially impairing drugs.
- Promote transportation alternatives such as ride hailing, public transit, and designated sober driver programs.
- Establish and support youth and college programs that educate on the dangers of underage drinking, the use of potentially impairing substances and impaired driving.
- Enhance efforts to provide information to employers regarding safe driving behaviors.
- Support efforts for community-based programs to promote impaired driving education and awareness.

- Engage and encourage cannabis dispensaries to educate patrons on the dangers of impaired driving.
- Utilize current research to create and update prevention programs and materials focusing on impaired driving.

Deaths and severe injuries from impaired driving crashes are preventable. While enforcement, licensing, and treatment are essential countermeasures in reducing impaired driving, proactive approaches that stop people under the influence of alcohol and/or drugs from driving are critical to the goal of eliminating impaired driving. To achieve roadways with zero impaired drivers, a comprehensive set of safety measures – policies, systems, programs and evidence-based strategies – from all levels of government are needed. Through collaboration, planning and implementation, prevention measures will focus on social norms, risky behaviors, and environments that promote safe behaviors.

Effective prevention strategies highlighted by the Centers for Disease Control and Prevention include enacting impaired driving laws (e.g., BAC limits, administrative license suspension), conducting sobriety checkpoints to deter impaired driving, and executing anti-DUI/DUID paid media campaigns and school-based programs. Further, implicit in prevention programs is the idea that "the whole is greater than the sum of its parts," e.g., working across disciplines simultaneously enhances the effectiveness of each individual approach.

RESPONSIBLE BEVERAGE SERVICE



The California Department of ABC promotes Responsible Alcohol Service which addresses policies and practices related to underage drinking, targeting underage use of alcohol, and over-service to customers who are intoxicated. The OTS provides support to a set of programs that target the purchase and consumption of alcohol by

underage youth. The Minor Decoy Program prevents the underage purchase of alcohol from licensed businesses. Under the program, a person under 20 years old, after clearly stating they are underage, attempts to buy alcohol from a licensed location. If the licensed location sells to a decoy during one of these operations, the business faces administrative penalties against its ABC license, and the server/seller is issued a criminal citation for the violation. The Decoy Shoulder Tap Program aims to look for adults who are providing alcohol to a minor decoy (Business and Professions Code §25658(a)). In 2020, ABC started conducting minor decoy operations that involved the delivery of alcoholic beverages for off-site consumption using third-party applications.

The passage of Assembly Bill 1221 in 2017 created the Responsible Beverage Service Training Act. AB 1221 required ABC to create the RBS Training Program and mandated a new training requirement for on-premises alcohol servers and their managers. Beginning July 1, 2022, any ABC licensee with an "ABC On-Premises License" are required to ensure alcohol servers and managers of alcohol servers have received training from an ABC approved RBS Training Provider within 60 days of employment. Furthermore, any entity that obtains a temporary daily on-sale license or a temporary daily off-sale license from ABC must have at least one RBS-certified person onsite to oversee alcohol service for the duration of the event.

A liquor license is conditional on the licensee prohibiting certain activities related to alcohol service, such as serving alcohol to clearly intoxicated customers. Licensees may also be held liable for damages caused by any intoxicated customer who was served alcohol. Any violation can result in administrative action against a licensee.

The ABC continues to offer training to off-sale licensees, who are not required to complete Responsible Beverage Service (RBS) training, through the Licensee Education on Alcohol and Drugs (LEAD) program.





TRANSPORTATION ALTERNATIVES

The OTS partners with concert, event, and sports venues to encourage attendees to have a "go safely" game plan to and from the venue through the use of a sober driver. The OTS also displays messages inside event venues promoting the importance of not driving impaired. Messages also appear on event venue websites, mobile apps, and ongoing social media efforts. The California Highway Patrol's Designated Driver Program (DDP) has been educating the public about the dangers of impaired driving and promoting the use of a sober driver since 1990. Funding for the program comes from Section 23320.5 of the Business and Professions Code. The DDP is a proven and effective community and media outreach program designed to encourage the use of a designated sober driver to reduce impaired driving crashes.

The DDP program encourages drivers across the state to help ensure safety by planning ahead:

- Designate a sober driver well in advance.
- Rideshare or taxi to and from the event.
- Take public transportation (bus, light rail, or subway).
- Get a hotel room near the event.
- Plan to stay at the location.
- Abstain from alcohol and drugs of any kind; and
- Be the designated sober driver.



COMMUNITY-BASED PROGRAMS

Schools

Impaired driving-related crashes account for about 30 percent of all traffic deaths. The dangers of impaired driving are even more evident among teens and young adults aged 15 to 24, where impaired driving is the leading cause of death. The OTS collaborates with state

Impaired driving is the leading cause of death for youth ages 15 to 24.

and local governmental agencies, including local public health departments, universities, and the California Highway Patrol, to promote and implement evidence-based impaired driving education programming in schools. Agencies awarded OTS grants may subcontract with community organizations, such as MADD and Students Against Destructive Decisions (SADD), that directly address the dangers and consequences of underage drinking and impaired driving. The OTS supports youth and young adult traffic safety prevention programming through partnerships that encourage schools, parents, law enforcement, and district attorneys' offices to work together to address this issue. School activities include clubs or chapters that provide peer-to-peer traffic safety education, parent-teen workshops, and interactive educational programming, such as live DUI court proceedings on school campuses to show the consequences of impaired driving for the suspect and crash victims. The

Superior Court, District
Attorney's Office, and school
administrators collaborate to
host the live proceedings at
middle and high schools.
Additionally, reality-based
programs like "Every 15
Minutes" challenge teens to
consider the impact their
decisions have on their own
lives, as well as their friends,
family, and community. Many
programs offer both in-person
and virtual programming to



expand the reach of participants and accommodate schools that may not be able to offer on-campus activities. College programs for young adults, 21 and older, offer impaired driving prevention education, awareness, and outreach about designated driver programs, transportation alternatives, and healthy behaviors.

In alignment with its focus on data-driven programming, the OTS supported the development of a program management tool, entitled the "Teen Traffic Safety Heat Map," that displays where OTS-funded school programs are held. All OTS-funded middle school, high school, and college campus programs report data quarterly. Program placement is broken down by zip code and overlaid with population, median income, and crash data to ensure programs are placed in areas with high crash rates and areas that are underserved.

Employers

California established the California Motor Carrier Safety Program (CMCSP) to adopt federal standards aimed at reducing crashes involving commercial vehicles. Those standards include restricting drivers to only one commercial license, disqualifying drivers for certain criminal offenses and serious traffic violations, and strengthening licensing and testing standards. The CMCSP includes provisions to disqualify a driver from operating a commercial motor vehicle for one year if the driver is convicted of a first violation of driving under the influence of a motor vehicle and three years if the violation occurred while transporting hazardous materials. Any subsequent violation bans the driver from operating a commercial motor vehicle for life.

Additionally, passenger carriers (limousines, airport shuttles, charter, and scheduled bus operators, etc.) must obtain permits or certificates after providing financial responsibility and safety information to the California Public Utilities Commission (PUC), including evidence of liability insurance and a CHP safety inspection. Applicants for Passenger Stagecoach (PSC) or Charter-Party Carrier (TCP) operating authority must provide for a mandatory controlled substance and alcohol testing program as adopted by the Commission pursuant to PUC Code §§ 1032.1 and 5374(a) (2) and (b) (1) (I). The program, similar to federal drug testing regulations, applies to drivers who operate vehicles with a seating capacity of up to 15 people. Program requirements are set forth in Commission Resolutions TL-18716 and TL-18760.

Other requirements include pre-employment, random and post-crash testing of drivers, employee education, and supervisor training. Applicants who will employ drivers to operate vehicles seating 16 or more people are required to comply with federal regulations. While there is no Cal-OSHA requirement for an employer vehicle safety program, many employers understand the liabilities and have robust vehicle safety programs with severe penalties for driving under the influence of drugs or alcohol.

Employers are encouraged to implement regular monitoring of driving records when an employee is in a position that requires driving on official company or work business, whether in a company or privately-owned vehicle. For instance, California requires employees who drive on state business to take a Defensive Driving Course every four years. After taking that course, if a state employee drives under the influence of drugs or alcohol, they face disciplinary action, including the possibility of termination.

As part of the hiring process, potential employees should be informed they will be required to submit a driving record as a condition of initial and continued employment. Employee driving records should be reviewed annually for traffic convictions, crashes, suspensions, or other actions related to alcohol, drugs, or a combination of alcohol and drug offenses to ensure safe driving behaviors.

To reach employers with information about underage drinking and impaired driving, the ABC, through its RBS training and outreach to establishments, provides bar and restaurant owners with impaired driving information. Further, the SHSP has addressed employer programs and may continue to address this concern.

Community Coalitions and Traffic Safety Programs

California participates actively in state, regional, and local coalitions. From state coalitions such as the SHSP, which has produced numerous toolkits and other resources, to the OTS grantees, who reach 58 counties and hundreds of cities, to State traffic safety stakeholders in enforcement, public health, prosecution, education, and the media, a significant amount of effort is put into ensuring a solid and broad-based pool of stakeholders. Emphasis on determining the root cause of drug abuse and the effect on impaired driving. Through scientific research and examination with a focus on the nexus to mental health, the data allows for reevaluation of the current programs' objectives and strategies.

