

# THE DWI COURT REPORTER

A Publication by the  **NCDC**  
NATIONAL CENTER  
FOR DWI COURTS

## SAVE THE DATE!

December is  
Impaired Driving  
Prevention Month.

DWI Courts will be  
using this month to  
promote their court  
to their community.

Stay tuned for more  
information on this  
exciting opportunity.

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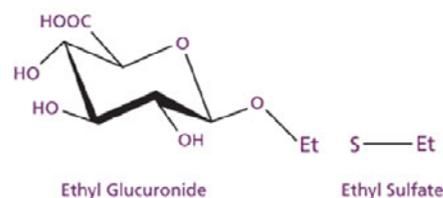
By: Paul Cary

On May 20, 2012, [SAMHSA](#) released a revised Advisory updating the treatment community on the important role of alcohol biomarkers. This is a much anticipated and welcomed document that examines the recent scientific advances that have occurred since the original Advisory (five years ago). NADCP commends SAMHSA for their efforts in bringing this most

current information to substance abuse treatment professionals.

A bit of history – on September 25, 2006, SAMHSA released an advisory from the Center for Substance Abuse Treatment (CSAT) entitled: *The Role of Biomarkers in the*

Figure 3. Structures of ethyl glucuronide (EtG) and ethyl sulfate (EtS)



*Treatment of Alcohol Use Disorders.* The advisory contained the following guidance:

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## NCDC APPLAUDS PASSAGE OF MAP-21

### DWI COURTS NAMED AS AUTHORIZED PROGRAM FOR US DEPARTMENT OF TRANSPORTATION GRANTS

Congress has passed the transportation reauthorization bill entitled the Moving Ahead for Progress in the 21st Century Act (MAP-21). MAP-21 authorizes

transportation funding nationwide, including grants for impaired driving prevention efforts. DWI Courts are among the approved list of authorized programs that can receive U.S. Transportation Grant Funds for impaired driving countermeasures. Other programs MAP-21 authorized include training and education of criminal justice professionals to assist in handling impaired driving cases, traffic safety resource prosecutors, judicial outreach liaisons, and 24-7 sobriety programs.



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## JUDGE LAWRENCE RECEIVES NCDC DWI COURT LEADERSHIP AWARD

Every year the National Center for DWI Courts (NCDC) recognizes an individual with the DWI Court Leadership Award. This award shines a spotlight of commendation on a person that through his or her tireless efforts saved countless lives and made the community a safer place. The person must have contributed to the advancement of the nation's DWI Court effort, and demonstrated significant personal leadership and exemplary performance at the local, regional, state or national level. Judge Kent Lawrence, this year's winner, has absolutely done that at every level. He was the first Chief of the Athens-Clarke County Police Department, an assistant prosecuting attorney, and he has been a judge since November 1985, retiring in November 2011.

In 2001, Judge Lawrence implemented the first DWI Court in Georgia, which became one of the four NCDC DWI Academy Courts, national role models on how a DWI Court should work. He led the effort in Georgia to expand DWI Courts and improve public safety



David Wallace, Director of the NCDC, Judge Kent Lawrence, NCDC award recipient, and Judge Michael Barrasse, Chairman of the NADCP DWI Court Committee.

for everyone in the state, being awarded in 2005 with the recipient of the Governor's Office of Highway Safety Director's Award in promoting public safety in Georgia. Georgia now has 18 DWI Courts because of his efforts. But he went beyond Georgia and worked to ensure that DWI Courts are instituted nationwide. Judge Lawrence was on the NADCP Board of Directors, Chairman of the NADCP DWI Court Committee and

the NCDC DWI Court Task Force, and he is on the faculty for the National Drug Court Institute and the NCDC.

"Judge Lawrence has at every step been working to improve the status of DWI Courts everywhere and improving public safety for all of us. He has done it with grace, intellect, and compassion, and in every sense of the word, a true gentleman," said David Wallace, Director of the NCDC. "He clearly is a leader in the DWI Court field."

In receiving the award, Judge Lawrence stated: "Seeing our participants walk the path from addiction to sobriety, from having no control over their lives to becoming a productive member of society has been the most exciting, challenging and rewarding work that I have done in my lifetime."

