

NLWJC - Kagan

DPC - Box 009 - Folder 001

Crime - Alcohol Issues

9/27

Eddie/Karina W. - Policy issues: Alcohol/Crime

Alcohol/crime - action items

Symposium last yr on subject

areas of interest: viol. crime

viol. agt w.

crime in ind country

recs developed out of this (interagency)

1. why sp. on alc + crime w/ specific focuses.

missouri 1st - have to ID what partic focus should be:

e.g. ... Jan viol, home viol, Indian country, youth crime

Eddie co-chair // Laurie Robinson co-chair

written letter to heads of other lab agencies

laying out basic data on alcohol + crime

HHS: Ann Roswater

Ripley Fisher (fatcher)

Want to work positively w/ industry, Mtg w/AG: OCT 30

Be clear w/ them: what it is we're doing / ask for

their cooperation

Dev. specific things to put on table for why SP.



Crime - alcohol issues

U.S. Department of Justice

Office of Policy Development

Washington, D.C. 20530

September 29, 1998

Elena Kagan
Jose Cerda
Domestic Policy Council
The White House
Washington D.C. 20502

Dear Elena and Jose,

Eleanor Acheson spoke with you yesterday about the Attorney General's intention to convene an interagency working group to address the interrelationship of alcohol and crime, and to invite alcoholic beverage industry representatives to meet with her to provide their input into these issues.

You requested that we provide you with copies of (1) the recommendations to the Office of Justice Programs resulting from the National Symposium on Alcohol Abuse and Crime, and (2) the Bureau of Justice Statistics' recent publication analyzing the prevalence of alcohol involvement in crime. Both of these documents are enclosed.

We will keep you informed as these efforts proceed. Please call me if you have any questions (514-7473).

Sincerely,

Katrina Weinig

Enclosures.



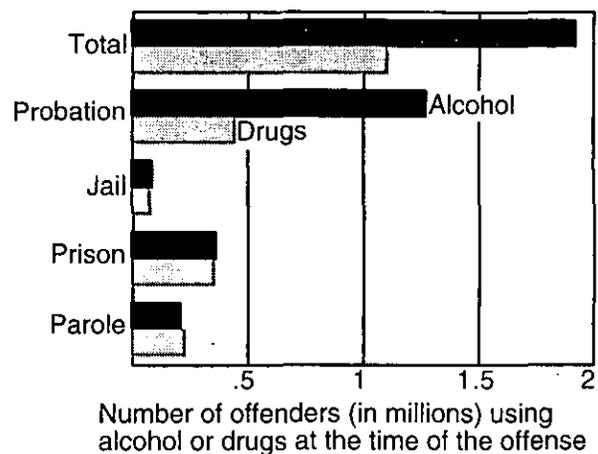
Bureau of Justice Statistics

Alcohol and Crime

An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime

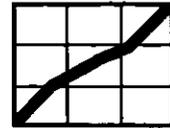
On an average day in 1996, corrections authorities supervised an estimated 5.3 million convicted offenders. Nearly 2 million (about 36%) had been drinking alcohol when they committed their conviction offense.

Criminal justice status



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Alcohol and Crime

An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime

Prepared for the Assistant Attorney General's
National Symposium on Alcohol Abuse and Crime

April 5-7, 1998
Washington, D.C.

By **Lawrence A. Greenfeld**
Statistician
Bureau of Justice Statistics

NCJ 168632

U.S. Department of Justice
Bureau of Justice Statistics

Jan M. Chaiken, Ph.D.
Director

This report was written by Lawrence A. Greenfeld, deputy director, Bureau of Justice Statistics. David Levin provided substantial assistance in the preparation and analysis of FARS data from the National Highway Traffic Safety Administration; he also verified the report's findings. Laura Maruschak provided assistance in the analysis of the 1996 Survey of Inmates in Local Jails. Cheryl Ringel verified the findings from the National Crime Victimization Survey. Tom Hester, Priscilla Middleton, Rhonda Keith, and Jayne Robinson designed and produced the report. Maureen Henneberg and Yvonne Boston reviewed the report. Marilyn Marbrook, assisted by Ms. Boston, prepared the report for printing.

Data analyzed for this report can be obtained from the National Archive of Criminal Justice Data 1-800-999-0690. Related reports, spreadsheets, graphs, and information, as well as the archive itself, can be accessed at the BJS Internet site:

<http://www.ojp.usdoj.gov/bjs/>

Foreword

The extensive and far-reaching impacts of alcohol abuse on crime and public safety are only now achieving widespread public policy attention.

This report was prepared to provide statistical information as background for the Assistant Attorney General's 1998 National Symposium on Alcohol Abuse and Crime, which will address many of these policy issues and discuss approaches that may help alleviate these problems.

Based on this compilation and new analysis of data on alcohol and crime, we know that nearly 4 in 10 violent victimizations involve use of alcohol, about 4 in 10 fatal motor vehicle accidents are alcohol-involved; and about 4 in 10 offenders, regardless of whether they are on probation, in local jail, or in State prison, self-report that they were using alcohol at the time of the offense.

There are, however, a number of positive indicators that alcohol-related crime is generally decreasing and that most of those in need of treatment are receiving it. Violence between current and former spouses, boyfriends, and girlfriends is especially likely to involve alcohol abuse, and all forms of violence against intimates, including homicide, have been declining in recent years. In addition, rates of arrest for DUI have declined by 24%

since 1990. During the last 10 years, the number of highway fatalities attributable to alcohol-related accidents has dropped by about 7,000 annually, a 29% decrease.

This report uses a wide variety of sources, including statistical series maintained by the Bureau of Justice Statistics (BJS), the Federal Bureau of Investigation, the National Highway Traffic Safety Administration, and the Bureau of Transportation Statistics. We are grateful for the cooperation of these agencies and also want to thank the many respondents to our surveys throughout the country.

We anticipate that more on the issue of alcohol and crime will be available in the near future as new data collections by BJS, including the 1997 Survey of Inmates of State and Federal Correctional Facilities, are analyzed. BJS has incorporated new questions into its surveys which will enable a more in-depth understanding of the alcohol use and abuse backgrounds of offenders and the nature of the treatment they receive while incarcerated.

Jan M. Chaiken, Ph.D.
Director, Bureau of Justice Statistics

Laurie Robinson
Assistant Attorney General
Office of Justice Programs

Highlights

This report provides the most comprehensive analysis of statistical data on alcohol and crime published to date by BJS.

Sources of information include the BJS National Crime Victimization Survey (NCVS), BJS self-report surveys of correctional populations, and the periodic BJS censuses of Federal, State, and local corrections facilities. In addition, arrest data from the FBI's Uniform Crime Reporting Program and the most recent data available from the FBI's National Incident-Based Reporting Program are used to supplement national survey data.

Finally, the report includes new analyses from the National Highway Traffic Safety Administration's Fatal Accident Reporting System (FARS), a database providing detail on more than 2.1 million fatal motor vehicle accidents that occurred over the last two decades. The study provides the first-ever estimates of the level of intoxication among drinking offenders at the time of the commission of the offense for which they had been convicted.

The role of alcohol in crime victimization

► About 3 million violent crimes occur each year in which victims perceive the offender to have been drinking at the time of the offense. Among those victims who provided information about the offender's use of alcohol, about 35% of the victimizations involved

an offender who had been drinking. About two-thirds of the alcohol-involved crimes were characterized as simple assaults.

► Two-thirds of victims who suffered violence by an intimate (a current or former spouse, boyfriend, or girlfriend) reported that alcohol had been a factor. Among spouse victims, 3 out of 4 incidents were reported to have involved an offender who had been drinking. By contrast, an estimated 31% of stranger victimizations where the victim could determine the absence or presence of alcohol were perceived to be alcohol-related.

► For about 1 in 5 violent victimizations involving perceived alcohol use by the offender, victims also reported they believed the offender to have been using drugs as well.

► Data for 1995 from the National Incident-Based Reporting System (NIBRS) of the FBI indicate that about half the incidents described by the investigating officer as alcohol-related were between offenders and victims who were intimates.

► NIBRS data show that about 7 out of 10 alcohol-involved incidents of violence occurred in a residence; the hour beginning at 11 p.m. was the most frequent time of occurrence; and about 2 in 10 incidents involved the use of a weapon other than hands, fists, or feet.

DUI/DWI: Arrests and fatal accidents

► In 1996, local law enforcement agencies nationwide made an estimated 1,467,300 arrests for driving under the influence (DUI). Arrests for DUI peaked in 1983 when there were 1.9 million arrests. Compared to 1983, the per capita rate of arrest for DUI in 1996 was 34% lower.

► Declines in DUI arrest rates have occurred for every age group. Of particular note is the decrease in DUI arrest rates for those under the age of 21 compared to their rates of DUI arrest in the early 1980's when States had not adopted a uniform drinking age. In 1980 persons between 16 and 20 years old accounted for 10% of licensed drivers but 15% of DUI arrestees. In 1996, this age group accounted for 7% of drivers and 8% of DUI arrestees.

► In 1996 there were 17,126 alcohol-related traffic fatalities accounting for 40.9% of all traffic fatalities during the year. This is a 29% reduction from the more than 24,000 fatalities recorded 10 years earlier when alcohol was involved in 52% of the fatalities.