TECHNOLOGY

The OTS embraces the use of emerging technology and the latest research. Alcohol monitoring devices track the amount of alcohol in a person's body via sampling of perspiration. NHTSA studies have shown that trackers delay repeat DUI offenses. Ignition interlock devices (IID) have had an equally significant impact. The Center for Disease Control champions IIDs and says its use reduces repeat DUI offenses by about 70 percent.²²



While there are limitations to the effectiveness of technology, the OTS is dedicated to exploring the latest impaired driving prevention technology. These include promising new social media platforms, rideshare phone apps, BAC monitoring apps, wearable biometric tracking, onboard driver monitoring, and Driver Alcohol Detection System for Safety (DADSS).



²² Centers for Disease Control. "Increasing Alcohol Ignition Interlock Use." (2016) https://www.cdc.gov/transportationsafety/impaired driving/ignition interlock states.html

CRIMINAL JUSTICE SYSTEM

GOAL

California's criminal justice system – law enforcement, toxicology, prosecution, adjudication, criminal penalties, administrative sanctions, and communications – will achieve both specific and general deterrence.

STRATEGIES

 Maintain laws that are equitable, rigorous, and easy to enforce and administer.

CHAPTER III

- Expand the NHTSA-certified SFST 24-hour training through Peace Officer Standards & Training (POST) to include all law enforcement academies in California. Expand the Field Training Officer (FTO) program through POST, requiring all FTO's to attend Advanced Roadside Impaired Driving Enforcement (ARIDE 16-hour) in addition to SFST school.
- Utilize the ABC program, Target Responsibility for Alcohol Connected Emergencies (TRACE), to assist an investigating agency, in determining the source of all alcohol-involved fatal traffic crashes.
- Invest in a robust DRE training program to improve its effectiveness and efficiency by increasing and retaining the number of DRE officers. This entails augmenting and maintaining the roster of DRE officers to enhance their ability to accurately detect and articulate indicators of drug-related impairment, including cases of combined drug and alcohol use, ultimately to mitigate the incidence of impaired driving crashes through improved identification and intervention measures.
- Encourage adoption, implementation, and usage of Mobile Video/Audio Recording Systems (in-car cameras) and/or body worn cameras in impaired driving cases.
- Employ effective criminal penalties, administrative sanctions and monitoring with special attention to repeat impaired offenses.
- Ensure effective, comprehensive and impartial prosecution and adjudication of impaired driving offenders. In appropriate regions, encourage the

implementation of a vertical prosecutor model to visibly, and aggressively prosecute drug impaired driving cases. Encourage training for forensic toxicologists, statewide, to improve the quality of expert witness testimony.

- Promote collaborative culture amongst law enforcement, prosecutors, and criminalists by consistently convening regional and local roundtables to troubleshoot emerging concerns and trends in impaired driving cases.
- Expand existing laws to specifically address absence of enhancements in poly/drug use cases impaired driving cases to prevent likelihood of repeat offenders.
- Encourage agencies to collaborate with their local prosecutors to track rejected cases and filed case to identify potential trends, training issues around the state.
- Encourage law enforcement, prosecution, the courts, and other stakeholders to use available DMV administrative resources to combat impaired driving to ensure traffic safety.
- Implement an educational campaign to encourage usage of "Watson Advisement" even in cases in which an arrest or conviction is not ultimately made.
- Support efforts to standardize forensic toxicology testing across jurisdictions employing both national best practice and the recommendations of the National Safety Council to comprehensively test arrested and fatally injured drivers for impairing substances regardless of the determined blood alcohol concentration.
- Provide funding to public forensic laboratories, crime laboratories, medical examiner and coroner offices, to ensure technology updates, training of personnel, and standardization of forensic practice in traffic safety related cases.
- Support efforts to regionalize toxicology testing capabilities by public organizations to ensure that consistent and comprehensive toxicology testing occurs regardless of the jurisdictional resources available.

California has a robust set of laws and programs that support aggressive enforcement, prosecution, adjudication, licensing measures, and communication around impaired driving. Each of the sections below describe the key elements of California's impaired driving related criminal justice system.

LAWS

In the Uniform Guidelines for State Highway Safety Programs (HSP), the National Highway Traffic Safety Administration (NHTSA) outline three recommended objectives of impaired driving laws; such laws should "clearly define offenses, contain provisions that facilitate effective enforcement, and establish effective consequences." The Uniform Guidelines include recommendations for laws to meet each of these three objectives.

California has established the following laws that comply with NHTSA's recommendations and define impaired driving related to alcohol, drugs, and a combination of alcohol and drugs (Table 2):

Table 2. NHTSA Recommendations and California Statutes.

NHTSA Recommendations – Offenses	California Statutes
Driving while impaired by alcohol or other drugs (whether illegal, prescription or over-the counter) and treating both offenses similarly.	Vehicle Code (VC) §§23152 and 23153: Establishes that it is unlawful for a person to drive a vehicle while under the influence of alcohol, drugs, or under the combined influence of alcohol and drugs, when such an act may or may not cause bodily injury.
Driving with a BAC limit of 0.08 grams per deciliter, making it illegal "per se" to operate a vehicle at or above this level without having to prove impairment.	Vehicle Code (VC) §§23152(b) and 23153(b): Establishes a 0.08 BAC level at which it is illegal for a person to drive a motor vehicle and/or concurrently causes bodily injury to any person other than the driver.
Driving with a high BAC (i.e., 0.15 BAC or greater) with enhanced sanctions above the standard impaired driving offense.	VC §23578: A BAC of 0.15 or greater is considered a special factor that may justify enhanced penalties in sentencing, whether probation is granted, and any additional terms or conditions of probation.
Zero Tolerance for underage drivers, making it illegal "per se" for people under age 21 to drive with any measurable amount of alcohol in their system (i.e., 0.02 BAC or greater).	VC §23136: Establishes a 0.01 BAC level at which it is illegal for a person under age 21 to drive a motor vehicle.
Repeat offender with increasing sanctions for each subsequent offense.	VC §13352(a)(3) to (7); VC §13352.1 – Driver license suspension or revocation actions for persons convicted of second or more DUI offenses within 10-years.
	VC §§23536-23568; VC §§23577- 23597. Imposition of penalties and sanctions for persons convicted of second or more DUI offenses within 10-years.

NHTSA Recommendations – Offenses	California Statutes
BAC test refusal with sanctions at least as strict or stricter than a high BAC	VC §13353 – Administrative Per Se (APS) suspension by the DMV upon person's refusal
offense.	to submit to, or to complete, a chemical test
Officials.	upon DUI arrest.
	opon bor aresi.
	VC §13353.1 - APS license action by DMV per
	refusal of chemical test is 1-year suspension for
	persons with no prior violations and 2-years
	revocation for persons with prior violations.
Driving with a license suspended or	VC §14601.2: Driving with a license suspended
revoked for impaired driving, with	or revoked for impaired driving VC §13353.
vehicular homicide or causing	
personal injury while driving impaired	Penal Code (PC) §191.5: Vehicular
as separate offenses with additional	manslaughter while driving impaired.
sanctions.	
	VC §23153: Driving under the influence of
	alcohol or drugs while causing personal injury.
Open container laws, prohibiting	VC §§23220 - 23226 and 23229: Prohibits a
possession or consumption of any	person from drinking alcohol or smoking or
open alcoholic beverage in the	ingesting marijuana or any marijuana product
passenger area of a motor vehicle	while driving a vehicle or riding as a
located on a public highway or right-	passenger:
of-way (limited exceptions are	
permitted under 23 U.S.C. 154 and its	
implementing regulations, 23 CFR Part 1270).	
Primary seat belt provisions that do	VC §27315: Prohibits the operation of a motor
not require that officers observe or	vehicle on a highway unless the driver and all
cite a driver for a separate offense	passengers over 16 are properly restrained by
other than a seat belt violation.	a safety belt, with exceptions.
NHTSA Recommendations – Facilitate	California Statutes
Effective Enforcement	
Authorize law enforcement to	VC §2814.2: Authorizes law enforcement to
conduct sobriety checkpoints, (i.e.,	conduct checkpoints, in which vehicles are
stop vehicles on a nondiscriminatory	stopped on a nondiscriminatory basis to
basis to determine whether operators	determine whether or not the operators are
are driving while impaired by alcohol	driving under the influence of alcohol or
or other drugs).	drugs.

