An Evaluation of Three Driving-Under-the-Influence Courts in Georgia

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ABSTRACT – Following the model of Drug Courts, three Georgia Driving-Under-the-Influence (DUI) Courts (established in Chatham, Clarke, and Hall Counties in 2003) were designed to address the underlying alcohol problems of repeat DUI offenders through continuous and frequent judicially supervised treatment, periodic alcohol and other drug testing, the use of graduated sanctions, and other appropriate rehabilitative services. A team comprised of a judge, court personnel, probation officials, and treatment providers met regularly to assess offender progress, and offenders met biweekly with the judge to report their progress. An impact evaluation showed after 4 years of exposure that when the DUI Court graduates were combined with the DUI Court terminated offenders (Intent to Treat Group), the DUI Court offenders had significantly lower recidivism rates: 38 percent lower than a Contemporary Group of offenders and 65 percent lower than a Retrospective Group of offenders. The DUI Court Intent to Treat Group had a significantly lower recidivism rate: 15 percent compared to 24 percent for a group of matched offenders from three similar counties in Georgia (Contemporary Group) and a 35 percent rate for matched offenders from the same counties as the DUI Court who would have been eligible for the DUI Court had it been in existence (Retrospective Group). Offenders who were terminated from the DUI Courts for various reasons had a recidivism rate of 26 percent. It is estimated that the DUI Courts prevented between 47 and 112 repeat arrests during a four year period due to the reduced recidivism associated with them.

INTRODUCTION

Drug Courts

Drug Courts involve the coordination of the judiciary, prosecution, probation, defense bar, law enforcement, social services, mental health, and the treatment community to intervene with chronic offenders to break the cycle of substance abuse, addiction, and criminal activity. Drug Court offenders undergo an intensive regimen of substance abuse treatment, case management, drug testing, probation supervision, and consistent monitoring. In an evaluation of six Drug Courts in New York State (Bronx, Brooklyn, Queens, Suffolk, Syracuse, and Rochester), it was found that they reduced offender recidivism by an average of 29 percent over the 3-year post-arrest period when compared to similar offenders receiving standard treatment (Rempel, Fox-Kralstein, Cissner, et al., 2003).

Drug Courts take a rehabilitative approach to justice, which usually is applied to nonviolent addicted offenders. This approach includes some common components: intensive drug treatment, close supervision, and offender accountability. These components have been shown to be a cost-effective alternative to jail for nonviolent offenders and an effective way to reduce recidivism. Consequently, the number of Drug Courts in the United States has grown from 1 in 1989, to 12 in 1994, to more than 2,000 in 2008 (Huddleston, Marlowe and Casebolt, 2008).

DUI Courts

Based on the effectiveness of Drug Court models, Driving-Under-the-Influence (DUI) or Driving-While-Intoxicated (DWI) Courts are designed to provide constant supervision to offenders by judges and other court officials who closely administer and monitor compliance with court-ordered sanctions coupled with treatment. DWI/DUI Courts generally involve frequent interaction of the offender with the DUI Court judge, intensive supervision by probation officers, intensive treatment, random alcohol and other drug testing, community service, lifestyle changes, positive reinforcement for successful performance in the program, and jail time for noncompliance. Where DUI courts have been established, most nonviolent DUI offenders who have had two or more prior DUI convictions are assigned to DUI Court.
At the end of 2003, there were approximately 70 DUI Courts and 1,200 Drug Courts operating in the United States. By the end of 2007, there were an estimated 400 DUI Courts and 2,000 Drug Courts overall (Huddleston, Marlowe and Casebolt, 2008). One report on a DUI Court in New Mexico indicated that recidivism was reduced by more than 50 percent for offenders completing the DUI Court compared to similar offenders not assigned to the DUI Court (Guerin and Pitts, 2002). Those results, however, were preliminary and did not include statistical tests. One study of a DUI Court in Los Angeles County, California, found very few differences in outcome measures observed between DUI Court participants and those assigned to traditional court (MacDonald, Morral, Raymond, et al., 2007). On the other hand, in a study of three DUI Courts in Michigan, only 7.7 percent of the DUI Court participants were re-arrested after 2 years compared to 24 percent of the offenders in traditional Michigan repeat offender programs (Fuller, Carey and Kissick, 2007).