► An estimated 32% of fatal accidents involved an intoxicated driver or pedestrian (the majority are drivers, however) with a blood alcohol concentration, or BAC, of at least 0.10 grams of alcohol per deciliter of blood, the most commonly used definition of intoxication.

► Over the last decade rates of intoxication in fatal accidents have declined across every age group. In 1986, there was about 1 driver involved in a

fatal accident in which he/she was intoxicated for every 10,500 drivers; in 1996, the rate translates into about 1 intoxicated driver in a fatal accident for every 17,200 licensed drivers.

► Among drinking drivers whose BAC at the time of the accident was known, 84% had a BAC of at least 0.08 g/dl and 78% had a BAC of 0.10 g/dl or higher.

► The average BAC among drinking drivers in fatal accidents was 0.16 g/dl. There was a strong relationship between average BAC among drinking drivers in fatal accidents and prior driving record — consistently, those with prior suspensions, invalid licenses, and prior driving while intoxicated (DWI) convictions reflected the highest BAC's at the time of the crash. Among drivers in fatal accidents who had at least two prior DWI convictions, the average BAC was 0.21 g/dl, the highest of any group.

Use of alcohol by convicted offenders

► Among the 5.3 million convicted offenders under the jurisdiction of corrections agencies in 1996, nearly 2 million, or about 36%, were estimated to have been drinking at the time of the offense. The vast majority, about 1.5 million, of these alcohol-involved offenders were sentenced to supervision in the community: 1.3 million on probation and more than 200,000 on parole.

► There was some variation in the percentage of offenders who had been using alcohol at the time of the offense across different correctional statuses:

40% of both jail inmates and probationers, 32% of State prisoners, and 29% of parolees.

► Alcohol use at the time of the offense was commonly found among those convicted of public-order crimes, a type of offense most highly represented among those on probation and in jail. Among violent offenders, 41% of probationers, 41% of those in local jails, 38% of those in State prisons, and 20% of those in Federal prisons were estimated to have been drinking when they committed the crime.

► Based upon self-reports of what offenders were drinking and for how

long, it is estimated that the average BAC level at the time of the crime was:

| | Probationers | Jail inmates | State prisoners |
|---------------|--------------|--------------|-----------------|
| All offenders | .16 | .19 | .27 |
| Violent | .18 | .20 | .28 |
| Property | .24 | .22 | .30 |
| Drugs | .14 | .15 | .19 |
| Public-order* | .14 | .19 | .23 |

*Includes offenses like driving while intoxicated, weapons offenses, and commercial vice.

► An estimated 62% of probationers drinking at the time of the offense and — among daily drinkers — 65% of convicted jail inmates and less than 50% of State prisoners reported ever participating in an alcohol treatment program.

Alcohol and health issues

• An analysis of alcohol dependence among trauma center patients found that the prevalence of alcoholism was substantially higher among vehicular crash victims and other trauma patients than among the equivalent general population group. More than half of trauma patients with a positive

BAC at the time of the trauma were diagnosed as alcoholics, and nearly 1 in 7 patients who were not drinking at the time of the trauma were diagnosed as alcohol-dependent.

Source: "Alcoholism at the Time of Injury Among Trauma Center Patients: Vehicular Crash Victims Compared with Other Patients," *Accident Analysis and Prevention*, Vol. 29, No. 6, 1997.

• Death rates from alcohol-induced causes have declined especially sharply among black males and females, but the rates among blacks are twice those among whites.

Rates per 100,000 persons, adjusted for age

| Year | All groups | Whites | | Blacks | |
|---------------------------|------------|--------|---------|--------|---------|
| | | Males | Females | Males | Females |
| 1980 | 8.4 | 10.8 | 3.5 | 32.4 | 10.6 |
| 1985 | 7.0 | 9.2 | 2.8 | 27.7 | 8.0 |
| 1990 | 7.2 | 9.9 | 2.8 | 26.6 | 7.7 |
| 1992 | 6.8 | 9.9 | 2.6 | 22.3 | 6.3 |
| 1993 | 6.7 | 9.7 | 2.7 | 21.3 | 5.5 |
| 1994 | 6.8 | 9.9 | 2.7 | 20.4 | 5.6 |
| Percent change 1980-94 | -19.0% | -8.3% | -22.9% | -37.0% | -47.2% |

Source: National Center for Health Statistics, *Monthly Vital Statistics Reports*.

Sources of data on alcohol and crime

National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is one of two statistical series maintained by the Department of Justice to learn about the extent to which crime is occurring. The NCVS, which gathers data on criminal victimization from a national sample of household respondents, provides annual estimates of crimes experienced by the public without regard to whether a law enforcement agency was called about the crime. Initiated in 1972, the NCVS was designed to complement what is known about crimes reported to local law enforcement agencies under the FBI's annual compilation known as the Uniform Crime Reporting Program (UCR).

The NCVS gathers information about crime and its consequences from a nationally representative sample of U.S. residents age 12 or older about any crimes they may have experienced. For personal contact crimes the survey determines who the perpetrator was.

In the latter half of the 1980's, the Bureau of Justice Statistics (BJS), together with the Committee on Law and Justice of the American Statistical Association, sought to improve the NCVS components to enhance the measurement of crimes including rape, sexual assault, and intimate and family violence. The new questions and revised procedures were phased in from January 1992 through June 1993 in half the sampled households. Since July 1993 the redesigned methods

have been used for the entire national sample. The NCVS asks victims of violence directly about their perceptions of alcohol and drug use by the offender.

Uniform Crime Reporting Program

The Uniform Crime Reporting Program (UCR) of the FBI provides another opportunity to examine the issue of alcohol-involved arrests. The summary-based component of the UCR, launched 70 years ago, gathers aggregate data on eight categories of crime from law enforcement agencies nationwide. While the summary UCR does provide detailed information on those arrested for driving while under the influence, it does not provide any information necessary to identify violent crimes or arrests involving alcohol. Such data are available, however, from the incident-based component of the UCR, the National Incident-Based Reporting Program (NIBRS).

National Incident-Based Reporting Program

NIBRS represents the next generation of crime data from law enforcement agencies. Rather than being restricted to a group of 8 Index crimes that the summary-based program uses, NIBRS obtains information on 57 types of crimes. The information collected on each violent crime incident includes victim-offender demographics, victim-offender relationship, time and place of occurrence, weapon use, and victim injuries. An important contribution of NIBRS is that investigating officers are asked to record their perception of whether alcohol was a factor in the

incident. As of the end of 1997, jurisdictions certified by the FBI as capable of reporting incident-based data in the required format account for just over 7% of the U.S. population (about 19 million Americans) and just over 6% of all Index crimes (murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts).

In those States with certified NIBRS systems, about 50% of the population is now covered by NIBRS reporting to the FBI. BJS is currently funding preliminary studies of NIBRS data and their utility for improving our knowledge of violence with special regard for such concerns as intimate violence, family violence, and domestic violence and the role alcohol may play in these kinds of police-reported incidents.

Surveys of probationers, jail and prison inmates

BJS also conducts national surveys of persons under probation supervision and those confined in local jails and State and Federal prisons. These nationally representative surveys are the principal source of information on those serving time following a conviction: their backgrounds, their prior criminal histories, and the circumstances surrounding the offense for which they had been incarcerated.

Both jail and prison surveys obtain from violent offenders details about the offender's relationship to the victim and how the crime was carried out. All three surveys incorporate detailed questions regarding alcohol

use and abuse both before the crime and at the time the crime was committed. In addition, a number of questions are devoted to treatment and the types of treatments received.

Censuses of prisons and jails

BJS carries out facility-level data collection among each of the 1,500 State and Federal prisons and the 3,300 local jails. These statistical series gather detailed information on the operations of each facility, including capacity, staffing, programs, court orders, and special functions or services provided to inmates. Facilities are queried about their treatment programs and the extent of inmate participation.

Fatal Accident Reporting System

Since 1975, the National Highway Traffic Safety Administration of the U.S. Department of Transportation has maintained the annual Fatal Accident Reporting System (FARS) which obtains accident-level data on each motor vehicle crash involving a fatality. FARS uses State agencies under contract to complete a standardized form on each fatal accident which covers weather and road conditions, vehicle type, number of passengers and fatalities, the manner of the crash, whether there was a drinking or drug-using driver involved, and specific measurement of blood alcohol concentration or BAC (grams of alcohol per deciliter of blood).

| | |
|---|------|
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Measuring the extent to which alcohol is involved in crime

Estimates from the National Crime Victimization Survey indicate that victims of about 3 million violent crimes each year, or about a quarter of all violent crimes, perceived the offenders to have been drinking. Among victims of violence who were certain that they could tell whether or not an offender had been drinking, about 35% of the violent victimizations were believed to have involved an assailant who had been drinking.

Household surveys reveal that alcohol use is common among most U.S. residents. An estimated 8 in 10 persons aged 12 or older has used alcohol at some time in their lives and half describe themselves as current users. Prevalence of use, however, is age-sensitive since all States have, since 1983, revised the legal age to a uniform 21 years old.

| Age | Alcohol use ¹ | |
|-------------|--------------------------|---------|
| | Ever | Current |
| 12 or older | 82% | 52% |
| 12-17 | 41 | 21 |
| 18-25 | 84 | 61 |
| 26-34 | 90 | 63 |
| 35 or older | 87 | 53 |

About 1 in 18 persons age 18 or older describe themselves as consuming two or more drinks per day² but

¹U.S. Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse*, annual. Data obtained from *Statistical Abstract of the United States 1997*, table 220, p. 144.