To watch Judge Lawrence receive the NCDC DWI Court leadership award at the 2012 NADCP 18th Annual Training Conference, click [here](#).

## NTSB, ONDCP AND IMPAIRED DRIVING AT THE CLOSING SESSION OF NADCP ANNUAL CONFERENCE

"DWI and Drug Courts play a critical role in helping our entire country reach zero...no more crashes, deaths or injuries from a substance impaired driver." These were the words declared by **Dr. Mark Rosekind**, Board Member of the National Transportation Safety Board (**NTSB**) during the Closing Session of the NADCP 18<sup>th</sup> Annual Training Conference. DWI Courts and substance-impaired driving



Dr. Mark Rosekind, NTSB

were highlighted during the session with presentations by Dr. Rosekind and **Mr. Benjamin Tucker**, Deputy Director of State, Local, and Tribal Affairs for the Office of National Drug Control Policy (**ONDCP**).

Dr. Rosekind noted that since May 14, 1988, when 27 people died in the deadliest alcohol-impaired driving crash

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## SARASOTA DWI COURT PROGRAM HAS MILESTONE — 100<sup>TH</sup> GRADUATE

By: *Ericka Randall, DWI Court Director, and Charles Mead, DWI Court Assistant Director*

The Sarasota County, Florida DWI Court Program which was established in June of 2008, recently celebrated two milestones. First, the Program’s 100<sup>th</sup> graduate was recognized on May 31, 2012 at the annual DWI/Drug Court Celebration. Second, the Program completed its fourth year of existence serving and protecting the residents of Sarasota County. The Sarasota DWI Court program was organized by the efforts of the **Honorable David L. Denkin** and it was the third DWI Court in the State of Florida. Judge Denkin continues to lead the program which has been privileged to see many lives changed over the course of its four years. The program has been funded by grant funds through the National Highway Traffic Safety Administration and the Florida

Department of Transportation Safety Office and the Sarasota Board of County Commissioners. The program enjoys the

support of the state attorneys’ office, public defender’s office, and Sarasota Sheriff Tom Knight.

The initial training in Athens, Georgia provided the tools to set the groundwork for program composition and implementation. This opportunity was instrumental in the development of the 12<sup>th</sup> Circuit DWI Court and

solidified our “TEAM.” Also, the Sarasota County DWI Court Program was fortunate to have **Judge Kent Lawrence** of Athens, Georgia facilitate a National Center for DWI Courts Technical Assistance (TA) in September 2011. The information presented in this TA created an opportunity to re-define the roles and responsibilities of each team member, offered ways to build upon program capacity, and to establish means of program sustainability. This training was invaluable to challenge and revitalize team members to continue to strive for excellence.

The annual DWI/Drug Court Celebration involved the entire 12<sup>th</sup> Circuit as past and present graduates of both Sarasota and Manatee DWI and Drug Court programs were recognized. Awards were given, including the annual “Shining Star Award.”

The “Shining Star” award recognizes the graduate who best exemplifies what the program is meant to do: reduce the number of repeat DWI offenders and increase the participant’s productivity and public safety. The

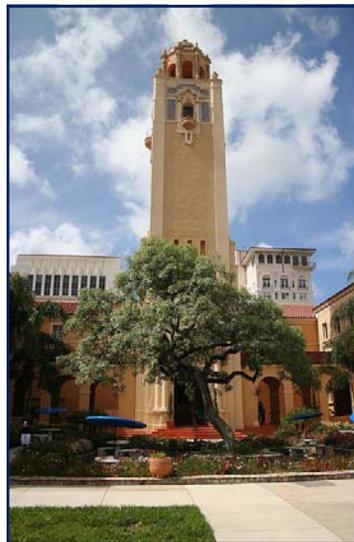
award recipients are those who remain active in recovery, mentor others in the program, and continue to set a positive example. This year’s Sarasota DWI Court recipient voluntarily returned to the program to share his experiences and has spoken to our DWI focus groups on a regular basis.