NHTSA Recommendations – Facilitate	California Statutes
Effective Enforcement	
Authorize law enforcement to use passive alcohol sensors to improve the detection of alcohol in drivers.	VC §23612 (a)(1)(A): A person who drives a motor vehicle is deemed to have given his or her consent to chemical testing of his or her blood or breath for the purpose of determining the alcoholic content of his or her blood, if lawfully arrested for an offense allegedly committed in violation of VC §§23140, 23152, or 23153. If a blood or breath test, or both, are unavailable, then paragraph (2) of subdivision (d) applies.
	VC §23612 (h): Authorizes law enforcement to use preliminary screening tests, such as the passive alcohol sensors, to improve the detection of alcohol in drivers.
Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidential breath tests, and screening and confirmatory tests for alcohol or other impairing drugs.	VC §§23612(a)(1), 23612(a)(2), and 23612(a)(2)(C): Includes implied consent provisions that permit the use of chemical tests and allows the arresting officer to require more than one test of a vehicle operator stopped for a suspected impaired driving offense. VC §§23612(h) and (i): Authorizes police to use a preliminary breath test for a vehicle operator stopped for a suspected impaired driving offense. VC§§23612(a)(1)(B), 23612(a)(2)(B) and (C), and 23612(i): Authorizes police to test for impairing drugs other than alcohol.
Require law enforcement to conduct mandatory BAC testing of drivers involved in fatal crashes.	Government Code (GC) §27491.25. The coroner, or the coroner's appointed deputy, on being notified of a death occurring while the deceased was driving or riding in a motor vehicle, or as a result of the deceased being struck by a motor vehicle, shall take blood and urine samples from the body of the deceased before it has been prepared for burial and make appropriate related chemical tests to determine the alcoholic contents, if any, of the body. The coroner may perform other chemical tests including, but not limited to, barbituric acid and amphetamine derivative as deemed appropriate.

NHTSA Recommendations – Penalties	California Statutes
Administrative license suspension or	VC §§13353 and 13353.1: A refusal to submit to
revocation for failing or refusing to	or complete a chemical test.
submit to a BAC or other drug test.	
Prompt and certain administrative	VC §13353.2: A BAC level of 0.08 or more for
license suspension of at least 90 days	drivers aged 21 and older.
for first-time offenders determined by	
chemical test(s) to have a BAC at or	VC §13353.2: A 0.04 BAC level for persons
above the State's "per se" level or of	driving a commercial vehicle.
at least 15 days followed immediately	
by a restricted, provisional or	
conditional license for at least 75	
days, if such license restricts the	
offender to operating only vehicles	
equipped with an ignition interlock.	
Enhanced penalties for BAC test	VC §§13353 and 13353.1: A refusal to submit to
refusals, high BAC, repeat offenders,	or complete a chemical test.
driving with a suspended or revoked	
license, driving impaired with a minor	VC §13353.2: A 0.01 BAC level or more for
in the vehicle, vehicular homicide, or	drivers who were on probation for a DUI
causing personal injury while driving	violation.
impaired, including longer license	VO 0100504 VOV L 471 VO 010050 1
suspension or revocation; installation	VC §13352(a)(2) to (7) VC §13352.1:
of ignition interlock devices; license	Covers license revocation or suspension.
plate confiscation; vehicle	VC \$500507 00570. Canadama mada alian fan DIII
impoundment, immobilization or	VC §§23536-23572: Concerns probation for DUI
forfeiture; intensive supervision and	offenders.
electronic monitoring; and threat of	
imprisonment. Assessment for alcohol or other drug	VC 823646: County alcohol program
Assessment for alcohol or other drug abuse problems for all impaired	VC §23646: County alcohol program administrators or a designee shall "develop,
driving offenders and, as appropriate,	implement, operate, and administer an
treatment, abstention from use of	alcohol and drug problem assessment
alcohol and other drugs, and	program," which may include a referral and
frequent monitoring.	client tracking component.
Driver license suspension for people	VC §13353.2: Individuals under age 21 who
under age 21 for any violation of law	drive with any measurable amount of alcohol
involving the use or possession of	in their blood, breath, or urine.
alcohol or illicit drugs.	
3.231101 31 mion diogs.	

Other	California Statutes
BAC level for commercial vehicle	VC §§23152(d) and 23153(d): Establishes a 0.04
drivers.	BAC level at which is illegal for a person to
	drive a commercial vehicle, as defined in VC
	§15210 and/or concurrently cause bodily injury
	to any person other than the driver.
BAC level for drivers for hire with	VC §§23152(e) and 23153(e): Establishes a 0.04
passengers.	BAC level at which is illegal for a person to
	drive a motor vehicle when a passenger for
	hire is a passenger in the vehicle at the time
	the offense occurred and/or concurrently
	causes bodily injury to any person other than
	the driver.

As the state grapples with a rising trend of polysubstance drug use, characterized by the simultaneous use of multiple drugs, it is imperative to address stronger interventions in cases of polydrug impaired driving. Furthermore, there is a pressing need to broaden laws to encompass blood alcohol concentration (BAC) and comprehensive drug testing for drivers involved in any fatality-related incidents.

ENFORCEMENT

The OTS supports impaired driving enforcement efforts through grants to state and local law enforcement agencies.



The Highway Safety Plan (HSP) documents the OTS's commitment to effective law enforcement strategies including impaired driving checkpoints and saturation patrols, both of which are coordinated with seasonal events and media. Corridor DUI programs, another impaired driving strategy supported by the OTS, target roadway corridors with high numbers of impaired driving injury crashes. The OTS investment in enforcement includes support of

equipment such as preliminary alcohol screening (PAS) devices, portable evidential breath testing devices, and DUI checkpoint trailers. Detecting impairment using roadside screening devices is a key method of detecting alcohol-impaired drivers. Pursuant to the California Vehicle Code, these PAS devices are considered field sobriety tests, and are generally the last field sobriety test administered by the officer. The CHP is currently evaluating oral fluid devices to detect drug usage for operability in an enforcement environment and continues to monitor emerging technology and

development of additional testing devices. To address underage impaired driving, the OTS supports the ABC TRACE program, which sends ABC agents to investigate the source of alcohol in alcohol-related crashes where anyone is charged with alcohol vehicular manslaughter or involving a person under age 21 that results in serious injury or death. The investigation can result in criminal action against the individual and administrative actions against an ABC licensee.

To maximize an officer's ability to present a case fully and encourage greater transparency, law enforcement agencies should adopt, and utilize video and audio recording systems in all aspects of the impaired driving investigation. To ensure educating the public and protecting the rights of victims, law enforcement officers should advise all arrestees in impaired driving cases of the Watson Advisement. To increase coordination between and among law enforcement agencies to better support DUI and DUID efforts, the OTS, CHP, California Police Chiefs Association, and California State Sheriff's Association meet regularly regarding DUID data, training, and selected issues. Moreover, law enforcement, prosecutors, criminalists, and other safety stakeholders should collaborate at the local and regional levels for the purposes of improving processes to address emerging trends in impaired driving cases and to deter impaired driving.

The OTS Law Enforcement Liaisons (LEL) bring best practices in enforcement and grant management to allied agencies throughout the State. All activities supported through the OTS HSP are aligned with the 2020-2024 SHSP Impaired Driving Challenge Area, which covers crashes in which drivers had been using alcohol and/or drugs.

Training officers in detecting and removing alcohol- and/or drug-impaired drivers from the roadway is critical to reducing deaths and serious injuries. In order to enhance officer training, California adopted the International Association of Chiefs of Police (IACP) DECP. As the statewide DECP coordinator, the CHP oversees the DRE, ARIDE, and SFST training programs. As of March 2024, California had over 1,100 officers certified as DREs and over 150 DRE-certified instructors.

There have been numerous legislative funded studies on how cannabis impairs driving ability. However, in order to be more relevant, research methodologies need to be more aligned with real world applications. More funding is needed to support research to better identify: (1) impairment, including projects which improve toxicology and behavioral testing; and (2) drug trends among those arrested for impaired driving.

SFST

SFST is a method of detecting impairment in drivers. As of May 2023, there are only two law enforcement academies within California that teach the minimum IACP SFST curriculum during basic academy training. In 2015, the California DRE State Coordinator made a presentation to the Commission on POST encouraging the agency to add IACP's SFST curriculum to the required list of topics trained during basic

academies. Although POST has not added the SFST requirement to date due to cost concerns, the dialogue between the CHP and POST is ongoing. The OTS, in collaboration with the California DRE State Coordinator, will continue efforts to expand NHTSA-certified SFST training to all basic law enforcement academies in California.



ARIDE

ARIDE is currently provided to officers who have been trained in SFST. It offers a review of alcohol impairment and an

introduction to drugs and detecting drug impairment. The OTS, CHP, POST, and law enforcement work collaboratively to train 5 percent of law enforcement each year in ARIDE, eventually reaching half of California's law enforcement personnel and greatly expanding the ability to remove drug-involved drivers from the roadway. Additionally, expanding the FTO program through POST, requiring all FTOs to attend ARIDE, will assist in training new officers further in drug impaired driving.

DRE

The DRE program has shown to be an effective tool in identifying drug impairment. The NHTSA reports that several studies demonstrate that toxicological analyses support DRE assessments of DUID in at least 85 percent of cases (NHTSA, 1996). Increasing the number of law enforcement officers statewide trained as DREs will help to increase the detection and successful prosecution of persons under the influence of drugs and alcohol drug combinations. The OTS and CHP have set a target of increasing DREs by 5 percent each year.

DRE training is provided to officers who have received both the SFST and ARIDE courses. All DREs are trained to use IACP's DRE protocol for evaluating persons suspected of drug-impairment and rendering opinions based on their observations. At the end of the evaluation, a chemical test is administered (typically a blood test) and the sample is submitted to a crime laboratory for confirmation. The DRE may then be required to appear and provide courtroom testimony. All DREs require recertification every two years. The recertification process requires a DRE to complete four DRE evaluations and attend an eight-hour classroom update every two years. DREs who fail to meet these requirements are decertified.