Clearly, States working to decrease their alcohol-related crashes must address the issue of multiple offenders. Some information exists regarding the recidivism rates of people convicted of DUI. For example, data from the State of Michigan, which maintains a 10-year record of DUI convictions in its drivers file, indicate that 38 percent of first-time offenders commit a second offense (Michigan Office of Public Safety, 1998). In other words, approximately two-thirds of first-time DUI offenders do not commit or are not apprehended for a subsequent offense. Unfortunately, it is difficult to determine what portions of this “success” are attributable to court actions, to spontaneous behavior changes that would have occurred independent of the arrest and conviction for DUI, or to the low probability of being apprehended (Voas and Fisher, 2001). One way to address chronic impaired driving is through the DUI/DWI Court concept.

Overview of Georgia’s DUI Courts

In 2003, the Georgia Governor’s Office of Highway Safety (GOHS) awarded a Federal grant, with funding from the National Highway Traffic Safety Administration (NHTSA) to the Georgia Administrative Office of the Courts (GAOC) to establish three specialized DUI Courts to treat and manage cases of offenders convicted of driving under the influence of alcohol on multiple occasions. Each DUI Court established under the grant consists of a judge, a DUI Court coordinator, and a case management clerk. A DUI Court program manager coordinates grant activities from the GOAC in Atlanta. All three DUI Courts (Hall County/Gainesville, Clarke County/Athens, and Chatham County/Savannah) operate independently while following a uniform process coordinated by the GAOC.

The DUI Court strategy uses the authority of the justice system to persuade offenders to control their drinking via a sanction/incentive process. The offenders are under daily supervision and participate in weekly treatment groups, random drug and alcohol screening, self-help groups such as Alcoholics Anonymous with a 12-step program, DUI School, and meeting with probation officers and court personnel. Typically, the Georgia DUI Courts used five program phases: Phase 1 was the orientation and assessment; Phase 2 was an extended assessment; Phase 3 was active treatment; Phase 4 was relapse prevention; and Phase 5 was a continuum of care. The supervising team (treatment providers, probation officials, and court personnel) meet regularly to discuss the progress of individuals in the group and to devise consistent plans for the offender. Every 2 weeks, the group of offenders appears in court before a judge, at which time they are either commended for their hard work or given sanctions for noncompliance.

A relatively new computer application provides an efficient method for managing and “tracking” offender involvement and progress in the intervention and treatment process. The program contains offender information, and various program service providers enter data on an ongoing basis on offender progress, attendance, and drug screenings. The DUI Court and computer system provide an avenue for closely monitoring each offender in the program, guiding the offender through the entire process.

METHODS

An outcome or impact evaluation, using a matched comparison design, was initiated when enough court participants graduated and longitudinal data became available to determine the effectiveness of the DUI Courts in reducing recidivism. The basic design of the impact evaluation was to collect and compare information on three groups: DUI Court offenders (N~600), a retrospective group of similar DUI offenders who were arrested for DUI and sanctioned in the same counties before the DUI Courts were established (N~300), and a contemporary group of offenders who fit the criteria of the DUI Court offenders but were arrested and sanctioned in demographically matched Georgia counties that do not have DUI Courts (N~400).
The sample used for the Treatment/Intervention Group contained 363 offenders who completed (graduated from) the DUI Court program combined with 259 offenders who started in the DUI Courts but were terminated (Intent to Treat Group): 294 from Chatham County, 158 from Clarke County, and 170 from Hall County. All of these offenders had at least one prior DUI (or similar alcohol-related offense) before their index offense, with the exception of a small number of ostensibly “first offenders” who were apparently assigned into the program due to other aggravating circumstances (such as prior drug offenses, a high arrest BAC, or involvement in a DUI crash causing serious injury). The Intent to Treat Group was compared to two other groups of offenders:

1. the Contemporary Comparison Group (in different, but “matched” counties);
2. the Retrospective Comparison Group (same counties as the Intervention cases, but in years before the DUI Court).

In terms of prior offenses, half (50%) of the Intent to Treat Group offenders had just a single prior DUI on their record (those few anomalous “first offenders” [sic] in the program due to aggravating circumstances were classified with those having a prior offense); slightly less than one-fourth (24%) had two priors, with the remaining fourth (26%) having three or more priors (see Table 1). In terms of the most egregious offenders, 30% of the Contemporary Comparison offenders, 25% of the Retrospective Comparison offenders and 24% of the Terminated offenders had 3 or more prior DUI convictions on their records.