In its first year, the DWI Court program admitted thirty-four participants. The

program’s first graduate occurred on June 18, 2009. This individual has been a productive member of society for nearly three years post-graduation without legal issue and has put her life back in order, married, re-established her relationship with her children and has become an AA sponsor. Other graduates have made significant changes as well. One graduate rediscovered his joy of running and is participating in marathons. Yet another has earned her degree and is working as a paralegal. Still others have reconnected with their estranged family members, began new healthy relationships and made significant changes to either start or improve their businesses.

The Sarasota DWI Court program graduated twenty-four participants in its second year. Thirty-two participants

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The Sarasota County Courthouse

In regards to DWI’s, the DWI Court program has just a two percent recidivism rate at the end of its fourth year.

## SAMHSA'S REVISED ALCOHOL BIOMARKER ADVISORY—HOW IT AFFECTS YOUR DWI/DRUG COURT

(Continued from page 1)

*“Currently, the use of an EtG test in determining abstinence lacks sufficient proven specificity for use as primary or sole evidence that an individual prohibited from drinking, in a criminal justice or a regulatory compliance context, has truly been drinking. Legal or disciplinary action based solely on a positive EtG, or other test discussed in this Advisory, is inappropriate and scientifically unsupportable at this time. These tests should currently be considered as potential valuable clinical tools, but their use in forensic settings is premature.”*

Basically, the original advisory declared that ethyl glucuronide (EtG) testing provided insufficient evidence to reliably differentiate between alcohol consumption and unintended exposure to alcohol. The strident conclusions rendered in the original guidance document came as a shock to many Drug Court professionals. Since its introduction and commercial availability, EtG testing had become widespread and was viewed as a very useful tool in abstinence monitoring for alcohol relapse. The conclusions rendered in the original SAMHSA advisory had a significant chilling effect on the use of EtG testing and resulted in considerable confusion regarding its forensic efficacy.

Fast forward to May of this year and the release of *“The Role of Biomarkers in the Treatment of Alcohol Use Disorders, 2012 Revision.”* This was a necessary reconsideration based upon the many advances that have been made since the original advisory – including; the establishment of a second important alcohol metabolite (EtS - ethyl sulfate), numerous

research studies examining the effect of casual, incidental and environmental exposure to alcohol containing products, the growth of case law associated with the use of EtG/EtS results in criminal justice adjudication and more practical, real-life experience in interpreting EtG/EtS results.

The new alcohol biomarker guidance document is not revolutionary; rather it's an incremental progress report on the current state of the science that supports the use of alcohol biomarkers in treatment strategies. *(Author's note: for the purposes of this article, when describing*

**EtG/EtS testing remains an accurate and reliable approach to alcohol abstinence monitoring that allows rapid therapeutic intervention to support recovery.**

*EtG and EtS, consider the term “biomarkers” as essentially equivalent to “metabolites” or alcohol breakdown products.)*

While the new SAMHSA Advisory discusses the characteristics of a total of eight alcohol biomarkers, it is the intent of this review to focus on those issues relevant to the use of EtG and EtS in alcohol abstinence monitoring. Here are the highlights:

First, it is important to note that the Advisory has a decidedly “clinical” orientation (the word “patient” is mentioned 14 times; while the words “forensic”, “legal”, “criminal” and “justice”, do not appear in the text). As a result, the revised Advisory

spends considerable time discussing the use of alcohol biomarkers in the identification of the toxic effects of alcohol that are routinely employed in diagnosing alcoholism. While this information is no doubt valuable, it has only a minor relevance to Drug Court programs.

Moving to issues more germane to court policies and practices, the new SAMHSA Advisory details that EtG/EtS can identify alcohol consumption following “perhaps as little as a single drink”. The document also states that there is “probably little gender, age or ethnicity effect” associated with EtG/EtS testing. In its “Windows of Assessment” exhibit, the revised Advisory provides further evidence that the EtG/EtS detection window has substantial advantages for determining alcohol relapse over other alcohol biomarkers.