Incentive programs are critical for recruitment and retention. Some attrition is expected as DREs choose not to recertify for a variety of reasons, including changes in work assignments (no longer working in the field), promotion, and/or lack of departmental support. Recruitment and retention programs for trained officers can be created through grant-funded incentives, such as stipends for officers who become DREs, agency-funded incentives, or annual DRE awards by county, region, or agency. Moreover, exploration of a cross-jurisdictional DRE support program could further expand the reach of existing certified DRE officers.

Streamlining DRE data collection and reporting processes is crucial for addressing the problem of underreported DRE observations and enhancing California's ability to combat impaired driving effectively. This involves implementing measures to improve the state's capacity to collect DRE data by establishing more standardized and comprehensive protocols for data collection. Additionally, enhancing the efficiency and transmittal of DRE data is essential. This can be achieved through the adoption of advanced technological tools and systems that streamline the process of collecting, analyzing, and transmitting DRE-related information. By addressing these issues, California can ensure that DRE observations are accurately reported and utilized to inform decision-making and develop targeted interventions to mitigate the risks associated with impaired driving.

PUBLICIZING HIGH VISIBILITY ENFORCEMENT

California will continue to provide High Visibility Enforcement (HVE) to increase public perception of the dangers of impaired driving and change high-risk behavior. HVE is a proven countermeasure that combines sobriety checkpoints with media publicity and provides general deterrence by increasing drivers' perception about the possibility of being arrested for impaired driving. California applies a data-driven approach to the planning and placement of checkpoints throughout the State. HVE takes place throughout the year, adopts seasonal themes, and is linguistically and culturally relevant, such as catering to Spanish-speaking communities exclusively. The messaging framework is informed by market research, with media dissemination encompassing both paid and earned avenues.

HVE combines sobriety checkpoints with media publicity and provides general deterrence by increasing drivers' perception about the possibility of being arrested for impaired driving.

PROSECUTION

The State continues to encourage use of the Traffic Safety Resource Prosecutor (TSRP) program as experts on impaired driving and traffic-related prosecution. In collaboration with the DREs, they offer training, education, and technical support in all areas of impaired driving prosecution, including pre-trial motions, dispositions, pre-trial evidentiary hearings, trial preparations, etc. The TSRP routinely provides courtroom testimony training at SFST, ARIDE, and DRE courses throughout the state. They act as advisors to law enforcement officers regarding effective impaired driving investigative techniques to promote a heightened awareness of victim- related issues. To provide



regional coordination, TSRP acts as a conduit between local prosecution team members in a region. The TSRP holds two Traffic Safety Colleges each year, in Northern and Southern California. The Traffic Safety College training includes SFST updates, new drug trends, toxicology findings, and courtroom testimony.

The OTS supports the TSRP program through collaborative impaired driving training for law enforcement, prosecutors, forensic toxicologists, and judges. Communication of information at regional roundtable meetings hosted by TSRPs allows for consistency of messaging throughout the state.

The OTS supports vertical prosecution, where a specialized team is assigned to prosecute alcohol- and drug-impaired driving cases through each step of the criminal process. Vertical prosecution of impaired driving cases allows for development of expertise and produce a more effective method of investigating and prosecuting such cases. A vertical prosecutor is better positioned to collaborate with their local law enforcement agencies to track "filed and rejected cases" to identify potential trends and training issues around the state. In addition, vertical prosecutors should connect with forensic toxicologists and law enforcement partners to provide them education and resources that enhance the prosecution of impaired drivers.

The TSRP program coordinates cross-training between law enforcement, prosecutors, toxicologists, and judges to more effectively address impaired driving issues.

ADJUDICATION

Prosecution efforts require support in adjudication. California has different types of courts, e.g., DUI courts, which play specific roles in dealing with the impaired driving problem. The judiciary typically becomes involved within 48 hours of a DUI or DUID arrest, when the offender appears before a magistrate who sets bond and appropriate conditions of release. Courts may mandate ignition interlock devices and/or monitoring alternatives as a condition of release for high-risk offenders while the case is being prosecuted.

DUI Courts

DUI Courts provide court-supervised treatment, monitoring, and court oversight to high-risk defendants to reduce recidivism, promote community health, and enhance health and welfare of participants and their families.



DUI courts provide an alternative to a traditional method of incarceration through a system of supervision, accountability, and rehabilitative treatment. The Multi-Track DUI Court model expands monitoring, supervision, and accountability to all high-risk and repeat offenders. While these programs are expensive, they have resulted in positive outcomes, such as reduced recidivism, fewer crashes, and reduced incarceration costs to the counties.

Victim Restitution Programs

Victim restitution programs and use of statements prior to sentencing are governed under Marcy's law. Under Marcy's Law, specifically, the California Constitution article I, § 28, section (b) now provides victims with specific enumerated rights and this mandate would surpass any California statute or address lack of guidance on this issue.

Probation

The OTS funds approximately 20 California counties' Probation Departments to provide an intensive level of intervention and increased supervision of high-risk DUI offenders. Under Assembly Bill 109, the "worst of the worst" repeat DUI offenders, who were previously supervised by parole officers at the state level, are now supervised by county probation officers. Consequently, many probation departments utilize evidence-based assessments, like the Impaired Driving Assessment (IDA) to identify those most likely to reoffend. This allows for probation officers to align supervision resources to those most likely to reoffend.

By combining the best practices of accountability and treatment, a "balanced approach" is implemented. Probation officers conduct traditional home, field, and office contacts, drug and alcohol testing, monitor driver's license status to ensure compliance with driving restrictions, monitor Interlock Ignition devices (IID), and conduct 4th Amendment Waiver Searches. Partnerships with Secure Continuous Remote Alcohol Monitoring- SCRAM, allow for 24-hour monitoring and testing of repeat offenders.

Probation officers also provide linkage to community programming, collaborate with local agencies, promote family support, and seek community reinforcement. In addition, probation officers obtain specialized training in drug and alcohol addiction that assist them in facilitating lasting changes in behavior of repeat offenders.





ADMINISTRATIVE SANCTIONS AND DRIVER LICENSING PROGRAMS

California law defines detailed requirements for imposing specific sanctions, penalties, treatment programs, and driver license control actions designed to curb alcoholand/or drug-impaired driving on California roadways. In earlier years, the imposition of alternative sanctions and penalties within the same type of DUI offender group was possible. However, California law now specifies sets of available sanctions within each offender group. Sanctions and penalties differ in terms of the goal they prioritize (i.e., punishing, incapacitating, or rehabilitating impaired drivers) and whether they are imposed independently or in combination. Nonetheless, all these sanctions and penalties together constitute the existing DUI countermeasure system in California.

California has a long history of evaluating and extensively studying the traffic safety impact of DUI sanctions that are currently used and mandated by state law. Many of these evaluation studies have been conducted by the DMV. Legislators and other stakeholders use these findings from these studies to inform discussions on specific requirements and conditions for different DUI sanctions and penalties. The DMV is also tasked with maintaining the DUI-MIS system and preparing the annual report based on that system, which is mentioned above as one of the State's DUI data sources. The goal of the DUI-MIS report is to track the processing of offenders through the DUI system from the point of arrest and to identify the frequency with which offenders flow through each branch of the system process (from law enforcement through adjudication to treatment and license control actions). Another major objective of the report is to evaluate the effectiveness of court and administrative sanctions on convicted DUI offenders.

The California DMV is responsible for licensing both commercial and non-commercial drivers in the state. The department also maintains the driver record database which contains various DUI-specific information and imposes appropriate license control actions on the drivers who violate specific DUI laws. Specifically, violations of certain sections of the California Vehicle Code result in an immediate Administrative Per Se (APS) license suspension or revocation upon the DUI arrest. In addition, drivers arrested for DUI who are subsequently convicted for DUI (violations of VC §§23152 and 23153) are subject to a number of sanctions and penalties ordered by the courts.

These post-conviction court-ordered sanctions and penalties vary relative to: 1) type of particular DUI offense (i.e., if a person was convicted of violating VC §23152 - DUI with no injury, or if he/she is convicted of violating VC §23153 - DUI offense involving an injury); and 2) DUI offender level (i.e., if a driver convicted of DUI has one or more prior DUI convictions within 10 years from the violation date of their current DUI offense).

Among the post-conviction sanctions and penalties imposed on DUI offenders are statutorily–mandated license suspension and revocation actions that also differ in their severity relative to the type of DUI offense and the DUI offender level. In years prior to 2005, these post-convictions license actions were imposed on DUI offenders by the

courts. However, in 2005, a California law change assigned DMV the sole responsibility for post-conviction license suspensions and revocations. In addition, violations of VC §23577 (failure to take a breath or urine test) may lead to additional sanctions including jail, license suspension and longer treatment programs.

License suspension/revocation actions

License suspensions or revocations limit impaired driving by removing DUI offenders' driving privilege for a given time period. In doing so, license suspension/revocation actions have the potential for achieving both specific and general deterrent effects. The negative consequences of losing a driver's license could reduce a specific offender's likelihood of being involved in a future DUI incident (specific deterrence). Furthermore, fear of similarly losing a driver's license could make all potential offenders less likely to drive under the influence (general deterrence).