²National Center for Health Statistics, *Health Promotion and Disease Prevention: United States, 1990, Vital and Health Statistics*, Series 10, No. 185.

national estimates of annual per capita consumption of alcoholic beverages have dropped about 10% since 1990. Even with this decline, aggregate consumption translates into about one drink per day for every resident.

| | Per capita annual consumption of alcohol ³ | |
|-----------------|---|-----------|
| | 1990 | 1995 |
| Total (gallons) | 40.0 gal. | 35.9 gal. |
| Beer | 34.9 | 31.6 |
| Wine | 2.9 | 2.6 |
| Spirits | 2.2 | 1.8 |

In 1995 the Substance Abuse and Mental Health Services Administration conducted a survey of all known facilities providing alcoholism treatment in the United States. The survey revealed that there were nearly 800,000 clients receiving services who were considered to have an alcohol problem. Almost certainly the number of clients participating in such programs would represent a substantial underestimate of the size of the total population for whom alcohol abuse is a significant problem.

A variety of ways exist to estimate the extent to which alcohol may be a factor in crime. A significant caveat is that most alcohol consumption does not result in crime: the vast majority of those who consume alcohol do not engage in criminal behavior. However, since nonoffending behavior is not typically measured, there is little statistical information upon which to base any estimate of the likelihood of

³U.S. Department of Agriculture, Economic Research Service, *Food Consumption, Prices, and Expenditures, 1997: Annual Data, 1970-95*.

An annual average of nearly 3 million victims a year perceived the use of alcohol by the violent offenders who victimized them, 1992-95

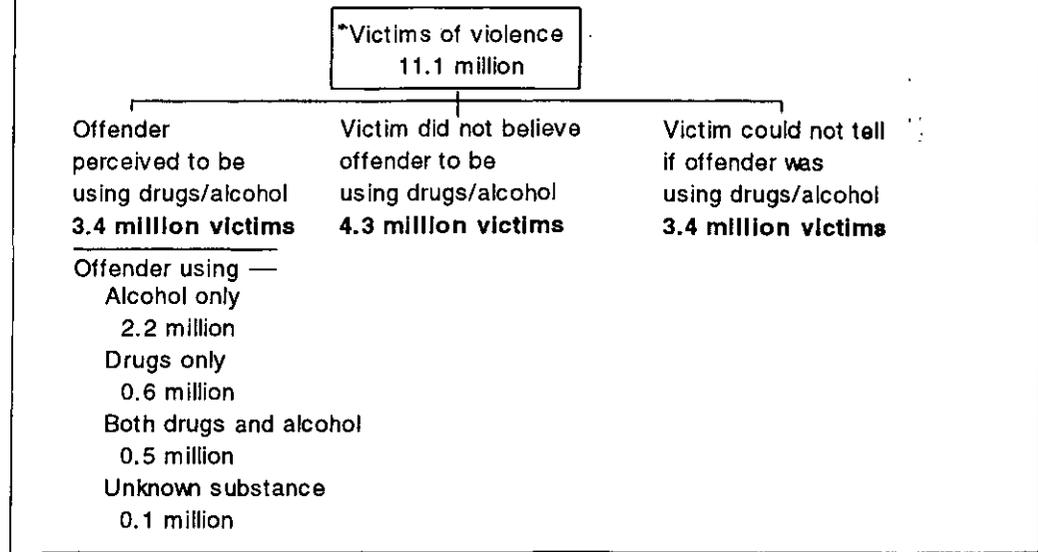


Figure 1

committing a criminal act when drinking or following a period of drinking.

In 1993 the National Research Council's Panel on the Understanding and Control of Violent Behavior (Albert J. Reiss and Jeffrey A. Roth, editors, *Understanding and Preventing Violence*, Washington, D.C.: National Academy Press, 1993, pages 184-5) concluded, after an exhaustive review of the literature, that existing prevalence research was not "sufficient to show that alcohol use or intoxication increases the general risk of violence." However, the panel did observe that many studies had documented offender use of alcohol preceding the offense and that offender populations usually were found to contain "heavy" or "problem" drinkers.

Victims' perceptions of alcohol use by offenders

On average each year from 1992 to 1995, there were an estimated 11.1 million violent victimizations of residents age 12 or older (figure 1). Victims of violence were asked to describe whether they perceived the offender to have been drinking or using drugs.

- Victims indicate that for about 7.7 million violent victimizations, about 70% of all violent victimizations, they are able to distinguish whether or not alcohol or drug use by the offender was a factor.
- In about 30% of violent victimizations, the victim does not know whether the offender had been using drugs or alcohol.

Among the 11.1 million victims of violence each year, 1 in 4 were certain that the offender had been drinking before committing the crime.

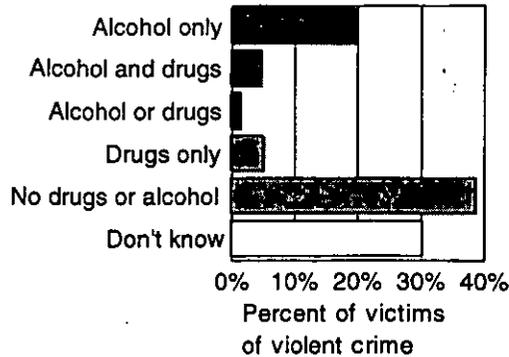


Figure 2

- For those violent victimizations in which the victims indicated that they were able to report whether alcohol or drugs had been used by the offender, about 56% reported no use of either substance and 37% believed the offender was using alcohol or alcohol in combination with drugs (figure 3).

- Among victims who were able to distinguish alcohol or drug use by the offender, the victim-offender relationship was an important factor in whether the victim reported alcohol involvement:

• Based on victim perceptions, about 2.7 million violent crimes occur each year in which victims are certain that the offender had been drinking. For about 1 in 5 of these violent victimizations involving alcohol use by the offender, victims believed the offender was also using drugs at the time of the offense (figure 2).

| | Percent of violent victimizations with offender using alcohol |
|----------------------|---|
| All victims | 37% |
| Intimate* | 67 |
| Nonmarital relatives | 50 |
| Acquaintances | 38 |
| Strangers | 31 |

*Includes current or former spouse, boyfriend, and girlfriend.

Among victims of violence who were able to describe the offender's use of drugs or alcohol, about two-thirds in an intimate relationship with the offender reported the offender's drinking at the time of the crime.

| Victim-offender relationship | Total | Offender using | | | |
|------------------------------|-------|----------------|-------|------------------|---------------------------|
| | | Alcohol | Drugs | Drugs or alcohol | Neither drugs nor alcohol |
| All victims of violence | 100% | 28% | 7% | 9% | 56% |
| Intimate* | 100 | 55 | 9 | 12 | 25 |
| Nonmarital relative | 100 | 38 | 14 | 12 | 36 |
| Acquaintance | 100 | 28 | 9 | 10 | 52 |
| Stranger | 100 | 24 | 6 | 7 | 63 |

*Includes current or former spouse, boyfriend, and girlfriend.

Figure 3

- Among spouse victims of violence who were able to describe substance use by the offender, 3 out of 4 incidents were reported to have involved an offender who had been drinking.

Percent of spouse violence victimizations involving substance use

| | |
|---------------------------|-----|
| Alcohol only | 65% |
| Drugs only | 5 |
| Both alcohol and drugs | .11 |
| Either alcohol or drugs | <1 |
| Neither alcohol nor drugs | 19 |

- Victim perceptions of the offender's use of drugs or alcohol also varies by type of crime (figure 4).

Based on victim reports, on average each year about 183,000 rapes and sexual assaults involve alcohol use by the offender, as do just over 197,000 robberies, about 661,000 aggravated assaults, and nearly 1.7 million simple assaults.

Combined use of drugs and alcohol accounted for 18% of the alcohol-involved rapes and sexual assaults, 36% of the alcohol-involved robberies, 24% of the aggravated assaults in which the offender was drinking, and 15% of the simple assaults involving a drinking offender.

Drinking offenders committed over a third of the rapes or sexual assaults of persons older than 12 and over a quarter of the aggravated and simple assaults, according to victims' perceptions.