In discussing cutoff concentrations, the Advisory relies heavily on a 2010 article (Jatlow & O'Malley) entitled “Clinical (non forensic) Application of EtG Measurement”. A summary of these authors' EtG cutoff interpretations are as follows:

- A positive result using a 1000 ng/mL EtG cutoff indicates “heavy drinking” during the prior 48 hours
- A positive result using a 500 - 1000 ng/mL EtG cutoff indicates previous heavy drinking (1 - 3 days) or recent light drinking (prior 24 hours) or recent *intense* “extraneous” exposure (within 24 hours)
- A positive result using a 100 - 500 ng/mL EtG cutoff indicates

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# SAMHSA’s REVISED ALCOHOL BIOMARKER ADVISORY—HOW IT AFFECTS YOUR DWI/DRUG COURT

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previous heavy drinking (1 - 3 days) or previous light drinking (12 - 36 hours) or recent “extraneous” exposure.

These consumption interpretations are entirely consistent with the consensus EtG cutoff level currently used by most DWI Courts, Drug Courts, and other treatment court programs. (i.e., 500 ng/mL) There is no inconsistency between the revised Advisory and the use of the consensus 500 ng/mL EtG cutoff in sanctioning proceedings based upon a “preponderance of the evidence” standard. Additionally, the admissibility of a sanctionable positive is further enhanced when a court includes the testing of EtS and provides participants with an EtG/EtS -specific client contract indicating what extraneous alcohol-containing products to avoid.

When addressing EtG/EtS testing methodologies, the revised Advisory reaffirms urine as the specimen of choice. The document alerts programs to the potential of false positive EtG results when employing the immunoassay technique. As with any

other drug of abuse test (cocaine, opiates, amphetamines, etc.) positive results from preliminary screening tests should be confirmed prior to case adjudication (unless the client self-reports use). The document identifies

**NADCP commends SAMHSA for their efforts in bringing this most current information to substance abuse treatment professionals.**

LC/MS/MS and GC/MS as the reference confirmation methods.

The most significant table in the new SAMHSA Advisory is Exhibit 3. (Shown at the bottom of this page.)

EtG and EtS are the only biomarkers recognized as appropriate for abstinence monitoring, based primarily on the time to return to normal levels following abstinence from alcohol.

For several years, NADCP has been promoting “best practices” for EtG

and EtS monitoring that includes the following components:

- Providing participants an EtG/ EtS-specific client contract designed to educate, alert and advise participants about commercially available products containing alcohol that have the potential to produce positive results if used or consumed.
- Use of appropriate cutoff concentrations that largely negate the influence of extraneous alcohol exposure on EtG/EtS results (consensus cutoffs: EtG - 500 ng/mL, EtS - 100 ng/mL).
- Requiring confirmation of presumptively positive EtG screening results produced by preliminary immunoassay testing.
- Promoting the inclusion of EtS testing in relapse monitoring, due to its superior stability compared to EtG.

Treatment courts that have adopted these best practices represent models for the use of EtG/EtS testing in a

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**Exhibit 3. Summary Table of Alcohol Biomarkers by Particular Use<sup>6</sup>**

Biomarker	Screening for Heavy Drinking	Identify Relapse, Especially to Heavy Drinking	Time to Return to Normal With Abstinence	Monitoring Abstinence
CDT	✓	✓	2–3 weeks	
<b>EtG, EtS</b>		✓	1–3 days	✓
GGT	✓		2–4 weeks	
MCV	✓		Up to several months	
PEth		✓	2–4 weeks	
Sensor Device		✓	Continual	
SGOT/AST*	✓		2–4 weeks	
SGPT/ALT**	✓		2–4 weeks	

\* Serum glutamic-oxaloacetic transaminase/aspartate transaminase  
 \*\* Serum glutamic pyruvic transaminase/alanine aminotransferas

Exhibit 3 from the new SAMHSA Advisory

## SARASOTA DWI COURT PROGRAM HAS MILESTONE — 100<sup>TH</sup> GRADUATE

(Continued from page 3)

successfully completed the program in the third year and forty-two have graduated the program thus far in the fourth year. Five program graduates have been out of the program for at least 30 months with no new law violations.

The program continues to build its Alumni Support group and has made

strides by including its Alumni as mentors for those who are active in the program. The Alumni meet every other month at different locations to share their experiences and encouragement with each other as well as with those in the final phase of the program.