Two of the offender groups (Intent to Treat; Retrospective) involved the same three counties (Chatham, Clarke, and Hall); the Contemporary Comparisons used three other counties that were chosen to match each of the Intervention Counties as closely as possible, and the county stratification nested within group were paired with their matching counties. The counties from which the Contemporary Comparison Group was sampled were selected so as to be matched to the Intervention counties’ demographics and socioeconomics. These were Bibb County (for Chatham), Bulloch County (for Clarke), and Whitfield County (for Hall). For each of these comparison counties, 150 DUI offenders were selected via stratified random sampling methods, from the population of all those having committed a repeat (second or more) DUI within the equivalent period (2003-2007). These random selections were made within cells defined by key strata (namely, gender, age group, and number of prior DUI convictions) such that the composition of this comparison group would be essentially identical to the Intent to Treat offenders in terms of their distribution on these three stratifying variables. The age, gender and prior DUI convictions are factors known from previous research to be predictive of alcohol-involved offenses (Jones and Lacey, 2000; NHTSA/NIAAA, 2006). Thus, the distribution of prior offenders for the Contemporary Comparison Group was essentially similar to that for the Intent to Treat Group.

In addition to the Contemporary Comparison offenders, DUI offenders from the DUI Court counties who would have been eligible for the DUI Court program but who had offended in earlier years before the DUI Court program began, were selected as a Retrospective Comparison Group. As with the Contemporary Comparison Group, this group was selected so that they had a similar distribution of prior DUI convictions as the Intent to Treat Group.

There were those offenders who were assigned to the DUI Court program but were terminated. Overall, the Terminated offenders had a similar distribution of prior DUI convictions as the DUI Court Graduates and the other two comparison groups. These offenders were terminated by the DUI Court for non-compliance with court requirements or left for some other good reason (e.g. mental health issue; died; moved away; entered the military). No offenders were allowed to “drop out.” DUI Court in Georgia is a condition of probation, and the offenders assigned to it either complete the program, are terminated for cause, or leave for other reasons as stated above.

For the main impact analyses, the Terminated Group of offenders were pooled with the DUI Court graduates to assess the general programmatic effect (i.e., the efficacy of assigning offenders to the intervention [DUI Court]), regardless of whether they completed all the requirements. This combined group is referred to as the “Intent to Treat Group.”

By agreement with the State of Georgia, the data for DUI convictions and some other alcohol-related criminal convictions were obtained from the Georgia Criminal History Record Information (CHRI) file by a private consulting group (Applied Research Services, Inc.) who has a contractual relationship with the State of Georgia and a security clearance to perform analytic services on their data. With the joint collaboration of that consulting group and the State, a processed data file was obtained from the consulting group according to specifications (the stratified
random sampling for the comparisons, as already described earlier), groupings of offense types, variable selection, and data file structure appropriate for these analytic methods. The CHRI file was considered current through June 30, 2007 (the latest date recorded for any type of offense).

The recidivism data for all these offenders were analyzed using survival analyses, namely Cox Regression models and Kaplan-Meier models, both of which account for varying exposure periods and quickness to recidivate (Kaplan and Meier, 1958; Cox, 1972; Cox and Oakes, 1984). These methods calculate hazard functions over exposure time, relative to the number of subjects still “exposed” (or, for whom risk of recidivism can be measured) at any given time point. It is important to note that survival analyses calculates recidivism per unit time of exposure, thereby rendering the comparisons made to be equivalent even if they had different exposure times. “Any recidivism” was selected after the index arrest date occurring within the relevant time that would qualify one for the DUI Court. The term “any recidivism” here includes DUls and other alcohol-related offenses, as well as habitual offender or vehicle causing injury—offenses that often involve alcohol whether a DUI is charged or not, and may even be charged by police instead of DUls for more serious offenses. More specifically, the following offenses were used:

- Explicit DUls
- Other Alcohol Offenses (Ignition Interlock Violation; Serious Injury by Vehicle; Firearm Discharge while DUI; Zero Tolerance Violation if under age 21, etc.)
- Habitual Violator which usually was a DUI offender
- Vehicle Causing Injury (very few cases; almost all were redundant with DUI dates similar to the Habitual Offender)

The Criminal History Record Information file did not contain administrative license revocation (ALR) or BAC refusal violations, so if an offender was not charged with DUI or some other alcohol offense along with these charges, these were not detected. Although more than three-fourths of all Intent to Treat and Comparison offenders still had measurable exposure, more than 3 years beyond their index offense, the attrition of offenders to censoring (i.e., not having further exposure) had the Intent to Treat Group down to less than 30 percent of its original number of offenders (roughly half of the two comparison groups still had exposure beyond 4 years). For these reasons, the decision was made to censor all groups beyond five years, and even at that, the statistical estimates of risk (and the computed rates of recidivism) are probably most reliable up through about 4 years of exposure risk.