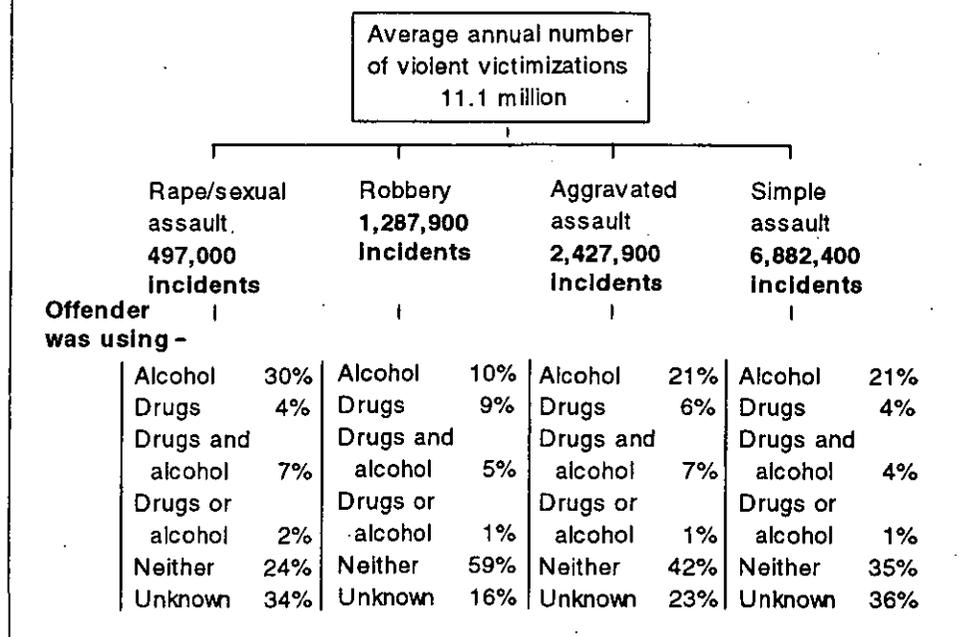


Figure 4

Nearly two-thirds of the victims of violence who perceived that the offender committed the offense while using only alcohol were victims of simple assault.

| Victim-offender relationship | Offender using- | | | |
|------------------------------|-----------------|-------|------------------|---------------------------|
| | Alcohol | Drugs | Drugs or alcohol | Neither drugs nor alcohol |
| Total | 100% | 100% | 100% | 100% |
| Rape/sexual assault | 7 | 4 | 6 | 3 |
| Robbery | 6 | 19 | 13 | 18 |
| Aggravated assault | 23 | 25 | 29 | 24 |
| Simple assault | 65 | 52 | 52 | 56 |

Figure 5

• When the victim of violence perceived that the offender was using only alcohol at the time of the offense, nearly two-thirds of the victimizations were reported to have been simple assault (figure 5). Robbery accounted for about 6% of the violent victimizations involving a drinking offender but 19% of the incidents where the offender was perceived to have been using drugs.

• Victim perceptions of offender use of alcohol translate into an estimated 457,000 alcohol-involved violent victimizations between victims and offenders who share an intimate relationship. Drinking offenders were also responsible for about 118,000 incidents of violence between family members (excluding spouses), an estimated 744,000 violent incidents between acquaintances, and about 1,360,000 incidents of violence committed against a stranger (figure 6).

Drinking, intimate violence, and race

On average, there are about 1 million incidents of violence each year in which women are the victims of an intimate assailant -- a current or former spouse, boyfriend, or girlfriend. Among the women who knew whether the offender had been drinking or using drugs, about

two-thirds of both black and white victims reported that the offender with whom they shared an intimate relationship had been drinking.

| Offender using | Percent of female victims of intimate violence | | |
|----------------|--|-------|-------|
| | All | White | Black |
| Alcohol only | 57% | 58% | 50% |
| Drugs only | 8 | 9 | 7 |
| Both | 11 | 10 | 12 |
| Either | 2 | 1 | 4 |
| Neither | 22 | 21 | 27 |

Alcohol was part of about 40% of the violent victimizations of a current or former spouse, boyfriend, or girlfriend. About 20% to 25% of victims who were strangers, acquaintances, or nonintimate relatives to the violent offender reported that person to have been drinking.

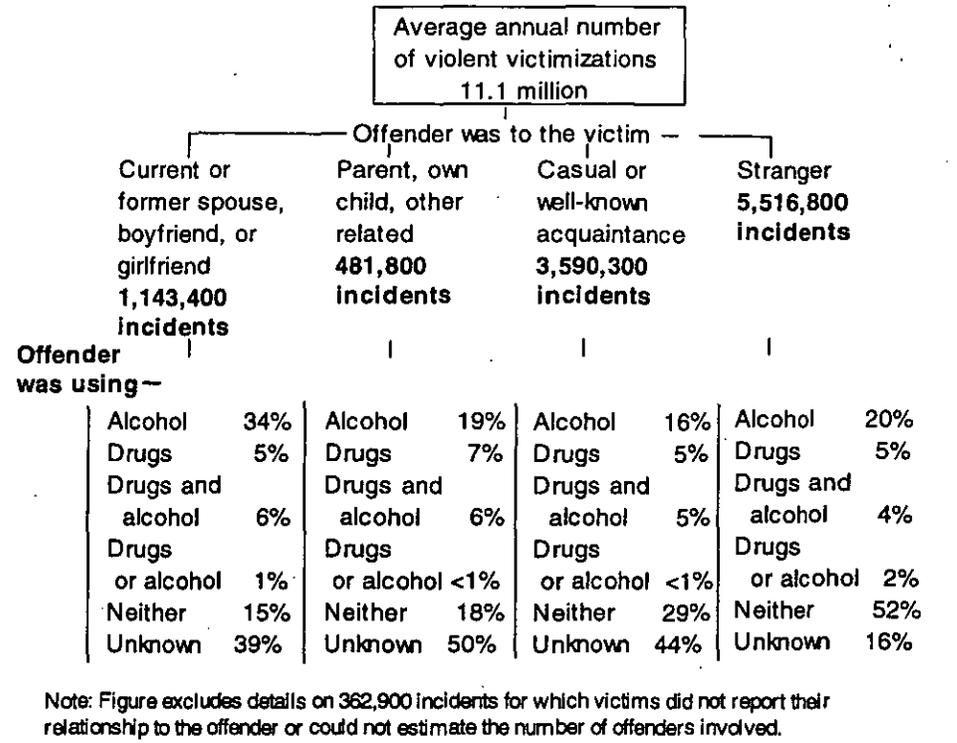


Figure 6

About 1 in 5 victims of violence who perceived the offender to have been using alcohol at the time of the offense, a half million victims each year, suffered a financial loss due to medical expenses, broken or stolen property, or lost wages — a total annual loss of \$400 million.

| Type of expense/loss | Average loss per victim | Estimated total annual loss |
|----------------------|-------------------------|-----------------------------|
| Total | \$834 | \$408,100,000 |
| Medical expenses | \$1,490 | \$229,000,000 |
| Cash loss | \$136 | \$8,200,000 |
| Property | | |
| Loss | \$500 | \$50,000,000 |
| Repair | \$218 | \$33,900,000 |
| Replacement | \$308 | \$26,100,000 |
| Lost pay from -- | | |
| Injury | \$619 | \$45,300,000 |
| Other causes | \$390 | \$15,500,000 |

Figure 7

Alcohol and crime on U.S. campuses

Beginning in 1995, BJS modified its victimization survey to determine if a sampled household is on a college campus and if any household members are college students. With this more precise information, it has become possible to learn more about the victimization experience of college students, both those who live on campus and those who live off campus.

College students reported about 463,000 violent victimizations in 1995 in which alcohol use by the offender was a factor. An estimated 22% of the alcohol-involved incidents were perceived to have also involved offender drug use. An estimated 90% of the alcohol-involved violent victimizations affecting college students occurred off campus.

• Among the 15.4 million college students in 1995, about 1.5 million experienced a violent crime.

• About 87% of the violent crimes sustained by college students occurred off campus.

• Overall, about 24% of the victims of violence reported the offender was using alcohol at the time of the offense; about 4% described offender drug use; and about 8% said that the offender was using both drugs and alcohol or that they could not tell which.

• Just over 43% of the victims of violence were certain no drugs or alcohol had been involved in the offense.

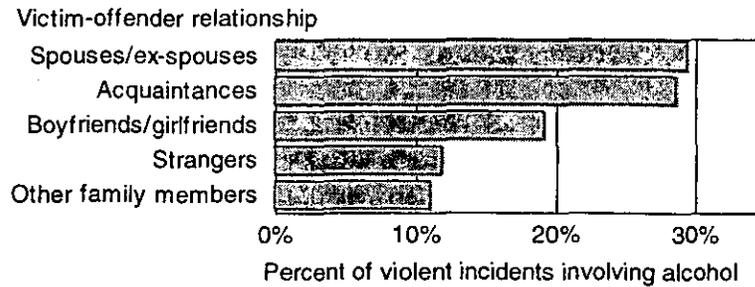
• Just over 20% did not know whether the offender was using either drugs or alcohol.

• Per capita arrest rates for liquor law violations are highest at public 4-year colleges. See *Appendix II*, page 33.

| U.S. college students number nationwide 15.4 million | | | |
|--|----------------------------|------------------------------------|----------------------------|
| Living on campus 2.2 million | | Living off campus 13.2 million | |
| Victims of violence 194,000 | | Victims of violence 1.3 million | |
| Violence occurred | | Violence occurred | |
| On campus | Off campus | On campus | Off campus |
| 59,000 | 135,000 | 136,000 | 1,179,000 |
| Alcohol involved 41% | Alcohol involved 37% | Alcohol involved 18% | Alcohol involved 31% |

Figure 8

About half of all violent incidents in which alcohol was present and for which the police completed an incident report in 1995 involved victims and offenders in an intimate relationship, including current and former spouses, boyfriends, and girlfriends.



Source: FBI, National Incident-Based Reporting System, 1995.

Figure 9

Incident-based data on alcohol and violent crime

The National Incident-Based Reporting System (NIBRS) represents the next generation of crime data from law enforcement agencies. It is designed to replace the nearly 70-year-old summary Uniform Crime Reporting Program of the FBI that compiles aggregate data on eight crimes. NIBRS utilizes information from individual crime reports recorded by police officers at the time of the incident. Rather than relying upon a group of 8 Index offenses to convey the overall crime situation, NIBRS collects information on 57 types of crimes.