Does the Sarasota DWI Court program make a difference? This program has a recidivism rate of

thirteen percent for new law violations. In regards to DWIs, the program has just a two percent recidivism rate at the end of its fourth year. As the goal of the program is to reduce the number of repeat DWI offenders, these statistics are representative of a successful, ever-growing, and improving program and the efforts of a team committed to positive change.

## APPLICATIONS ARE BEING TAKEN FOR DWI COURT TRAINING IN 2013

The National Center for DWI Courts (NCDC) and the National Highway Traffic Safety Administration (NHTSA) are once again taking applications for next year's (Calendar Year 2013) DWI Court training. The deadline for applications is **Friday, December 14, 2012**, unless the court is going through the State's Highway Safety Office (SHSO) for travel costs, then the deadline is **Friday, November 30, 2012** to the SHSO.

The solicitation has been sent to state Drug Court points of contact and the Drug Court Coordinators in each State, and it is on the [NCDC website](#). The application is specific as to the types of training offered. Please note the following:

- Courts that are currently Drug Courts can apply – they will only need the one day training as opposed to the 3 ½ day training



for new DWI Courts that are not already Drug Courts.

- The application procedure is similar to last year's application. When a jurisdiction is applying for the training, they should coordinate with their SHSO by applying for the training through them. The SHSO may support the team with the costs for travel to the training location.
- If requesting funding of the travel costs from the SHSO, the closing date for the application is **November 30, 2012** to the SHSO.

Each SHSO will determine which teams will be provided with funding to attend the training and then forward this information to NHTSA, Impaired Driving Division, by facsimile or email by **December 14, 2012**.

The application requests that the Judge of the team provide a Letter of Commitment. The SHSO should provide this information in the application.

### Selection of Teams

NCDC will be working with NHTSA to coordinate the logistics for the training sessions. NCDC will locate the hotels, secure the meeting rooms, and provide the materials. The teams that are selected for the training will be notified in early January 2013, so they can make plans on their court calendars and travel arrangements. The training sessions are slated to begin in

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## NTSB, ONDCP AND IMPAIRED DRIVING AT CLOSING SESSION OF NADCP ANNUAL CONFERENCE.

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in U.S. history, the country has had over 300,000 lives lost, millions injured and 200 law enforcement officers killed, all due to impaired driving. Since 1988, there have been significant accomplishments such as the percentage of impaired driving fatalities to all highway fatalities dropping from 41% in 1988 to 31% in 2010. Also, the total number of impaired driving fatalities in 1988 was 18,611; in 2010 it was at 10,228. However, as Dr. Rosekind stated, such a tremendous loss of life is deplorable and we must continue the effort to reach zero deaths. “The biggest challenge all of us have is that complacency must be unacceptable. We have to make it unacceptable, unacceptable that any life is lost in a crash due to a substance-impaired driver.”

What is clear is that no single solution will help us solve this problem. It will take a comprehensive approach, and one component includes DWI and Drug Courts. Dr. Rosekind praised



Mr. Benjamin Tucker, ONDCP

DWI and Drug Courts noting a number of their strengths: “One of the things that I think is your greatest strength is you have data, it is clear that DWI and Drug Courts are effective based on evidence.” He pointed out that DWI Courts have such an effective approach, we need to see a way to get DWI Courts “available to everyone in the country.”

After Dr. Rosekind, Mr. Tucker from the ONDCP spoke on drugged driving, observing that it is just as dangerous as alcohol-impaired driving, citing such facts as:

- Approximately one in eight weekend, nighttime drivers tested positive for illicit drugs in 2007.
- In 2009, 1 in 3 drivers killed in a motor vehicle crash with a known drug test result tested positive for an illegal drug.
- Cannabinoids were reported in almost half (43%) of the fatally injured drivers aged 24 or younger who tested positive for drugs.

It is those kinds of facts that demonstrate that drugged driving is a significant problem, one that needs everyone’s energy and dedication to create healthier, safer and more livable communities.

The way to address this public safety threat, declared Mr. Tucker, is to have a coordinated effort through education, policymaking and

“The biggest challenge all of us have is that complacency must be unacceptable. We have to make it unacceptable, unacceptable that any life is lost in a crash due to a substance-impaired driver.”