For those who recidivated more than once, all their repeat offenses were counted as separate recidivism events. Although this differs slightly from the traditional application of survival models (in which a person can experience no more than a single terminal event, producing estimates of proportions of exposed persons recidivating), this counting of multiple re-offenses by the same person produces a more appropriate “incidence rate” as produced by the entire group. (Note: The more typical “single-recidivism” analyses were also performed, which produced results that were substantively identical to the multiple-recidivism analyses reported herein, in terms of the relative effect sizes and statistical significance among the predictor variables.)

In addition to the DUI Court Intervention effect (versus Comparison groups), other potential predictor variables available to use as covariates in the survival models included Age, Gender, Race/Ethnicity, and Prior DUI Offenses. These potential predictors were selected for inclusion in the Cox Regression models using a forward conditional method, in which the criterion for entry was a 2-tailed probability value of \( p < .10 \) (predictors selected in earlier steps that became nonsignificant due to collinearity with new predictors were backward eliminated, using the same criterion). County was used as a stratifying variable, partitioning contrasts among groups explicitly within County stratum, with baseline hazard rates calculated separately within each County grouping.

RESULTS
The design for the impact evaluation of Georgia’s DUI Courts is summarized in Table 2.

Outcomes
Using Cox Regression models, the DUI Court program showed a significant improvement of 38.2 percent lower recidivism than the Contemporary Comparisons (a 15% recidivism rate at four years for the Intent to Treat offenders (combined DUI Court Graduates and Terminated), as opposed to a 24 percent recidivism rate at 4 years for the Contemporary offenders; Wald statistic = 11.10, \( p < .001 \), and 65.0 percent lower recidivism than the Retrospective Comparisons (15% versus 36%; Wald
statistic = 53.84, p<.001). The recidivism rates for these contrasts, pooled across county, are shown in Figure 1.

![Figure 1. Overall DUI Court Program (Graduates as Terminated) Recidivism Rates](image)

These “gross programmatic” effects varied by county; whereas the Intent to Treat Group had substantially less recidivism than both Comparison Groups for the Chatham County assignees (p<.01 for both Comparison Group contrasts) as well as for Hall County assignees (p<.001 for both contrasts), the combined program assignees in Clarke County were not significantly different from Contemporary Comparisons (p=.35) in Bulloch County (its matched county) nor from the Retrospective Comparisons in the same (Clarke) County (p=.34).

The differences observed are strongly supportive of a marked DUI Court program benefit, extending through at least four years beyond the index event. Interestingly, the Terminated group tended to have very similar recidivism rates as the Contemporary Comparisons, which lends support to the assumption of comparability to comparison counties selected, as well as to the matched stratified random samples within these counties.

The DUI Court Graduate Group had a 63.5 percent lower recidivism (per same equivalent exposure) than the Contemporary Comparison Group; 79.3 percent lower recidivism than the Retrospective Comparison Group; and 65.1 percent lower recidivism than the Terminated Group. All of these contrasts were statistically significant differences, well below the p<.001 level. (Wald statistics are 25.0, 61.7, and 22.2, respectively, each with 1 df.) The recidivism risk curves, pooled across counties (and adjusting for the effects of Age and Prior DUIs) are shown in Figure 2. After four years of exposure, the DUI Court Graduate Group had displayed a recidivism rate of approximately 9 percent, compared to almost 24 percent for the Contemporary Comparison Group, 35 percent for the Retrospective Comparison Group and 26 percent for the Terminated Group. Figure 3 shows the recidivism rates by year for each of the four groups of offenders. After two years, for example, the recidivism rate for the DUI Court graduates was 3 percent compared to 13 percent for the Contemporary Group, 24 percent for the Retrospective Group and 11 percent for the Terminated Group. (These rates adjust for the effects of other predictors of recidivism, as discussed hereinafter.)

![Figure 2. Recidivism Rate for DUI and Other Alcohol Offenses Pooled Across Counties](image)

![Figure 3. Percentage of Offenders Recidivating per Exposure Year](image)

The term “any recidivism” here includes DUls and other alcohol-related offenses, as well as habitual offender or vehicle causing injury—offenses that often involve alcohol whether a DUI is charged or not, and may even be charged by police instead of DUls for more serious offenses.
These effect sizes for each of the Group contrasts remain roughly the same—or are even greater—when specific DUI recidivism only, without considering the other “secondary alcohol” offense types (such as Ignition Interlock violations, Habitual Violator, Zero Tolerance) as recidivism, was analyzed. The DUI graduates (Treatment/Intervention Group) had a 8 percent recidivism rate considering DUI only compared to 21 percent for the Contemporary offenders, 36 percent for the Retrospective offenders and 21 percent for the Terminated offenders (see Figure 4).