In addition, NIBRS provides the opportunity to analyze a wide array of contingencies of crime: who the victim was, the relationship of the victim to the offender, age of both victim and offender, where and when the incident occurred, whether alcohol may have been involved in the offense, and the consequences of the crime such as injuries and property loss. A significant benefit of NIBRS is that the

report of the incident asks the investigating officer to indicate suspected alcohol use by the offender.

Incident-based data on alcohol-involved violence, from jurisdictions which maintained such records of crime in 1995, provide details on such violence not available from most law enforcement agencies:⁴

- About half of the incidents of alcohol-related violence recorded in the NIBRS 1995 dataset involved offenders and victims who were intimates — current or former spouses, boyfriends or girlfriends (figure 9).

⁴Data for 1995 were obtained from law enforcement agencies in nine States. The violent offenses utilized in this analysis included murder and nonnegligent manslaughter, aggravated assault, simple assault, and intimidation. Coverage for these data is estimated to be about 2% of murders in the United States, 4% of reported aggravated assaults, and an unknown percentage of simple assault and intimidation offenses.

In those violent incidents recorded by the police in which alcohol was a factor, about 9% of the offenders and nearly 14% of the victims were under age 21.

| Age | Percent in violent incidents | |
|---------------|------------------------------|---------|
| | Offenders | Victims |
| 14 or younger | 0.3% | 2.5% |
| 15-17 | 2.2 | 3.8 |
| 18-20 | 6.2 | 7.2 |
| 21-24 | 10.6 | 14.1 |
| 25-29 | 18.0 | 17.6 |
| 30-39 | 37.9 | 34.6 |
| 40-49 | 16.2 | 14.3 |
| 50 or older | 8.6 | 5.9 |

Source: FBI, National Incident-Based Reporting System, 1995.

Figure 10

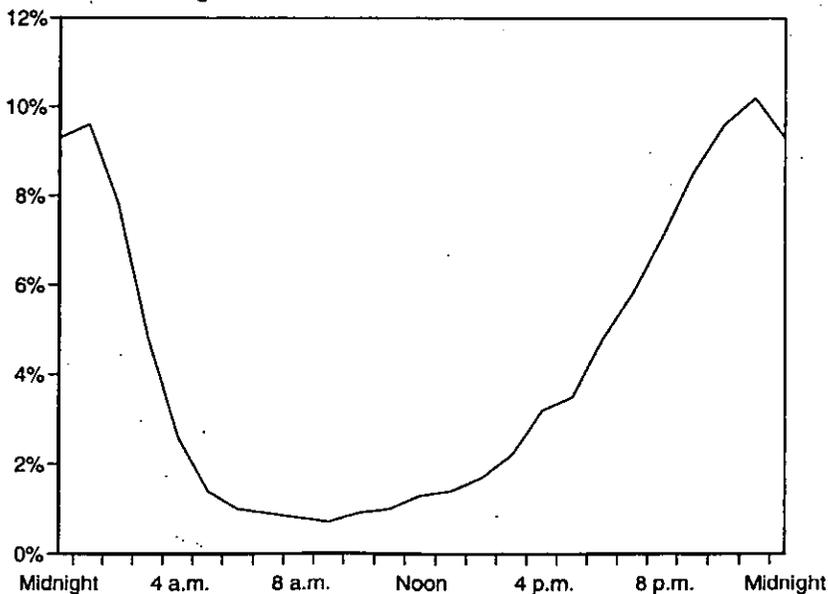
- In just over 6% of the incidents of alcohol-related violence, victims were children under the age of 18 (figure 10). About 9% of the offenders who were suspected of having been drinking in violent incidents were under the legal drinking age of 21.

- About 7 out of 10 alcohol-involved violent incidents occurred in a residence; 1 in 10 occurred in a bar or restaurant.

- The largest number of violent incidents involving alcohol use by the offender were found to occur in the hour beginning at 11 p.m.; the fewest incidents occurred at 9 a.m. (figure 11).

Violent incidents occurring between 11 p.m. and midnight are the most likely to involve alcohol.

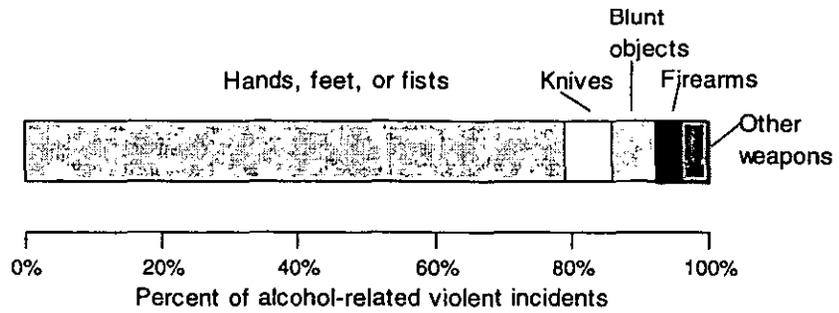
Percent of an entire day's violent incidents involving alcohol



Source: FBI, National Incident-Based Reporting System, 1995.

Figure 11

About 1 in 5 alcohol-related incidents involved a weapon other than the offender's hands, feet, or fists. Firearms were involved in about 1 in 25 violent incidents in which alcohol was considered to be a factor.



Source: FBI, National Incident-Based Reporting System, 1995.

Figure 12

• Nearly 80% of violent incidents in which the offender had been drinking involved the use of hands, fists, or feet by the offender (figure 12).

Firearms were involved in about 4% of the alcohol-related violent incidents.

About 6 in 10 incidents of alcohol-related violence brought to the attention of the police resulted in an injury to the victim.

Male and female victims of such violence were about equally likely to have experienced an injury, according to police incident records. Male victims were about twice as likely as the females to have sustained a major injury, largely because of the higher level of reported severe lacerations.

| | Percent of victims | | |
|---|--------------------|------|--------|
| | All | Male | Female |
| Uninjured | 39% | 39% | 38% |
| Injury | 61% | 61% | 62% |
| Major injury | 10 | 16 | 7 |
| Broken bones | 1 | 2 | 1 |
| Severe lacerations | 6 | 10 | 4 |
| Internal injuries, teeth knocked out, knocked unconscious | 1 | 1 | 1 |
| Other major injuries | 2 | 3 | 2 |
| Minor injury | 51 | 45 | 55 |

Source: FBI, National Incident-Based Reporting System, 1995.

Figure 13

Compared to their share of licensed drivers, DUI arrestees are overrepresented at each age from 18 through 44.

Persons under the legal drinking age of 21 account for about 8% of DUI arrestees. About 7% of licensed drivers are between the ages 21 and 24, but this age group accounts for nearly 15% of DUI arrests. By contrast, those age 50 or older account for a third of all drivers but 9% of DUI arrestees.

| Age | Percent | |
|--------------|------------------|---------------|
| | Licensed drivers | DUI arrestees |
| 16 | .9% | .3% |
| 17 | 1.3 | .8 |
| 18 | 1.4 | 1.8 |
| 19 | 1.6 | 2.4 |
| 20 | 1.6 | 2.6 |
| 21 | 1.6 | 3.6 |
| 22 | 1.7 | 3.6 |
| 23 | 1.7 | 3.6 |
| 24 | 1.8 | 3.7 |
| 25-29 | 10.2 | 17.2 |
| 30-34 | 11.1 | 17.3 |
| 35-39 | 11.7 | 15.7 |
| 40-44 | 10.9 | 11.1 |
| 45-49 | 9.7 | 7.3 |
| 50 or older | 32.8 | 9.0 |
| Total number | 179,500,000 | 1,466,300 |

Sources: Department of Transportation, *Highway Statistics, 1996* and FBI, *Crime in the U.S., 1996*.

Figure 14

DUI/DWI: Arrests and fatal accidents

Driving while under the influence of alcohol (DUI), which also includes driving while under the influence of drugs and driving while intoxicated (DWI) represent the most common reasons for arrests by the police. In 1996 DUI accounted for 1 in 10 arrests for all crimes nationwide, an estimated 1,467,300 arrests. That same year, an estimated 10,000 intoxicated drivers were involved in fatal motor vehicle accidents resulting in about 13,400 deaths.⁵

• The number of DUI arrests has been declining:

- In 1983, the highest recorded year for DUI arrests in the last 30 years, local law enforcement agencies reported 1,921,100 arrests for DUI from a population of 154.4 million licensed drivers, about 1 arrest for every 80 licensed drivers.
- In 1996 there were 1,467,300 arrests for DUI (including persons under age 16) with a licensed driver population numbering 179.5 million, a rate of 1 arrest for every 122 licensed drivers.

This represents a 34% reduction in the per capita rate of DUI arrest nationwide over the period.

⁵The National Highway Traffic Safety Administration defines intoxicated drivers as those with a blood alcohol concentration (BAC) of 0.10 grams of alcohol per deciliter of blood or higher, the legal measure of intoxication in most States.

- Declines in DUI arrest rates have occurred for every category of age (figure 15). The age group with the highest per capita rate of arrest for DUI, 21-year-olds, had a rate of 1 arrest for every 42 drivers in 1990 which dropped to 1 arrest for every 56 drivers in 1996 — a 24% decrease.

- The largest decrease in DUI arrest rates since 1990 has occurred among those age 25 to 29 (-31%) while arrest rates have declined less than 10% among persons age 16 and between ages 35 and 44.