Dr. Mark Rosekind

legislation. Regarding education and policymaking, it is important to create partnerships with such national groups as NADCP, MADD, RADD (the

Entertainment Industry’s Voice for Road Safety) and others to help raise public awareness about the consequences of drugged driving. One of the legislative responses has been to have states pass “per se” laws, in which it is illegal to operate a motor vehicle if there is any detectable level of a prohibited drug in the driver’s blood. Thus far, 17 states have passed such laws.

In wrapping up, Mr. Tucker expressed his gratitude to NADCP, saying: “I want to thank NADCP and the National Center for DWI Courts for taking a leadership role in the larger national effort to reduce drugged driving. With everyone’s continued support we can ensure that the nation’s criminal justice system and court system are equipped with the knowledge and the tools to combat this problem.”

**Editor’s Note:** To watch Dr. Rosekind’s or Mr. Tucker’s presentation, click [here](#).

## NCDC APPLAUDS PASSAGE OF MAP—21

### DWI COURTS NAMED AS AUTHORIZED PROGRAM FOR US DEPARTMENT OF TRANSPORTATION GRANTS

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“The NCDC is extremely pleased to see DWI Courts specifically mentioned as one of the authorized programs for funding,” said David Wallace, Director of the NCDC. “This is a clear indication that Congress recognizes the success of DWI Courts and supports their expansion. There is no doubt that DWI Courts are an important component in any comprehensive and effective approach to end impaired driving.”

Also included in MAP—21 is language on repeat DWI offenders obtaining limited driving permits while using ignition interlock. Previously, in order for states to receive federal funds, the limited driving permits were restricted to certain locations set by federal law without allowing states flexibility to

include other locations like the courthouse and some court-ordered activities. The new language allows the states to determine the restrictions for the limited driving permit instead of federal law. This is especially beneficial for those states that have passed legislation tying DWI Courts and ignition interlocks together. Once a state law is updated to reflect the federal law, DWI Court participants that have an ignition interlock may be able to drive to the courthouse for court hearings and meetings with their probation officers.

Getting the support of Congress in the Transportation Reauthorization Bill was a long and continuous struggle. Over the last three years NADCP and the National Center for DWI Courts worked closely with a broad coalition of stakeholders and Members of Congress to ensure language supporting DWI Courts was

“This law is a powerful testament to what can be accomplished when leaders in the field come together and reach a consensus on what needs to be done to end impaired driving.” David Wallace, Director, NCDC

included in this bill. ([Click here to learn more about the coalition and the kick-off event on Capitol Hill.](#))

According to Mr. Wallace: “This law is a powerful testament to what can be accomplished when leaders in the field come together and reach a consensus on what needs to be done to end impaired driving. Congress listened, now it is up to us to follow through, get these programs implemented and save more lives.”

**Editor’s Note:** *The Coalition consisted of:*

- [The National Association of Drug Court Professionals](#)
- [The Century Council](#)
- [The National District Attorneys Association](#)
- [The National Judicial College](#)
- [The National Association of Prosecutor Coordinators](#)
- [The American Probation and Parole Association](#)
- [The National Partnership on Alcohol Misuse and Crime](#)

### Get the Home COURT Advantage!!

Questions about DWI Court? What does the research say? Find pictures and videos of DWI Court events. Get the latest NCDC publications or download TA forms.

Go to [www.DWICourts.org](http://www.DWICourts.org) for that and more!!



## SAMHSA'S REVISED ALCOHOL BIOMARKER ADVISORY—HOW IT AFFECTS YOUR DWI/DRUG COURT

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forensic context, as illustrated by the growing body of case law that supports this monitoring practice in a criminal justice environment.

This new advisory provides affirmation for the continued utilization of EtG/EtS testing as an effective treatment tool. That said, this document will likely not provoke significant changes in the practices or policies of many treatment courts.

Two questions remain paramount to Drug Court programs. Is a positive urine EtG/EtS test result a definitive indicator of relapse or prohibited drinking? Is a positive urine EtG/EtS test result sufficient justification for client sanctioning? While the new SAMHSA Advisory does not address these specific questions, it does provide underlining support for current court policies if the best

practices are followed. EtG/EtS testing remains an accurate and reliable approach to alcohol abstinence monitoring that allows rapid therapeutic intervention to support recovery.