Driver license suspension is one of the most studied and widely used sanctions designed to curb DUI. The effectiveness of driver license suspension has been documented in various prior studies in California since the late 1970s. These studies have found that license suspension is effective not only as a DUI countermeasure but also as an overall traffic safety instrument (Hagen, 1977; Tashima & Peck, 1986; Tashima & Marelich, 1989; Rogers, 1995, 1997; Gebers, 2009). License suspension actions related to DUI can be categorized in at least two ways: those that are applied before conviction, i.e., APS actions, and those that are applied subsequent to conviction. For temporal trends regarding the number of suspension/revocation actions taken by DMV – whether pre- conviction APS, or post-conviction actions – please see DMV's annual DUI-MIS report.

Administrative suspension/revocation actions

Like most of the United States, California imposes APS license actions separately and independently from post-conviction license suspensions/revocations so that a single DUI incident (e.g., DUI arrest) may result in both an APS suspension and a mandatory post-conviction suspension action. Therefore, APS suspensions do not displace post-conviction license control actions, but rather constitute a parallel administrative process to the one resulting from adjudication by the courts.

The effectiveness of license suspension/revocation as a DUI countermeasure is particularly relevant in regard to APS suspension/revocation actions. Because they are imposed immediately upon a DUI arrest, APS suspensions or revocations represent ideal applications of the main deterrence theory postulates, which argue that the effectiveness of a particular law is a function of the perceived certainty, severity, and swiftness of the punishment it imposes (Ross, 1982). Prior research evaluations of the efficacy of APS laws showed that APS suspensions are effective in reducing alcohol-related fatal crash involvement (Wagenaar & Maldonado-Molina, 2007; Rogers, 1995, 1997). In addition, Rogers has shown that the APS law implemented in California in 1990 had both general (1995) and specific (1997) deterrent effects.

According to California APS law, DMV is required to immediately suspend the driving privilege of a person for the following reasons: 1) driving with a BAC level of 0.08 or more, 2) driving with a BAC level of 0.01 or more if the person is under 21 years of age, 3) driving a commercial vehicle with a BAC level of 0.04 or more, and 4) driving with a BAC level of 0.01 or more if the person is on probation for a DUI violation (violation of VC §§23152 or 23153). In addition, DMV is required to suspend or revoke the driving privilege of any driver who is arrested for DUI and who refuses a chemical test upon arrest. The length of the APS action ranges from a 4-month suspension to a 3-year revocation, depending on the specific reasons for the APS action and whether the person had any prior APS actions or was convicted of a separate violation of selected VC sections related to DUI. (See Tables 3 and 4.)

Admin Per Se immediately suspends driving privileges.
Parallel court adjudication can result in a separate
suspension action. Currently, the DMV only has authority
to impose APS on alcohol-impaired driving offenses.

Regardless of the length of an APS suspension, drivers aged 21 and older who completed a chemical test at the time of the violation are eligible to apply for a restricted license. Options include an Ignition Interlock Device (IID) license restriction – available to first, repeat and probation violation offenders – and a Course of Employment (COE) license restriction, which is only available to first offenders. IID restrictions have the same length as the corresponding APS suspension and allow offenders to resume driving immediately (i.e., without serving any suspension time), as long as they install an IID on every vehicle registered to their name. In contrast, COE restrictions require the offender to serve out a 30-day suspension period, last six months, and limit driving to, from and during the course of employment and/or DUI treatment activities.

California law does not impose APS suspensions or revocations for drug-involved driving. While similar administrative sanctions would be effective in curbing DUID violations. While similar administrative sanctions could be effective in curbing DUID violations, the scientific literature on this topic does not currently provide empirical support for the establishment of drug-specific per se thresholds (as is the case with BAC). In the absence of such thresholds, extensive evaluations need to be conducted to explore the integration of roadside testing to identify drug impairment and quantitative testing to detect the presence and amount of drug in a driver's system. Concurrently, California could expand existing laws to include enhancements in polysubstance drug-involved driving cases.

The California DMV is tasked with processing APS suspension and revocation actions. This includes processing and maintaining the DS- 367 form that is used by law enforcement to report to DMV details pertaining to APS suspensions when a person is arrested for DUI. This form captures all relevant information that must be provided to the DMV in order to carry out APS actions in accordance with California law. It was

revised in April 2019 in order to capture information related to drug use (i.e., cannabis and/or other drugs) observed by the officer at the time of the DUI arrest. Although DMV does not currently have authority to impose APS actions on persons arrested for DUID, this change in data reporting procedures will allow DMV to capture information on DUID prevalence among persons arrested for DUI for statistical purposes.

Table 3. APS Sanctions for Adults

Action	Length of Suspension	Note
Refuse to complete a chemical test (blood or breath) to determine BAC level or drug content of blood	License suspension or revocation for persons convicted of driving while impaired.	In California, a DUI counts as a prior conviction for 10-years.
	1-year suspension or 2- year revocation, if on DUI probation – First offense	
	2-year revocation – Second offense	
	3-year revocation – Third or more offenses	
Takes a chemical (blood or breath) test which shows a 0.01 BAC while on DUI probation, 0.04 BAC while driving a commercial vehicle, and/or a 0.08 or more BAC while driving a	4-months – First Offense 1-year – One or more separate DUI offenses in 10-years	A court-ordered probation prohibits a person previously convicted of a DUI from operating a motor vehicle with any measurable amount of alcohol in the driver's blood (0.01 BAC)
noncommercial vehicle		If previously convicted of VC§§23152 or 23153, the DMV will impose a concurrent 1-year suspension based on violation of DUI probation.

Source: California DMV

Table 4. APS Sanctions for Minors

Action	Length of Suspension	Note
Refuse to take or fails to	1-year – First Offense	In California, a DUI counts as a
complete a chemical		prior conviction for 10-years.
test (blood or breath) to	2-year revocation for a	
determine BAC level or	Second Offense	If previously convicted of VC
drug content of blood		§§23152 or 23153, the DMV will
	3-year revocation for	impose a 2–3-year revocation,
	Three or More Offenses	contingent on the number of
		offenses. Additionally, drivers are not eligible for a restricted driver's
		license for the duration of the
		suspension period.
Takes a chemical test	1-year	VC §23136, PAS Persons Under 21:
(blood or breath) with a	1 700.	Preliminary Screening Device,
BAC Of 0.01 or more		established strict Zero Tolerance
		requirements and penalties for
		drivers under 21 years of age.
		If previously convicted of VC
		§§23152 or 23153, the DMV will
		impose a concurrent 1-year
		suspension based on the violation
		of DUI probation and drivers are
		not eligible for a restricted driver's
		license during that 1-year period.

Source: California DMV

Driver Reexamination

The DMV is responsible for evaluating a person's ability to drive safely. Law enforcement, emergency responders, medical professionals, courts, family members, and others can submit an inquiry to request the DMV reexamine someone's driving privilege.

Pursuant to VC § 13800, the DMV may conduct an investigation of a driver upon receiving information the driver has committed three or more offenses which have resulted in convictions involving the consumption of an alcoholic beverages or drug, or both, while operating a motor vehicle, within three consecutive years; involvement in three or more crashes in which the accident report shows consumption of an alcohol beverages or drugs, or both (or any combination of three or more DUI offenses or crashes); any conviction involving the use or possession of narcotic controlled substances under Division 10 of the Health and Safety Code; or, reckless, negligent or incompetent driving. Some proportion of law enforcement referrals for reckless, negligent, or incompetent driving may involve suspected drug-impaired driving not

otherwise referrable as an Administrative Per Se action (as may normally occur for alcohol-impaired driving).

Pursuant to VC §13801, in addition to the investigation, the DMV may require a reexamination of the driver to obtain and evaluate information to determine if a driver may be a potential risk to traffic safety.

Upon receipt of a Request for Regular Reexamination, DS 427 by a law enforcement officer pursuant to VC §§21061 or 12818(a), the DMV shall conduct a reexamination of the person's qualifications to operate a motor vehicle pursuant to VC §13801. If the officer indicates a Priority Reexamination, the DMV will perform a review on an expedited basis. If the driver fails to submit to or complete the reexamination, their driving privilege will be suspended until the driver completes the reexamination. If it is determined the driver cannot operate a motor vehicle safely, the DMV will impose an immediate suspension or revocation of the person's driving privilege.

VC § 13208 allows the courts to recommend that DMV conduct an investigation when an individual is charged with a violation of Division 11, Rules of the Road, commencing with VC §21000, and there is reason to believe that any condition specified in VC §§ 12805 or 12806 exists.

Under VC §12805, the DMV shall not issue a driver license to, or renew a driver license of, any person when it is determined, by examination or other evidence, that the person is unable to safely operate a motor vehicle. Pursuant to VC §12806, the DMV may refuse to issue to, or renew a driver license of, any person who is rendered incapable of safely operating a motor vehicle because of alcoholism, excessive and chronic use of alcoholic beverages, or addition to, or habitual use of, any drug.

DUI post-conviction suspension/revocation actions

If a person arrested for DUI is subsequently convicted for DUI, they will be subject to a mandatory license suspension/revocation action by the DMV that is independent from any administrative APS suspension they might have already incurred. This additional sanction is required by law and is imposed as a result of DUI conviction by the courts. Similar to APS actions, the length of post-conviction suspensions/revocations ranges from a 6-month suspension to a 10-year revocation depending on the type of DUI offense and the DUI offender level.