Figure 4. Recidivism for DUI Offenses Only Pooled Across Counties

To guard against potentially spurious findings from county effects contaminating the Group contrasts, in addition to modeling county as a proportional factor (an assumption that Cox Regression makes for all predictors), analyses were conducted using “county” as a stratum in the model, estimating three separate baseline hazard functions (one per county), so that the testing of all predictors would control for this “county” effect, by making contrasts explicitly nested within each county. It is worth noting that whether modeling county as a proportional factor or as a stratum, the results for the significant predictors (Group, Prior DUIs, Age) remained almost identical.

Figure 5. Chatham County Recidivism Rates

Counties

Overall differences among the offenders in the three DUI Court counties were statistically significant (overall effect: Wald=10.03, df=2; \( p=.007 \)), accounting for a substantial amount of variation in recidivism likelihood. However, closer examination revealed that these county differences were primarily due to interactions with Group; there were substantial differences between counties for the Retrospective Comparisons (\( p<.001; \ p=.004; \ p=.085 \)) as can be seen in Figures 5 through 7. For these Retrospective Comparisons, Chatham County showed 48 percent recidivism within 4 years (Figure 5), Hall County showed 31 percent recidivism (Figure 6), and Clarke County showed only 23 percent (Figure 7). But for the pairwise contrasts between counties, there were no differences for the DUI Court Graduates (\( p=.66; \ p=.37; \ p=.23 \)), for which the four year recidivism rates were 10 percent for Chatham, 11 percent for Clarke, and 7 percent for Hall. Likewise, the differences for the Contemporary Comparisons (Bibb, Bulloch, and Whitfield counties) were not significant either (\( p=.23; \ p=.98; \ p=.20 \)).

Figure 6. Hall County Recidivism Rates
Repeat DUI Arrests Prevented

Using the four-year recidivism rates from the survival analyses, pooled across all counties and adjusting for significant predictors (prior DUI offenses and age), our best prediction for the amount of recidivism that would have hypothetically occurred among the treatment group (had there been no program intervention) was derived from the rates actually observed for the comparison groups. The number of additional re-arrests that would have been necessary to raise the Intent to Treat Group’s rate to that of the comparison groups becomes the estimate for the number of re-arrests prevented. Note that this assumes the same amount of total exposure for the Intent to Treat Group (in person-months of post-index exposure) during that (up to) 4-year period, and that the arrests prevented would have occurred proportionally across time, raising the Intent to Treat Group’s survival curve by a constant multiplier.

The “prevented” number (and the recidivism rate from which such a number is derived from) could be computed either from the re-arrest rates (and actual incident counts) pertaining to the DUI Court Graduates alone, or based on the “programmatic effect” that combines the Terminated subjects with the Graduates (Intent to Treat Group). Additionally, the predicted level could be defined as either of the two comparison groups: Contemporary Comparisons (matched counties) or Retrospective Comparisons (same counties).

If the amount “prevented” is defined as being the gap between DUI Court Program offenders’ recidivism rate versus their Contemporary Comparison cohorts’ recidivism rate (i.e., this latter rate being the prediction for “would have been” for the Graduates), then there were between 46.8 and 49.4 repeat DUI arrests prevented for the Intent to Treat Group, and the Graduates only group, respectively.

If, however, the Retrospective Comparisons’ rate is used as the prediction for what would have occurred for the Program subjects, then there were between 88.7 and 112.3 repeat DUI arrests prevented for the Intent to Treat Group, and the Graduates only group, respectively. So in conclusion, it is estimated that the three DUI Courts in Georgia prevented between 47 and 112 new DUI arrests. This range depends on whether one uses the Intent to Treat Group or the Graduates only Group, saving the State of Georgia costs that would have been otherwise incurred for jail confinement, treatment, probation and societal costs due to any crashes these offenders would have been involved in.

Predictors of Recidivism

The other factors that might be expected to contribute to the likelihood to recidivate—namely, age, gender, race/ethnicity, and number of prior DUI offenses—were also examined to ensure that the group effect found was not an artifact of some other factor on which the groups might have been differently composed—although it was already known that the two comparison groups had been composed via stratified random sampling to match the Intervention group on these factors. (Differences among counties were also examined; this effect is discussed separately herein.)

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

Age: After adjusting for the higher likelihood of recidivism due to prior DUIs, the youngest offenders (aged 18 to 25) were the most likely to recidivate; those from ages 25-34 were only about 85 percent as likely to recidivate (relative to the under age 25 offenders), and those over age 40 were only 70 percent as likely to recidivate. Thus, older offenders decrease in their recidivism risk by approximately 1.9 percent per each year older, although this relationship is curvilinear, and is higher in the younger age ranges (the decrease in recidivism is 5% per year for offenders under age 21), and diminishes at older age ranges (e.g., decreases by only 1% per year for those...
over age 40). The Wald statistic for the Age parameter is 6.8; \( p = .009 \).