- From the early to mid-1970's, States lowered the minimum age for the purchase or sale of alcoholic beverages. Between 1970 and 1973, 24

States reduced the minimum age, and by 1983, the peak year for DUI arrests, 33 States had a minimum age below 21.⁶

- As a result of changes in Federal highway funds legislation, all States raised the minimum age to 21. In 1980 persons under age 21 accounted for 10% of licensed drivers but 15% of those arrested for DUI, a 50% overrepresentation for drivers of this age. By contrast, in 1996, persons under age 21 accounted for 7% of drivers and 8% of arrestees for DUI, a substantially reduced disparity compared to 1980.

⁶This change primarily reflected ratification of the 26th amendment (1971) that extended the right to vote to 18 year-olds.

The number of arrests for DUI per 1,000 licensed drivers dropped 24% from 1990 to 1996.

The decline in arrest rates occurred for every age category, with the drivers ages 25 to 29 having the largest percentage decrease.

| Age | DUI arrest rate per 1,000 drivers | | Percent change in rates of DUI arrests, 1990-96 |
|-------------|-----------------------------------|------|---|
| | 1990 | 1996 | |
| All ages | 10.8 | 8.2 | -24.1% |
| 16 | 3.5 | 3.2 | -8.6 |
| 17 | 6.6 | 5.3 | -19.7 |
| 18 | 14.1 | 10.6 | -24.8 |
| 19 | 17.0 | 12.5 | -26.5 |
| 20 | 18.5 | 13.2 | -28.6 |
| 21 | 23.8 | 18.0 | -24.4 |
| 22 | 23.1 | 17.3 | -25.1 |
| 23 | 22.1 | 16.9 | -23.5 |
| 24 | 20.6 | 16.3 | -20.9 |
| 25-29 | 20.0 | 13.8 | -31.0 |
| 30-34 | 16.1 | 12.7 | -21.1 |
| 35-39 | 11.9 | 11.0 | -7.6 |
| 40-44 | 8.9 | 8.3 | -6.7 |
| 45-49 | 7.1 | 6.1 | -14.1 |
| 50 or older | 2.7 | 2.2 | -18.5 |

Figure 15

- The National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation estimates that in 1996, there were 17,126 alcohol-related fatalities accounting for 40.9% of all traffic fatalities during the year.⁷ This represents a 29% reduction from the 24,045 alcohol-related fatalities in 1986, a year in which alcohol-related crashes accounted for 52% of the fatalities. NHTSA also estimates that during 1996 about 7% of all crashes (both fatal and nonfatal) were alcohol-related and more than 321,000 persons were injured in such crashes.

- While nearly 41% of traffic fatalities in 1996 were alcohol-related, an estimated 32% involved an intoxicated driver or pedestrian (BAC=0.10 g/dl or higher) — a total of 13,395 fatalities. Among these fatalities, about 70% were themselves intoxicated. In 1996 local law enforcement authorities carried out 140 arrests for DUI per intoxicated driver involved in a fatal crash.

- Rates of intoxication among drivers in fatal accidents have declined for every age group over the last decade. In 1986 an estimated 26% of drivers had a BAC of at least 0.10 g/dl while in 1996 about 19% were estimated to have had a BAC at this level.

⁷NHTSA defines alcohol-related as any fatal traffic crash in which a driver or pedestrian had a measureable non-zero BAC (0.01 g/dl or higher). Intoxication is defined as 0.10 g/dl or higher.

Comparing 1986 to 1996 by age, the percentage of drivers in fatal accidents who were intoxicated:

| Age | Percent of drivers in fatal accidents who were intoxicated | |
|-------------|--|-------|
| | 1986 | 1996 |
| All drivers | 25.8% | 18.8% |
| 16-20 years | 23.7 | 14.1 |
| 21-24 | 36.1 | 27.0 |
| 25-34 | 33.0 | 26.2 |
| 35-44 | 24.5 | 21.9 |
| 45-64 | 16.2 | 13.6 |
| 65 or older | 6.8 | 5.4 |

- In 1986 there were about 1 intoxicated driver in a fatal accident for every 10,500 licensed drivers. By 1996, this rate had improved to 1 intoxicated driver involved in a fatal accident for every 17,200 licensed drivers. Rates of involvement in driving while intoxicated in fatal accidents (the number of intoxicated drivers in fatal accidents per 100,000 licensed drivers) have decreased across each age group over the last decade:

| | Number of intoxicated drivers in fatal accidents per 100,000 licensed drivers | | Change in rate |
|-------------|---|------|----------------|
| | 1986 | 1996 | |
| All drivers | 9.5 | 5.8 | -39% |
| 16-20 years | 18.6 | 9.1 | -51 |
| 21-24 | 22.3 | 13.5 | -39 |
| 25-34 | 13.3 | 8.8 | -34 |
| 35-44 | 7.1 | 5.9 | -17 |
| 45-64 | 3.7 | 3.0 | -19 |
| 65 or older | 1.7 | 1.4 | -18 |

- Alcohol involvement in fatal accidents during 1996 varied across the States ranging from 24% of the traffic fatalities in Utah to more than half the fatalities in Alaska, Louisiana, Nevada, New Mexico, North Dakota, Texas, and Washington (figure 16).

| | Percent of fatalities | | | Percent of fatalities | | | |
|----------------------|-----------------------|-------------------|----------------------------------|-----------------------|-------------------|----------------------------------|-------|
| | Number of fatalities | In-volved alcohol | Drivers had a BAC 0.10 or higher | Number of fatalities | In-volved alcohol | Drivers had a BAC 0.10 or higher | |
| U.S. total | 41,907 | 40.9% | 32.0% | Missouri | 1,149 | 49.4% | 38.7% |
| Alabama | 1,143 | 42.6 | 34.1 | Montana | 200 | 37.1 | 33.0 |
| Alaska | 80 | 51.1 | 44.4 | Nebraska | 293 | 33.6 | 26.0 |
| Arizona | 993 | 43.9 | 34.8 | Nevada | 348 | 50.1 | 37.3 |
| Arkansas | 615 | 34.7 | 26.9 | New Hampshire | 134 | 34.7 | 26.4 |
| California | 3,989 | 40.2 | 30.1 | New Jersey | 818 | 34.2 | 25.4 |
| Colorado | 617 | 39.6 | 33.0 | New Mexico | 481 | 50.1 | 42.0 |
| Connecticut | 310 | 49.2 | 38.2 | New York | 1,564 | 33.4 | 24.0 |
| Delaware | 116 | 41.0 | 28.5 | North Carolina | 1,493 | 35.1 | 27.8 |
| District of Columbia | 62 | 49.2 | 36.0 | North Dakota | 85 | 53.4 | 44.9 |
| Florida | 2,753 | 36.9 | 29.1 | Ohio | 1,395 | 33.0 | 25.6 |
| Georgia | 1,574 | 36.0 | 27.6 | Oklahoma | 772 | 36.3 | 28.2 |
| Hawaii | 148 | 44.4 | 31.5 | Oregon | 524 | 42.2 | 32.6 |
| Idaho | 258 | 33.8 | 26.0 | Pennsylvania | 1,469 | 39.1 | 32.3 |
| Illinois | 1,477 | 45.0 | 36.1 | Rhode Island | 69 | 48.4 | 36.2 |
| Indiana | 984 | 34.1 | 27.0 | South Carolina | 930 | 42.4 | 33.6 |
| Iowa | 465 | 42.5 | 33.0 | South Dakota | 175 | 39.9 | 31.1 |
| Kansas | 491 | 40.9 | 30.0 | Tennessee | 1,239 | 40.2 | 32.8 |
| Kentucky | 841 | 35.2 | 28.1 | Texas | 3,741 | 53.2 | 42.3 |
| Louisiana | 781 | 51.4 | 39.6 | Utah | 321 | 23.7 | 18.7 |
| Maine | 169 | 37.5 | 29.0 | Vermont | 88 | 43.9 | 36.9 |
| Maryland | 608 | 33.0 | 24.0 | Virginia | 875 | 38.6 | 30.2 |
| Massachusetts | 417 | 44.4 | 32.0 | Washington | 712 | 50.0 | 40.1 |
| Michigan | 1,505 | 40.7 | 31.6 | West Virginia | 345 | 38.0 | 31.6 |
| Minnesota | 576 | 37.9 | 30.0 | Wisconsin | 761 | 42.4 | 34.2 |
| Mississippi | 811 | 41.6 | 33.1 | Wyoming | 143 | 40.6 | 26.2 |

Source: *Alcohol Traffic Safety Facts 1996*, National Highway Traffic Safety Administration.

Figure 16

Examining BAC factors

Knowledge of the level of intoxication of drivers in fatal accidents is derived from the Fatal Accident Reporting System (FARS) which gathers data on a wide variety of issues relating to fatal accidents, including driver, vehicle, and environmental factors associated with the crash. Initiated in 1975 by the National Highway Traffic Safety Administration, data on fatal vehicle accidents are compiled by State officials from police reports, files of State vehicle registration and drivers' licenses, death certificates, hospital records, and other sources and submitted under the FARS reporting program. Crashes occurring on public roads in which a vehicle passenger or nonpassenger (such as a pedestrian or cyclist) dies within 30 days are included.