The DMV maintains a responsibility to immediately impose appropriate post-conviction license suspension/revocation actions whenever abstracts of DUI conviction are reported by California courts. The department is also responsible for issuing license restrictions to DUI offenders who meet requirements defined by law. Similarly, the DMV maintains relevant information pertaining to driver license status, license suspension or revocation actions, information related to requirements and issuance of a restricted driver license, and critical information on requirements a person has to meet to reinstate their driving privilege. Such requirements include the completion of a DUI

treatment program ranging in length from 3 to 30 months (depending on the type of DUI offense and whether the person is a first vs. multiple offender), as well as the installation and maintenance of an IID on all vehicles registered to the offender's name for a period of time ranging from 1 to 4 years (multiple offenders only, plus first offenders whose offense involved an injury).

Treatment and other post-conviction DUI countermeasures

A number of sanctions and penalties are imposed by the courts on all drivers that are convicted of a DUI. As described above, these sanctions and penalties vary depending on the type of DUI offense and the DUI offender level. Specific court-ordered sanctions/penalties include probation, jail, DUI treatment program (first-offender, 18-month, and 30-month programs), and ignition interlock. As demonstrated by past studies published by the DMV, the combination of DUI treatment program with license actions (license suspension/revocation) reduces recidivism among those subject to this type of post-conviction requirement. For temporal trends related to court-ordered DUI treatment (and completion rates), please see the DMV's annual DUI-MIS Report.

Ignition Interlock Laws

Senate Bill 1046 (2016) requires drivers convicted of a first-time, alcohol-involved DUI resulting in injury, and individuals convicted of a repeat alcohol-involved DUI, to install and maintain an IID for 12-48-months on all vehicles they operate, and to pay administrative service fees. The specific IID restriction term depends on the number of prior DUI-related convictions on the person's driver record within the prior 10-years. Offenders who are subject to mandatory IID installation are immediately eligible for an IID-restricted driver license without serving any period of suspension or revocation, if they provide proof of IID installation and comply with other restriction requirements, including enrolling in or completing a DUI treatment program, filing proof of financial responsibility, and paying all DMV reissue fees. These individuals can regain their full, unrestricted driving privilege upon completing their prescribed IID restriction term and DUI treatment program.

The law also allows individuals to obtain an "optional" IID-restricted driver license in lieu of serving any APS suspension or revocation period following a DUI arrest involving alcohol, provided they meet the above-specified restriction requirements. Additionally, drivers subject to mandatory IID installation upon conviction receive credit toward their mandatory IID restriction period for any time they served on optional APS IID restrictions.

The DUI-IID law does not require individuals convicted of a first-time, non-injury DUI involving alcohol to install an IID. However, courts are authorized to order IID installation for these offenders. There are also other restriction options for first-time offenders under these laws. For example, drivers not required by the court to install an IID may obtain an optional IID-restricted driver license for a period of 6-months or a course of employment (COE)-restricted driver's license for 12-months. Drug-only first-

time offenders are eligible for COE restrictions, but not IID restrictions. Under current law, retained pursuant to SB 1046, drug-only repeat DUI offenders remain eligible for optional IID-restrictions after serving 12-months of their prescribed suspension or revocation period and meeting specified restriction requirements. However, unlike offenders whose violations involve alcohol, repeat drug-only offenders must remain on IID restrictions until the end of their prescribed period of suspension or revocation and complete a DUI treatment program before they can fully reinstate their driving privileges.

SB 1046 requires drivers convicted of a first-time, alcoholinvolved DUI resulting in injury, and individuals convicted of a repeat alcohol-involved DUI, to install and maintain an IID for 12-48 months on all vehicles they operate. The new DUI-IID law does not require individuals convicted of a first-time, non-injury DUI involving alcohol to install an IID.

Individuals on IID restrictions who fail to comply with specified requirements for maintenance and calibration of their IID or those who attempt to tamper with, bypass, or remove an IID early are subject to driver license suspension or revocation. However, pursuant to certain provisions of SB 1046 that took effect on January 1, 2017, a person may now regain their mandatory or optional IID-restricted driving privilege if they are back in compliance with their IID requirements.

Programs

California reinforces its overall traffic safety program with Graduated Driver Licensing (GDL), which is aimed at reducing motor vehicle injuries and fatalities among youth age between 15-1/2 and 18 years old, as these drivers are disproportionately injured in traffic crashes. Under GDL, California teens are first required to go through a supervised period (with a learner's permit) during which time the teen must complete supervised driving. The OTS has had a long-standing partnership with community organizations that provide DUI education programs that take place in high schools throughout the state. Additionally, under California law, a person can be charged with license fraud as a misdemeanor or a felony.

TOXICOLOGY

Testing a potential impaired driver in a timely and uniform manner is critical to understanding the impaired driving problem. In addition to the Crime Lab at the California DOJ, California has many private and public labs that perform testing on suspected impaired drivers. These labs have different equipment for testing and capacity to process tests.

In 2017, the OTS funded the Statewide Toxicology Stakeholders meeting. This meeting was attended by forensic toxicologists in charge of impaired driving testing and Crime Lab managers statewide. The purpose of this meeting was to discuss testing protocols,

equipment, and resource issues for testing. While the participants understood that not all labs would have the equipment or resources to test to the same level and capacity, they agreed on best practices for public forensic toxicology laboratories including adopting uniform procedures that conform to testing for the minimum cutoffs for testing thresholds for drugs, including consistent screening and confirmation testing based standards for all public laboratories based on the 2013 2017, and 2021 National Safety Council (NSC) Recommendations for Toxicology Testing. This would ensure that when crime labs had the equipment and resources, testing for impaired drivers would adhere to minimum cut-off levels for detection and concentration of drugs in an impaired driver's system. To improve toxicology results, a long-term goal of toxicology laboratories is to provide a centralized repository of standard operating procedures and to establish statewide minimum toxicological testing workflows and protocols. This would provide uniformity in testing protocols and procedures statewide.

Forensic toxicologists are incorporated into the curriculum of the OTS-funded Traffic Safety College to collaborate with officers and prosecutors on how to successfully prosecute impaired driving cases. Forensic toxicologists train officers and prosecutors on the multitude of drugs that are being discovered in impaired drivers statewide. Additionally, prosecutors educate officers and forensic toxicologists on how to effectively testify as an expert witness in courtroom proceedings. This continued education and collaboration is a critical factor that contributes to enforcement becoming a greater deterrent for impaired driving.

Additionally, in 2021, as a result of the 2017 Senate Bill 94, the Impaired Driving Task Force reported to the legislature recommendations to address the barriers faced by California's public crime labs and forensic toxicology service providers. The following recommendations of collecting evidence in a uniform and timely manner, encouraging laboratories to meet nationally recommended standards, and abstaining from adopting per se limits for drug use until there is sufficient support from the scientific community remains relevant:

- 1. Additional funding should be considered for state and local government laboratories conducting forensic toxicology testing to purchase efficient and sensitive testing equipment capable of testing for Tier I drugs and provide funding for personnel to conduct forensic toxicology testing.
- 2. The state should consider the creation of evidence collection criteria and procedures for DUID.
- Laboratories conducting forensic toxicology testing should test blood samples
 for alcohol and all Tier I compounds, in at least one recommended matrix, at
 the prescribed threshold concentrations, for both screening and confirmation
 testing.
- 4. Laboratories conducting forensic toxicology testing, including screening and confirmatory testing, should continue to evaluate NSC recommendations

- related to forensic toxicology testing and when new standards are recommended, laboratories should strive to implement those recommendations.
- 5. Drugs affect people differently depending on many variables. A per se limit for drugs, other than alcohol, should not be enacted at this time as current scientific research does not support it. However, the state should continue to advance research in this area, to include methods of evaluating impairment.
- 6. The state should consider undertaking an ongoing DUI and DUID research project analyzing drug prevalence and trends with respect to impaired driving. This project would request selected laboratories, with specified equipment, to examine all, or a randomized selection of, blood samples taken from DUI and DUID incidents for Tier I drugs, using a standardized procedure, for a specified time period. These results will identify trends and provide information to policy makers. The data used in the analysis should be published in an annual statewide report to help guide future DUI policy decisions.

Finally, data collection is imperative to understand both the prevalence and risk of drug impaired driving in California. This is best understood with consistent data collection.

COMMUNICATION PROGRAM

GOAL

Create a cultural shift toward a society that has zero tolerance for driving under the influence of alcohol and/or drugs.

STRATEGIES

 Increase awareness of the societal benefits of sobriety checkpoints and high visibility enforcement to deter impaired driving. **CHAPTER IV**

- Highlight designated sober driver programs to encourage the use of safe transportation alternatives.
- Develop educational messages in Spanish and other languages for populations overrepresented in DUI arrests and crashes.
- Educate on the dangers of cannabis, illicit drugs, prescription or over-thecounter medications, especially in combination with alcohol.
- Raise awareness about the dangers and consequences, including criminal and financial penalties, of driving under the influence.
- Combine outreach and communication efforts with targeted high visibility enforcement periods to increase public awareness of the consequences of impaired driving.
- Examine research on media and education message effectiveness on impaired driving to determine communication types and tactics.