**Editor's Note:** Click [here](#) to download the entire Advisory.

**The new SAMHSA advisory is the topic of a NDCI Tune in Tuesday Webinar being held on July 24th at 2:00 p.m. (Eastern Daylight Time). Paul Cary will be the speaker. To register for the webinar, click [here](#).**

*Paul L. Cary, M.S., is director of the Toxicology and Drug Monitoring Laboratory at University of Missouri Health Care in Columbia Missouri. For the past thirty years, Mr. Cary has been actively involved in the management of a nationally-recognized toxicology laboratory (SAMHSA certified) that performs drug testing for Drug Courts, hospitals, mental health facilities, attorneys, coroners and medical examiners, athletic programs, and public and private employers.*

## DWI COURT GRADUATE REMINDS US WHY WE DO WHAT WE DO

“The best thing that ever happened to me was getting three DWIs in a month and a half period...I can’t believe I just said that out loud,” said Jill, a DWI Court Graduate. A strange statement to say in public? Not in this case. It was another declaration by a DWI Court graduate who was able to go to DWI Court and change her life. “DWI Court was where I finally found my freedom. They believed in me when I couldn’t believe in myself.”

It was the 18th Annual NADCP Training Conference and attendees at the Closing Session heard how DWI Court had changed another person’s life for the better. Before DWI Court, “I had become my worst enemy,” said Jill, whose husband had been killed by a drunk driver eight years before her entry into DWI Court.

However, after DWI Court, she is no longer questioning her worth. “You know, my future is looking pretty good. I’ve kept a job for five years and I’ve been off welfare for two, which is a pretty big deal for my family since my grandmother raised her kids on welfare and so did my mother.”

Jill told a powerful story of redemption and restoration. She finished her testimonial by declaring: “What is most important to me is that I have broken the chain of addiction in my family for my kids. I did a family history and as far back as I could go, there were drug and alcohol issues.”

“There are no words to thank NADCP for what you all do. You’re an amazing group of people and thank you.”

To watch her powerful statement, click [here](#).



**Making Your Community A Safer Place**

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The Center is supported by a charitable contribution from Beam, Inc.

## APPLICATIONS BEING TAKEN FOR DWI COURT TRAINING

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March 2013. Click [here](#) for a copy of the application.

If you have any questions about the DWI Court training, please contact Sam Sinclair at the NHTSA, Impaired Driving Division at (202) 366-9712 or David Wallace at NCDC – (703) 575-9400 or [dwallace@nadcp.org](mailto:dwallace@nadcp.org), or go to the NCDC website at: [www.dwicourts.org](http://www.dwicourts.org) The application can be located under the Resources tab, and then under Training.



## MANY DRIVERS CONVICTED OF DWI HAVE LIFELONG STRUGGLE WITH HEAVY DRINKING

Almost half of adults with a drunk driving conviction said they had been struggling with heavy drinking for a long time, or had resumed heavy drinking after trying to quit or reduce their alcohol use, a new study finds.

The study of 696 adults with a drunk driving conviction found 19 percent reported a lifetime of heavy drinking, while 25 percent had resumed heavy drinking again after at least one period of abstinence or moderate drinking, Reuters reports.

The researchers write in the journal *Addiction* that there could be long-lasting benefits from using heavy drinkers' convictions to get them into treatment.

The researchers found 13 percent had varying drinking patterns throughout their lives, while 14 percent had successfully cut down from heavy drinking to more moderate drinking. In addition, 21 percent had stopped drinking after some period of heavy drinking. Between one-fifth and one-third of chronically heavy drinkers met the definition for alcohol or drug dependence, or for mental health disorders such as depression.

Women were considered heavy or "risky" drinkers if they regularly had



more than seven drinks a week, or four or more drinks a day. Men were considered risky drinkers if they had more than 14 drinks a week, or five or more drinks a day. Those who began risky drinking at age 15 or later quit at double the rate of those who began before age 15.

While women's and men's drinking patterns were similar, women tended to begin risky drinking at a later age, and more often were able to quit.

**Editor's Note:** Story written by *Join Together Staff* and placed on the [Join Together](#) website on June 22, 2012.