BAC levels of drivers or pedestrians in fatal accidents may be measured in a variety of ways using testing methods which examine samples of blood, breath, urine, saliva, or other analyses of body tissue. Given that BAC declines over time (BAC levels decrease by about 0.015 g/dl per hour), measured BAC levels among surviving drivers in fatal accidents would be somewhat less than the actual BAC at the time of the crash.^a

^aFARS data in the following analyses were obtained from the *Traffic Safety CD-ROM: 1996*, produced by the Bureau of Transportation Statistics. This dataset contains annual FARS data files for the first two decades of the program, 1975-94.

• FARS data on BAC for crashes occurring in 1994 indicate that such information is available for a third of fatal accidents. However, BAC test results are available for about 60% of the drivers in fatal accidents who were identified, presumably by police officers or others, as having been drinking drivers.

• Among those crashes in which persons were tested for BAC, an estimated 59% were found to have a BAC of zero and 41% had a positive BAC of .01 g/dl or higher (figure 17).

4 out of 10 fatal motor vehicle accidents had a drinking driver. A third of such accidents involved a driver who had been drinking and whose BAC was at least 0.08.

| Blood alcohol concentration | Percent of fatal accidents |
|-----------------------------|----------------------------|
| 0 | 58.6% |
| 0.01-0.05 | 4.7 |
| 0.06-0.07 | 1.9 |
| 0.08-0.09 | 2.4 |
| 0.10-0.19 | 17.2 |
| 0.20-0.25 | 9.1 |
| 0.26-0.29 | 3.5 |
| 0.3 | 2.6 |

Note: BAC is measured and reported for about a third of the 92,000 fatal motor vehicle accidents in 1994. Data shown here and in subsequent figures are based on those accidents where the BAC of the driver was known.

Source: Fatal Accident Reporting System, 1994.

Figure 17

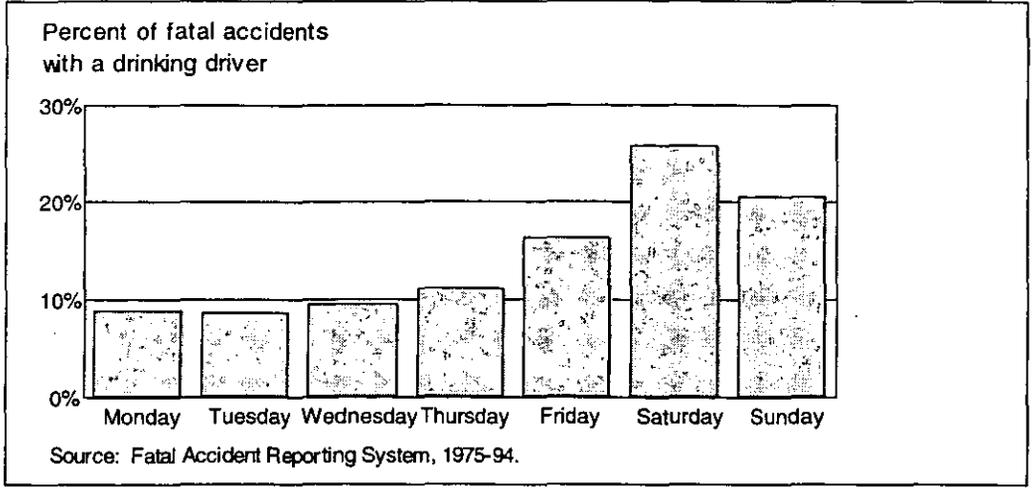


Figure 18

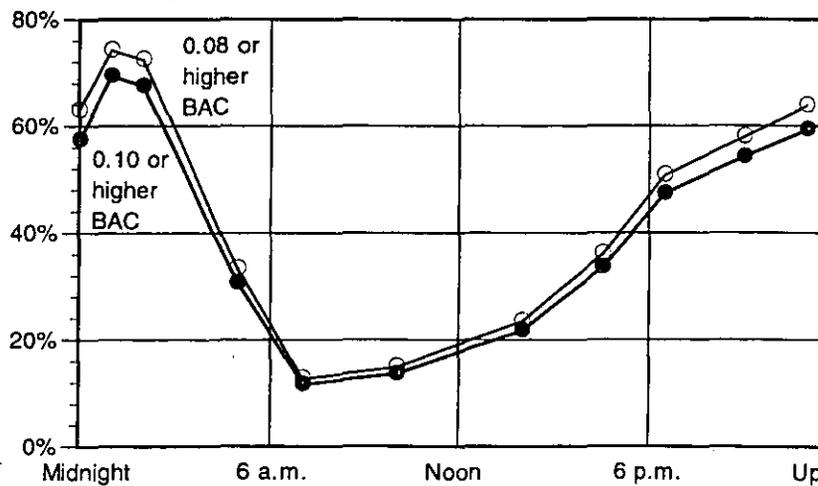
- An estimated 34% of fatal accidents in which alcohol tests were conducted reflected BAC levels of 0.08 or higher.⁹

⁹About 97% of those with positive BAC's (.01 g/dl or higher) in the 1994 dataset were drivers in fatal accidents. The remainder were pedestrians, cyclists, and nonoccupants who were tested and reported as involved in the fatal crash.

Fatal accident data for 1996 indicate that alcohol is more likely to be a factor at night — 62% of fatal crashes at night involved alcohol — than in the daytime when 18% were alcohol-involved.

- Nearly half of all fatal accidents in which the driver has been drinking occur on the weekend (figure 18). The

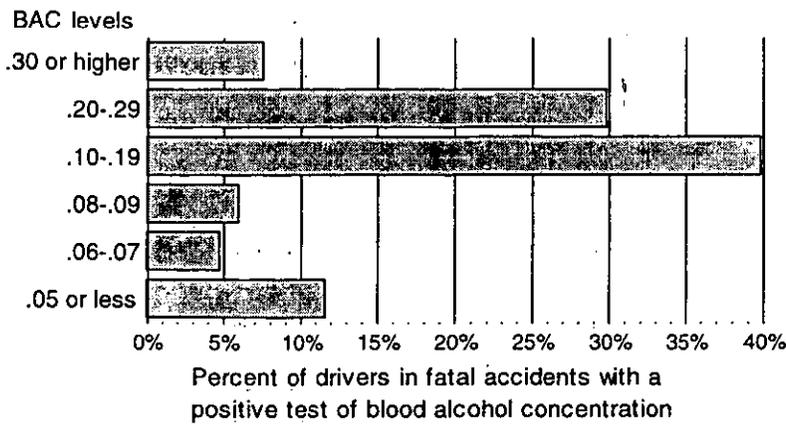
Percent of drinking drivers in fatal accidents with recorded BAC levels



Source: Fatal Accident Reporting System, 1975-94.

Figure 19

Of those drivers who were drinking before a fatal crash, 40% had a BAC between 0.10 and 0.19, and 38% had a BAC of 0.20 or higher. To reach a BAC above 0.10, a man of average size and metabolism would have to drink two drinks every hour for 4 hours.



Source: Fatal Accident Reporting System, 1975-94.

Figure 20

rate of alcohol involvement in 1996 fatal crashes occurring during the weekend was 54% compared to 31% during the week.

- About 84% of drinking drivers in fatal accidents in 1994 were reported to have been at 0.08 g/dl or higher (figure 20). About 78% were at 0.10 g/dl or higher.

About 4 in 10 drivers in fatal accidents with a drinking driver age 30 or older had a BAC level above 0.20.

| Age of drinking driver | Percent of all drinking drivers | | |
|------------------------|---------------------------------|------------------|--------------------|
| | BAC's above 0.10 | BAC's above 0.20 | BAC's 0.05 or less |
| All | 75% | 30% | 11% |
| 16-19 | 62 | 14 | 16 |
| 20-24 | 73 | 23 | 11 |
| 25-29 | 79 | 32 | 9 |
| 30-34 | 81 | 37 | 8 |
| 35-39 | 81 | 40 | 9 |
| 40-44 | 81 | 42 | 9 |
| 45-49 | 81 | 43 | 9 |
| 50 or older | 74 | 38 | 15 |

- Over the first 20 years of record-keeping by NHTSA on fatal motor vehicle accidents, BAC data indicating alcohol consumption by a driver involved in the accident are available for nearly a quarter million drivers in crashes in which a death occurred. Among these drinking drivers, about 3 out of 4 had a BAC of at least 0.10 g/dl and just under a third were about twice that level — 0.20 g/dl or higher (figure 21).

Source: Fatal Accident Reporting System, 1975-94.

Figure 21

Among drinking drivers involved in fatal accidents in 1994, the highest BAC levels were recorded for persons from age 40 to 44, those whose license was suspended, and those with prior DWI convictions.

| Drinking drivers | Fatal accidents | |
|-----------------------|-----------------|-----------------------------|
| | Average BAC | Percent of drinking drivers |
| All | 0.16 | 100% |
| 15 or younger | 0.12 | 0.3% |
| 16-19 | 0.12 | 9.0 |
| 20-24 | 0.15 | 21.2 |
| 25-29 | 0.16 | 16.9 |
| 30-34 | 0.17 | 15.9 |
| 35-39 | 0.18 | 12.3 |
| 40-44 | 0.19 | 8.0 |
| 45-49 | 0.18 | 6.1 |
| 50 or older | 0.17 | 10.4 |
| Male | 0.16 | 85.4% |
| Female | 0.16 | 14.6 |
| Drivers' license | | |
| Valid | 0.16 | 76.2% |
| Suspended | 0.18 | 23.8 |
| Prior DWI convictions | | |
| None | 0.16 | 88.2% |
| 1 or more | 0.20 | 11.8 |

Source: Fatal Accident Reporting System, 1994.