"Go Safely" Game Plan

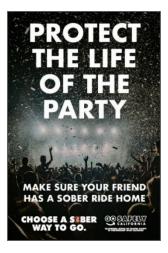
To promote the importance of having fun and not driving under the influence of alcohol, the OTS partners with sports and entertainment venues to encourage fans to plan ahead and commit to a "Go Safely" game plan. Partners have included



the Sacramento Kings, Sacramento Republic FC, Oakland Arena, collegiate sports teams, minor league baseball teams, Clear Channel Airports, and the San Jose Sharks. Safety messages appear during events, on venue websites, mobile apps, and social media channels. The goal of the education campaign is to remind the public to get to and from events safely.







Designated Driver Program

The DDP educates the public about the dangers of impaired driving, promotes the use of a designated sober driver, encourages planning

ahead, and the use of pledges for driving sober. The DDP anti-DUI messages are delivered in English and Spanish throughout California via paid and earned media and community outreach efforts. Tactics include in-person and online presentations; interactive educational booths; DDP display, video, and audio public service announcements; partnerships with sporting arenas, venues hosting major events, and community-based organizations. Each year the program reaches millions in California.



Every 15 Minutes

The Every 15 Minutes (E15M) program is a two-day program designed to create awareness among teenagers about the dangers of drinking and drugged driving. The program focuses on high school juniors and seniors, challenging them to experience first-hand what the consequences of impaired driving can be through the eyes of their family and friends.

The E15M program brings together a broad coalition of local agencies. With funding from the OTS, the CHP provides mini-grants to agencies and organizations implementing the program. The partnering of the CHP, local law enforcement, local hospitals, emergency medical responders, schools, businesses, and service clubs validates the importance of working together to ensure a healthy community.

Since the CHP began administering the program in 2001, more than 2,300 E15M programs have been implemented in high schools throughout California, impacting over 1,500,000 students.







El Protector Program

The El Protector Spanish Traffic Education Program is a proactive approach to traffic safety education and community outreach in California Spanish-speaking communities. The CHP officers involved in the program are bilingual public information officers (PIOs) and serve as resources for the Hispanic/Latino community. The PIOs disseminate traffic safety information through Spanish media, traffic safety presentations, and participate in Hispanic/Latino cultural events. The goal is to reduce traffic crashes and maintain strong community relations with California's Spanish-speaking residents.

The El Protector Program is a model statewide traffic safety program specifically focused on California's Hispanic/Latino communities. Since its inception in 1987, the CHP has maintained positive Spanish media and community relations throughout the state.





Mexican Consulate Outreach

The OTS established relationships with Mexican Consulates throughout the state, including the Consulado General de México en San Jose, to provide impaired driving education and get feedback on messages for Spanish informational materials. The OTS also participates in their Cero Alcohol Al Volante (Zero Alcohol Driving) initiative event. Held annually, the event provides the community with resources and an opportunity to meet with law enforcement, legal, and health and wellness partners. The OTS shares traffic safety education materials with the individuals and families in attendance, as well as conducted a presentation to people at the Consulate about the dangers of impaired driving. The OTS is working with each of the 10 Consulates in California to put up traffic safety messages and slides on TV display screens in all the waiting areas.

The OTS encourages strategies that enhance the reach of communications efforts. See Table 5.

Table 5. Communications Efforts

Community Engagement Strategies	Target Audience
Work with bars and restaurants to display anti-DUI messaging.	All customers of legal drinking age, but specifically college students and young adults (ages 21-34)
Plan and conduct community outreach events to generate awareness of the dangers and consequences of impaired driving.	All ages.
Engage with sports and event venues, festivals and other public gatherings for safe driving programs.	Sports fans and concert/event attendees.
Collaborate with law enforcement on responsible beverage service and community education.	General public, business owners, staff.
Partner with law enforcement to publicize High- visibility Enforcement through media relations and emerging media tactics.	Drivers of all ages.
Create, publicize, and promote alternative transportation programs to encourage a sober ride home.	College students and adults (ages 18-49)
Conduct outreach with cannabis dispensaries to distribute information on the dangers of driving under the influence of cannabis.	Adults, Older Adults (ages 21-49, 50+)
Establish relationships with healthcare providers, pharmacies, and drug stores to provide information and public/patient outreach on driving under the influence of over the counter and prescription medications, and illicit drugs.	General public, business owners, staff

Community Engagement Strategies	Target Audience
Develop robust and engaging social media to	General public, specifically teens
draw increased attention to public-relevant	and young adults
issues and data, and to support events, relevant	
partner initiatives, and enforcement periods.	

Diversity, Equity, and Inclusion

Equity is a fundamental principle in transportation safety. When implementing community engagement strategies around impaired driving, it is imperative to be thoughtful of diverse representation in all traffic safety messages and use culturally appropriate messages, as well as develop messaging through a racial equity, inclusion, and diversity lens. All actions will be sensitive to community desires, and strive to include voices from every community, and people of all incomes, races and socioeconomic backgrounds. This includes targeted outreach to organizations, businesses, and communities where English is not their first language, and in areas where traffic safety has had a disproportionate impact, particularly in Black, Hispanic and American Indian/Alaska Native communities.



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

GOAL

California will devise a system for screening, referring, treating, and monitoring convicted impaired drivers to prevent impaired driving.

STRATEGIES

 Promote effective screening of all convicted impaired drivers in all 58 counties for alcohol and other drug dependency and mental health issues in order to assign people to the correct resource, services, or programs.

CHAPTER V

- Design and/or implement judicial and clinical screening to facilitate successful assessment and treatment of prospective participants.
- Promote culturally appropriate treatment and rehabilitation services.
- Mandate treatment and rehabilitation services in addition to, and not as a substitute for, license restrictions and other sanctions.

The State recognizes that impaired driving may be a symptom of a more significant problem of alcohol or other drug misuse. Addressing the root of these problems is essential to preventing future impaired driving involvement.

SCREENING AND ASSESSMENT

DUI treatment programs remain an effective intervention to a common, yet serious social problem. When an individual is arrested and convicted of a DUI; they should be screened and evaluated at the earliest possible opportunity for the extent of alcohol and/or drug abuse and any relevant mental health issues present. DUI assessments are intended to determine whether, and to what extent, a defendant has a substance

abuse problem. The assessment should evaluate patterns and history of alcohol and drug use, addiction treatment history, family substance abuse history, mental health issues, and pertinent contextual information. Ideally the assessment occurs within the first 60 days of entering a guilty/no contest plea or a finding of guilt after a trial. Once assessed, an individualized treatment plan is created to address the specific needs of each individual.

Criminal Justice System

DUI Courts

DUI courts provide a system of supervision, accountability, and rehabilitative treatment. Additionally, the Computerized Assessment and Referral System (CARS) is an assessment tool used in DUI courts in California and across the United States. The computer assessment identifies substance abuse disorders and an array of mental health issues. It is free to download and uses open-source software. It is fully electronic and standardized and can be used by clinicians and social workers. CARS generates a report that indicates a defendant's risk of recidivism and treatment needs.

Another program many Courts utilize is the DUI Risk and Assessments Needs Tool (RANT). This assessment is a web-based decision-support tool that evaluates individuals' criminogenic needs and risks. The tool yields a specific report classifying offenders into one of four risk/needs quadrants which aids the Court in applying the correct level of intervention.

Regardless of assessment results, participants are required to complete the educational DUI Program pursuant to the DMV requirements for driving privileges and/or court conviction requirements. After a first-time offense, participants will be required to complete a 3-month or 9-month program. If a participant has multiple offenses, completion of an 18-month program or a 30-month program will be required. Once the participant completes the DUI program, driving privileges may be fully restored.

If an assessment indicates the offender has substance abuse or mental health issues, they can be recommended for ancillary treatment appropriate to the individual participant. This assessment tool identifies where the clients are in their change process to match individuals to appropriate treatment levels. a high-risk or repeat offender, they may be referred to a Multi-Track DUI Court, incur a higher degree of monitoring, or be incarcerated.



Tools like the Impaired Driving Assessment (IDA) are sponsored by the Chief Probation Officers of California (CPOC) specifically to identify the risk factors required to create accountability and to match individual treatment plans to each offender. This tool also confers the ability to allocate limited resources where they are needed most.

Educational Programs

Many persons who are convicted of an impaired driving offense in California are never arrested again. For these individuals, the educational programs mandated by the Vehicle Code (i.e., AB 541-first offense) are sufficient to promote a healthy lifestyle while increasing public safety. However, a substantial percentage of these individuals are high-risk and high needs, requiring more extensive intervention than education alone provides. The legalization of cannabis, as well as the proliferation of abuse of over-the-counter drugs, prescription medications, and illicit drugs, have made a basic educational program for DUI offenders insufficient to address the problem.

Medical and Health Care Settings

Medical and healthcare facilities throughout California provide screening and brief intervention to patients who self-report or are suspected of being alcohol and/or drug abusers. Providing treatment at the earliest possible time can be critical in preventing impaired driving. The State's emergency departments and trauma units frequently receive patients who test positive for alcohol or drugs, self-report use, and exhibit signs of alcohol and/or drug use. After the initial assessment, patients are often referred for further treatment for any addiction.