**Prior DUI Convictions**: Prior DUIs was the most potent predictor of recidivism, with each additional prior making the offender approximately 28 percent more likely to recidivate (although, like age, this marginal increase per prior is a curvilinear relationship; i.e., the effect for a third-offender versus a second-offender is much larger than the difference between a seventh-offender versus a sixth-offender). The Wald statistic for Prior DUIs is 25.2; \( p < .001 \). Taken as a whole, those with four to six prior DUIs had about twice the recidivism on average than those with just one prior DUI. Those offenders with seven or more prior DUIs (\( N = 32 \) in this study) were about three times as likely to recidivate as those with one prior DUI.

Notably, after accounting for the effects of age and priors, neither sex \( (p = .89) \) nor race/ethnicity \( (p = .34) \) was significant. See Table 3.

Note from Table 3 that the effects (coefficients and significance levels) of the other predictors – Prior DUIs and Age – remain virtually identical as in the previous analyses that modeled four Groups. Note also that Gender \( (p = .90) \) and Race/Ethnicity \( (p = .57) \) again remained unpredictive of recidivism.

There was a subgroup of offenders who were in the program despite not having a prior DUI listed on their record. According to officials in Georgia involved with this program, this group was likely to have been referred to the DUI courts due to one or more of the following: (1) the single index offense being an aggravated level (e.g., very high arrest BAC; causing serious injury; refusals); (2) having a prior drug offense; or (3) having other alcohol-problem background or diagnostic indicators of having severe alcohol problem. Thus, though they were technically first time DUI offenders (by driving record status), they were almost certainly not representative of the population of first-time offenders, having been specially pulled out of that pool and referred because of their special “aggravated” circumstances. As might be expected, this subgroup of anomalous “zero prior” offenders, or the “aggravated/special offenders,” were not at a lower risk of offending than those with just the single requisite prior. They were almost 40 percent more likely to recidivate than those “normal second offenders” having a single prior (Wald = 3.00; \( p = .083 \)). This marginal result approaching significance disappears if only one recidivism event is counted per offender; this is because those in this special group who did recidivate, tended to do so more frequently (i.e., more than once) than other recidivaters.

**DISCUSSION**

Significant and substantial reductions in recidivism for repeat DUI offenders have been achieved via the Georgia DUI Court programs. When the terminated offenders are combined with the DUI Court graduates (Intent to Treat), significantly lower recidivism rates were evident (on the order of 38% to 65% lower recidivism compared to the offenders in traditional programs) when all three Courts are combined. When each DUI Court was analyzed individually, these findings held up except for Clarke County. It appears that the major reason there was no statistical difference in recidivism between all the groups in Clarke County was the relatively low recidivism rates for the Contemporary offenders and the Retrospective offenders (compared to the other two counties). The DUI Court Graduates recidivism rate in Clarke County was only 11 percent after 4 years, certainly comparable to the 10 percent rate in Chatham but somewhat higher than the 7 percent rate in Hall. The three DUI Courts did not appear to use substantially different approaches to their offenders which might account for this difference. For the Intent to Treat offenders (Graduates plus Terminated) the other two Courts showed a recidivism rate of 15 percent while Clarke showed a rate of 16 percent. However, in Clarke, the recidivism rate for the Contemporary offenders was only 19 percent and the Retrospective offenders only showed a 23 percent rate. In Chatham and Hall, the Contemporary and Retrospective offender recidivism rates were substantially higher: Contemporary Group (Hall 24%; Chatham 27%); Retrospective Group (Hall 31%; Chatham 48%). It was not clear why the different recidivism rates occurred.

The overall finding from this analysis greatly supported the DUI Court concept for reducing recidivism. As Figure 8 shows, these reductions in recidivism rates ranged from 38 percent to 79 percent depending upon the comparison group used. The DUI Court program prevented between 47 and 112 repeat DUI arrests over the four year period analyzed for a substantial cost savings to the State in terms of jail confinement, treatment and probation.
Figure 8. Reduction in Recidivism Rates

The clinical assessment of each offender, the period under treatment, the frequent monitoring, the partnerships with other agencies, and the leadership of the judges all appeared to play a role in these outcomes. DUI Courts, using DUI statutory conviction requirements as the structure of the program, bring together the various professionals needed to ensure a thorough clinical evaluation, treatment assessments, probation monitoring, and offender adjudication. The coordination between these professionals provides the mechanism for close oversight by the judge of both the offenders and the service providers.