TREATMENT AND REHABILITATION

Both first-time and repeat impaired driving offenders may have alcohol or other drug dependency problems. Without treatment, these offenders are more likely to repeat their crime than those who receive treatment. State law provides that all drivers convicted of DUI are required to enroll in a DUI program. These programs are typically hosted by private and professional non-profit organizations that provide education, psychosocial evaluation, treatment referral services, and special supervision services. They may include ignition interlock monitoring for violations by DUI offenders. These programs, separated into first-time offender or multiple-offender programs, assist the offender, and satisfy judicial and driver licensing requirements.

Court-mandated DUI programs often represent an individual's first contact with substance abuse or addiction treatment professionals. Earlier intervention, relative to the time of the DUI violation, may have significant benefits in reducing recidivism risk. However, if low-BAC offenders do not receive an administrative license suspension prior to conviction, they do not have the option to enroll in DUI programs prior to conviction. Too often, a defendant with a low BAC "falls through the cracks" because the judicial system was not aware of a polysubstance abuse problem. Proper screening and assessment tools are required to ensure the individual receives the necessary treatment. Simply restricting or suspending a driver's license is not sufficient to address individuals with alcohol and/or drug addiction.

MONITORING IMPAIRED DRIVERS

Throughout the State, OTS funds probation departments to assist in supervising the highest risk offenders. Intensive probation supervision has proven to be effective countermeasure in reducing additional DUI offenses in repeat offenders Probation partnerships with law enforcement, treatment providers, and the Courts allow for accountability by deepening rehabilitation goals and consistently enforcing the orders of the court. Probation partnerships are particularly effective in DUI Courts as part of the treatment team that can amplify the orders of the court. Targeted monitoring by skilled probation officers increases true accountability and provides the opportunity for moderate- to high-risk DUI offenders to make sustained internal changes in their impaired driving behavior.

The OTS provides grant funding to Multi-Track DUI Courts in California. These courts provide offenders with a high level of supervision and assistance from a treatment specialist and effectively reduce recidivism. The court's aim is two-fold; to provide close court oversight and to provide the tools necessary for them to improve their lives, thereby improving public health and the safety of their communities. DUI Courts are an effective method of combating recidivism among impaired driving offenders.

PROGRAM EVALUATION AND DATA

GOAL

Evaluation of California's traffic safety endeavors to determine effectiveness and provide a guide to future projects and resource allocation.

STRATEGIES

 Enhance the ability to access and analyze reliable data sources for problem identification and program planning as well as to routinely evaluate impaired driving programs and activities in order to determine effectiveness.

CHAPTER VI

- Leverage the TRCC to provide information about and access to data that are available from various sources.
- Conduct data-driven grant programming.
- Conduct evidence-based or promising and innovative programming.

Each year, the OTS's problem identification process includes prioritization of program areas, goal setting and tracking, and location-based analysis. The OTS reviews data from FARS, SWITRS, and the DUI-MIS report. The OTS Crash Rankings compare injury crash data from local jurisdictions and counties of like populations. The TRCC reviews this data and identifies opportunities to improve existing sources of data and provides new sources of data for problem identification purposes.

The OTS reviews statewide data on impaired driving crashes annually and actively solicits potential proposals in areas of the state with the highest levels of DUI crashes and fatalities. Each application received is reviewed for its value and potential impact in reducing impaired driving crashes either in local jurisdictions or statewide. In overseeing planning and programming, the OTS encourages local jurisdictions to use:

1) local data to identify any local or regional concerns, and 2) Geographic Information System (GIS) data to target activities to areas with disproportionately high concentrations of impaired driving. The OTS supports the Transportation Injury Mapping System (TIMS) tool that allows users to create tables and GIS maps of traffic injury

collisions in California. Local jurisdictions can use this to identify target locations of HVE efforts, based on clusters of occurrences. This data is used to develop impaired driving countermeasures that will address local issues.

Within impaired driving grant agreements, the OTS requires objectives that include collaboration at both the state and local level. Vertical Prosecution grantees host quarterly roundtables with law enforcement and crime labs to review local data, trends, and best practices in implementing impaired driving countermeasures. The TSRP Program reviews statewide data and trends and presents this to law enforcement, prosecutors, and toxicologists during regional trainings and Traffic Safety Colleges. The OTS tracks Teen Impaired Driving education on a heat-map that shows where OTS programs are being offered statewide to ensure that grantees are providing educational activities in areas where the data demonstrates the greatest need.

To establish program strategies for impaired driving, the OTS analyzes the data provided by applicants, as well as other local and state data sources. The OTS monitors each grantee's progress on achieving these goals and objectives throughout the grant year through ongoing communication, attending grantee events, and reviewing claims and Quarterly Performance Reports. In some cases, the OTS conducts Grant Performance Reviews to further evaluate the progress of the objectives. When objectives are not completed, it can put the grantee at risk of not receiving funding in subsequent grant cycles. At the end of the Federal Fiscal Year, the OTS will review final claims and reports, grantee evaluation, and the overall success of the grant.

NEXT STEPS

The contributors to the CIDP and other traffic safety partners continue to work proactively on many impaired driving committees, taskforces, and programs. The OTS, through grant funding and collaboration with our local, state, and federal partners, will continue to work diligently to reduce impaired driving crashes statewide to save lives. Furthermore, the OTS will use a consultant service to complete an assessment of the state's Impaired Driving Program including the CIDTF and CIDP. This assessment will provide recommendations for enhancement and improvement to the state's Impaired Driving Program which will be used to assist with the next iteration of the CIDP. Countermeasures, best practices, and recommendations are being offered for further policy discussion and review by interested stakeholders and do not reflect an official position or endorsement of the Administration.

APPENDICES

APPENDIX A – CALIFORNIA IMPAIRED DRIVING TASK FORCE MEMBERS

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This plan was developed by the members of the California Impaired Driving Task Force (CIDTF) listed above. The CIDTF was convened under the authority and direction of the Governor's Highway Safety Representative and Director of the California Office of Traffic Safety, Barbara Rooney.

The CIDTF approved the updated California Impaired Driving Plan on May 16, 2024.

APPENDIX B – ACRONYMS

ABC: Department of Alcoholic Beverage Control

APS: Administrative Per Se

ARIDE: Advanced Roadside Impaired Driving Enforcement

BAC: Blood Alcohol Concentration

Caltrans: California Department of Transportation

CARS: Computerized Assessment and Referral System

CDPH: California Department of Public Health

CEMSIS: California Emergency Medical Services Information System

CHP: California Highway Patrol

CIDTF: California Impaired Driving Task Force

CMCSP: California Motor Carrier Safety Program

CMOD: Crash Medical Outcomes Data

COVID-19: Coronavirus Disease 2019

CPOC: Chief Probation Officers of California

CVSP: Commercial Vehicle Safety Plan

DADSS: Driver Alcohol Detection System for Safety

DDP: Designated Driver Program

DECP: Drug Evaluation and Classification Program

DL: Driver's License

DMV: Department of Motor Vehicles

DOJ: Department of Justice

DOT: Department of Transportation

DRE: Drug Recognition Expert

DUI: Driving under the influence of alcohol

DUI-MIS: DMV DUI Management Information System

DUID: Driving Under the Influence of Drugs

E15M: Every 15 Minutes

EMSA: Emergency Medical Services Authority

FARS: Fatality Analysis Reporting System FHWA: Federal Highway Administration

FTO: Field Training Officer

GDL: Graduated Drivers Licensing

GHSA: Governors Highway Safety Association

GIS: Geographic Information System

HSIP: Highway Safety Improvement Program

HSP: Highway Safety Plan

HVE: High Visibility Enforcement

IACP: International Association of Chiefs of Police

IDA: Impaired Driving Assessment

IID: Ignition interlock devicesJOL: Judicial Outreach Liaison

LEAD: Licensee Education on Alcohol and Drugs

LEL: Law Enforcement Liaisons

MADD: Mothers Against Drunk Driving

MPO: Metropolitan Planning Organization

NHTSA: National Highway Traffic Safety Administration

NSC: National Safety Council
OTS: Office of Traffic Safety

PAS: Preliminary Alcohol Screening

PIO: Public Information Officers

POST: Commission on Peace Officers Standards and Training

PSC: Passenger Stagecoach

PUC: California Public Utilities Commission RANT: DUI Risk and Assessments Needs Tool

RBS: Responsible Beverage Service

SADD: Students Against Destructive Decisions

SCRAM: Secure Continuous Remote Alcohol Monitoring

SFST: Standardized Field Sobriety Testing

SHSP: Strategic Highway Safety Plan

SJOL: State Judicial Outreach Liaison

SOS: Statewide Opioid Safety

SWITRS: Statewide Integrated Traffic Records System

TCIS: Trial Court Information System

TCP: Charter-Party Carrier

TIMS: Transportation Injury Mapping System

TRACE: Target Responsibility for Alcohol Connected Emergencies

TRCC: Traffic Records Coordinating Committee

TSRP: Traffic Safety Resource Prosecutor

UCB SafeTREC: University of California, Berkeley Safe Transportation Research and

Education Center

VC: California Vehicle Code