A full 92.6% of the recidivism events were explicitly for DUI. The remaining 7.4% were other alcohol driving violations. Information on “BAC Test Refusals” is usually a potent predictor of future risk, however, we were not provided with access to this information. We were only allowed access to the criminal history records. Presumably, the proportion of BAC test refusers “in the mix” in each group of offenders would likely be similar in the comparison counties and in treatment counties, as well as in the same treatment counties retrospectively. However, the inability to verify this group comparability on refusers, as well as account for this as a within-group factor, is a limitation of this study that should be kept in mind. The average exposure times of the various groups of offenders were as follows: DUI Court Graduates – 3.73 years with 99.5% having at least 2 years and 84.3% with at least 3 years; Contemporary Comparisons – 4.19 years with 100% having at least 2 years and 87.6% having at least three years; DUI Court Terminated – 3.33 years with 91.1% having at least 2 years and 58.7% having at least 3 years.

One significant obstacle to the successful implementation of the DUI Courts in Georgia is the high financial cost of the program for offenders. Many offenders have very low incomes. Providing DUI Court only for persons who can afford the program is antithetical to the American concept of equal treatment under the law. Local funding for the courts to obtain self-sufficiency after grant funding ends is needed. All three DUI Courts continue to operate successfully supported by participant fees, fundraising, local government appropriations and state grant funding. The National Drug Court Institute (Reilly and Pierre-Lawson, 2008) recommends that DUI Court officials seek funding from the following sources to ensure sustainability in the future:

- Legislation and Appropriations
- Court Assessments and Fee Systems
- Interagency Agreements
- Medicaid and Managed Care
- Funding from Counties and Municipalities
- Community Partnerships
- Nonprofit Organizations
- Fundraising

Based upon this study, DUI Courts in Georgia have the potential to reduce DUI recidivism and the societal costs associated with the harm caused by repeat DUI offenders.

CONCLUSION

It appears that the DUI Courts in Georgia worked as intended and were effective in reducing the recidivism of these repeat DUI offenders compared to traditional programs in Georgia. It is estimated that the DUI Courts prevented between 47 and 112 arrests for repeat DUI over the four year period of analysis. Unfortunately, costs associated with the operation of these DUI courts could not be obtained, nor could the cost savings of these DUI courts be estimated. Neither could costs associated with more traditional courts that deal with DUI offenders be obtained, nor could any estimated cost savings due to these operations be estimated for comparison purposes. This rendered a comprehensive cost-benefit analysis impossible to conduct in this study.

ACKNOWLEDGMENTS

This research was sponsored by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, in Washington, DC, under contract number DTNH22-02-D-95121.
The opinions expressed in this article are those of the authors and not necessarily those of NHTSA.

We express our appreciation to the following project officials and coordinators for their frequent and helpful assistance and for providing key information and data for this evaluation: Debra Nesbit, Project Director, Deputy Director, Administrative Office of the Courts of Georgia, Judicial Council of Georgia; Jane Martin, Program Manager, Associate Director for Children, Families and the Courts, Administrative Office of the Courts of Georgia, Judicial Council of Georgia; Spencer Moore, Deputy Director, Georgia Governor’s Office of Highway Safety, the Governor’s Highway Safety Representative; Fred Marsteller, Ph.D., Statistician, Administrative Office of the Courts Consultant.

Clarke County: Judge Kent Lawrence, State Court of Clarke County; Adrienne Bowen, DUI/Drug Court Coordinator, State Court of Clarke County; Beth Boatman, Athens-Clarke County DUI Court Treatment Coordinator.

Hall County: Judge Charles S. Wynne, State Court of Hall County; Larry A. Baldwin II, Solicitor-General; Michael L. Devine, DUI/Drug Court Program Director; Debbie Mott, DUI/Drug Court Program Assistant Director.

Chatham County: Judge H. Gregory Fowler,, State Court of Chatham County; David A. Wood, DUI/Drug Court Director; Carlton W. Blair Jr., Clerk of Court/Court Administrator.

We also used the following paid consultants for data acquisition and data processing:

Consultants: Carol P. Cotton, Ph.D., University of Georgia; Tammy Meredith, Ph.D., Applied Research Services, Inc., Atlanta, Georgia.

REFERENCES


Portland, OR: NPC Research; October, 2007.


### Table 1. Composition of Study Groups by County and Prior DUI Offenses

<table>
<thead>
<tr>
<th>GROUP: DUI Court Program Status</th>
<th>County</th>
<th>Chatham (Bibb)</th>
<th>Clarke (Bulloch)</th>
<th>Hall (Whitfield)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemporary Comparisons (different counties)</td>
<td>Priors 1</td>
<td>61</td>
<td>59</td>
<td>71</td>
<td>191</td>
</tr>
<tr>
<td></td>
<td>Priors 2</td>
<td>39</td>
<td>40</td>
<td>43</td>
<td>122</td>
</tr>
<tr>
<td></td>
<td>Priors 3</td>
<td>50</td>
<td>51</td>
<td>36</td>
<td>137</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>450</td>
</tr>
<tr>
<td>Retrospective Comparisons (same counties)</td>
<td>Priors 1</td>
<td>44</td>
<td>38</td>
<td>54</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Priors 2</td>
<td>20</td>
<td>20</td>
<td>27</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Priors 3</td>
<td>25</td>
<td>19</td>
<td>23</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>89</td>
<td>77</td>
<td>104</td>
<td>270</td>
</tr>
<tr>
<td>Treatment/Intervention (Graduated)</td>
<td>Priors 1</td>
<td>64</td>
<td>35</td>
<td>72</td>
<td>171</td>
</tr>
<tr>
<td></td>
<td>Priors 2</td>
<td>39</td>
<td>27</td>
<td>29</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Priors 3</td>
<td>48</td>
<td>24</td>
<td>25</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>151</td>
<td>86</td>
<td>126</td>
<td>363</td>
</tr>
<tr>
<td>Treatment Assigned – Terminated</td>
<td>Priors 1</td>
<td>78</td>
<td>40</td>
<td>25</td>
<td>143</td>
</tr>
<tr>
<td></td>
<td>Priors 2</td>
<td>29</td>
<td>16</td>
<td>9</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Priors 3</td>
<td>36</td>
<td>16</td>
<td>10</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>143</td>
<td>72</td>
<td>44</td>
<td>259</td>
</tr>
</tbody>
</table>

### Table 2. Georgia DUI Court Evaluation Project Design

<table>
<thead>
<tr>
<th>DUI Court</th>
<th>Retrospective Comparison Group</th>
<th>Contemporary Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders in Chatham, Clarke, and Hall counties, sentenced to DUI Court since its beginning in early 2003 through December 2006</td>
<td>From same three counties as DUI Court. Arrested between July 2000 and June 2002, meeting same requirements as DUI Court group. Sentenced to DUI Risk Reduction and Multiple Offender Program.</td>
<td>From three matched comparison counties. Arrested for DUI in same timeframe as the DUI Court group and meeting same requirements as DUI Court group. Randomly selected. Were sentenced to attend the DUI Risk Reduction and Multiple Offender Program.</td>
</tr>
<tr>
<td>N=363 graduates: 151 from Chatham 86 from Clarke 126 from Hall</td>
<td>N=270 offenders: 89 from Chatham 77 from Clarke 104 from Hall</td>
<td>N=450 offenders: 150 from Bibb (Chatham) 150 from Bulloch (Clarke) 150 from Whitfield (Hall)</td>
</tr>
</tbody>
</table>
Table 3. Predictors of Recidivism

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>se(B)</th>
<th>Wald</th>
<th>df</th>
<th>signif</th>
<th>Exp(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong> (centered log function)</td>
<td>-0.2680</td>
<td>0.1025</td>
<td>6.84</td>
<td>1</td>
<td>.009</td>
<td>0.765</td>
</tr>
<tr>
<td><strong>Priors</strong> (sqrt transform function)</td>
<td>0.6001</td>
<td>0.1196</td>
<td>25.18</td>
<td>1</td>
<td>.000</td>
<td>1.822</td>
</tr>
<tr>
<td>[increased likelihood, relative to 1 prior]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 priors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.2%</td>
</tr>
<tr>
<td>3 priors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55.2%</td>
</tr>
<tr>
<td>4 priors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>82.2%</td>
</tr>
<tr>
<td>5 priors</td>
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<td></td>
<td></td>
<td></td>
<td>110.0%</td>
</tr>
<tr>
<td>6 priors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>138.7%</td>
</tr>
<tr>
<td>7 priors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>168.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variables not in the Equation</th>
<th>Wald</th>
<th>df</th>
<th>signif</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>0.00205</td>
<td>1</td>
<td>.964</td>
</tr>
<tr>
<td>Race</td>
<td>2.21119</td>
<td>3</td>
<td>.530</td>
</tr>
<tr>
<td>Aggrav-DUI/high-BAC/drug</td>
<td>0.79332</td>
<td>1</td>
<td>.373</td>
</tr>
</tbody>
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