Figure 22

- The average BAC among drinking drivers in fatal accidents in 1994 was 0.16 g/dl (figure 20).

In fatal motor vehicle accidents —

The highest average BAC among drinking drivers was found for those from age 40 to 44 (0.19 g/dl).

Just under 12% of drinking drivers were known to have had prior convictions for DWI.

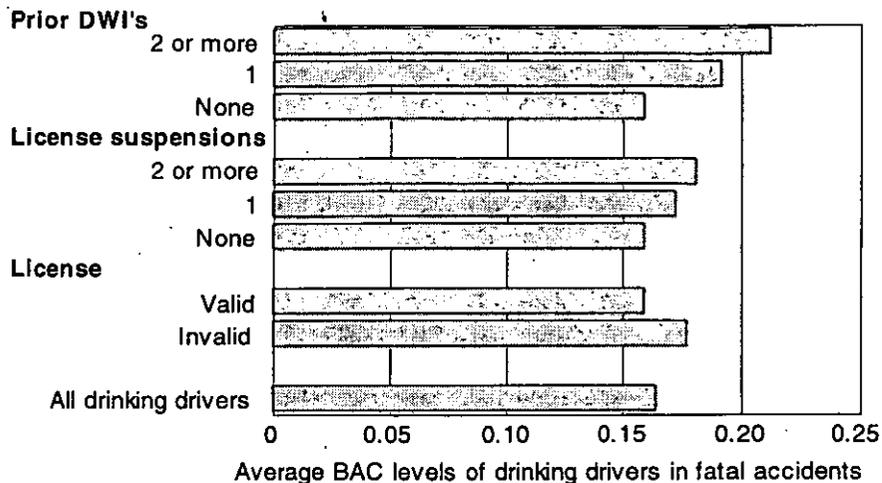
The average level of intoxication was about 25% higher for these repeat offenders than among those who had no reported prior DWI convictions.

- The greater the number of prior license suspensions and DWI convictions, the higher the average BAC among drinking drivers involved in fatal accidents (figure 23). Those with two prior DWI convictions had an average BAC which was 10% higher than those with one prior conviction and 33% higher than those with no prior convictions.

- There was substantial variation in driving background among those at different levels of intoxication (figure 24). Those with the highest blood alcohol concentrations, 0.30g/dl, were about 4 times as likely as those not drinking to have had no valid license at the time of the crash and about 7 times as likely to have had prior DWI convictions. At each intoxication level shown, the driving record of the fatal accident driver worsened.

BAC records of drivers in fatal accidents show that the levels of intoxication at the time of the accident vary with the driving record.

Among drivers in fatal accidents, the highest average BAC level, 0.21, or more than twice the legally defined level of intoxication in most States, was found for those with 2 or more prior DWI convictions.



Source: Fatal Accident Reporting System, 1994.

Figure 23

| Driving record of drivers in fatal crashes | BAC levels | | | | | |
|--|------------|-----------|-----------|-----------|-----------|-------|
| | 0 | 0.01-0.07 | 0.08-0.09 | 0.10-0.19 | 0.20-0.29 | 0.30+ |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| License status at time of accident | | | | | | |
| Valid | 92 | 81 | 80 | 78 | 73 | 66 |
| Invalid | 8 | 19 | 20 | 22 | 27 | 34 |
| Number of prior license suspensions | | | | | | |
| None | 91 | 82 | 78 | 77 | 71 | 69 |
| 1 | 5 | 9 | 13 | 12 | 14 | 11 |
| 2 or more | 4 | 9 | 9 | 11 | 14 | 20 |
| Prior DWI convictions | | | | | | |
| None | 98 | 94 | 93 | 90 | 83 | 80 |
| 1 | 2 | 5 | 7 | 8 | 13 | 13 |
| 2 or more | <1 | 1 | <1 | 2 | 3 | 7 |

Note: Table does not show those for whom the license status was unknown or for whom BAC was not measured.

Source: Fatal Accident Reporting System, 1994.

Figure 24

On an average day in 1996, an estimated 5.3 million convicted offenders were under the supervision of criminal justice authorities. Nearly 40% of these offenders, about 2 million, had been using alcohol at the time of the offense for which they were convicted.

| Correctional authority | Number | Convicted offenders | |
|------------------------|------------------|---|--|
| | | Estimated percentage using alcohol at the time of the offense | Estimated number of offenders for whom alcohol was a factor in their crime |
| Probation | 3,180,363 | 39.9% | 1,268,965 |
| Local jail | 215,136 | 39.5 | 84,979 |
| State prison | 1,074,976 | 32.3 | 347,217 |
| Federal prison | 105,544 | 11.0 | 11,610 |
| Parole | 704,709 | 29.3 | 206,480 |
| Total | 5,280,728 | 36.3% | 1,919,251 |

Note: The prevalence of alcohol use at the time of offense for parolees was estimated by applying the known percentages for prisoners by offense to the composition of the prison exit cohort.

Figure 25

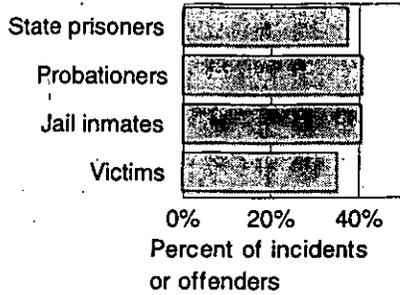
Use of alcohol by convicted offenders

More than 36% of the 5.3 million convicted adult offenders under the jurisdiction of probation authorities, jails, prisons, or parole agencies in 1996 had been drinking at the time of the offenses for which they had been convicted. This translates into just under 2 million convicted offenders nationwide on an average day— 1.3 million on probation, 85,000 in local jails, 360,000 in State and Federal prisons, and more than 200,000 under parole supervision— for whom alcohol use was a factor in their crime (figure 25).

BJS periodically conducts surveys among the Nation's offender population in order to learn more about their backgrounds. Representative samples of probationers and those in local jails and State and Federal prisons are interviewed about their criminal histories, family backgrounds, and many elements of the current offense. Among the topics of interest is their experience with alcohol, both in the past and at the time of the crime. These data represent detailed information not typically available from official records and provide the only uniform national description of offender use of alcohol.

Victims and offenders both report that about 4 in 10 violent crimes involved alcohol use by the offender.

Self reports



Note: Estimates for victims are based on those who reported knowing if the offender used or did not use alcohol/drugs.

• As would be expected, those convicted of public-order crimes such as DWI, weapons offenses, and commercial vice are the most likely to report the use of alcohol at the time of the offense (figure 27). For more than 4 in 10 convicted murderers, being held either in jail or in State prison, alcohol use is reported to have been a factor in the crime. Nearly half of those convicted of assault and sentenced to probation had been drinking when the offense occurred.

Figure 26

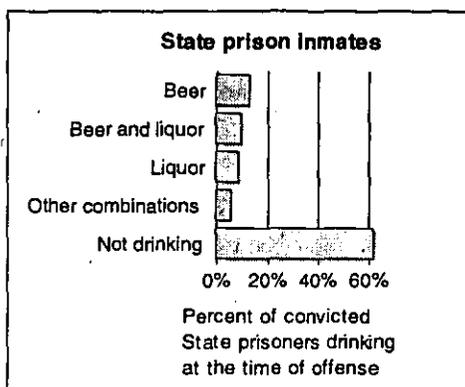
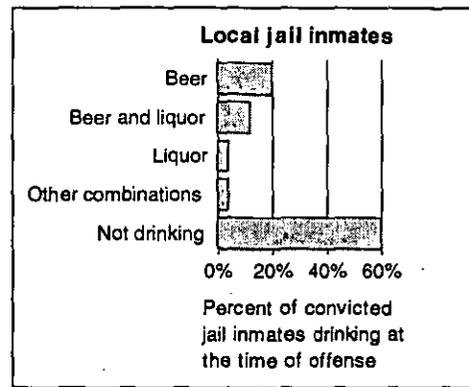
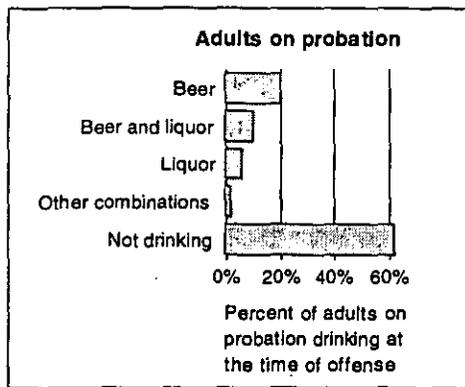
Similar percentages of offenders on probation and in jail or State prison committed their crimes while drinking.

| | Percent of offenders drinking at the time of the offense | | | |
|-----------------------|--|------------------------------------|--------------------------------------|--|
| | Adults on probation | Convicted offenders in local jails | Convicted offenders in State prisons | Convicted offenders in Federal prisons |
| All offenses | 39.9% | 39.5% | 32.3% | 11.0% |
| Violent offenses | 40.7% | 40.6% | 37.5% | 20.4% |
| Murder | * | 43.7 | 41.4 | 37.2 |
| Rape/sexual assault | 31.8 | 31.5 | 35.9 | 26.5 |
| Robbery | * | 37.6 | 32.7 | 13.9 |
| Assault | 45.5 | 45.4 | 41.6 | 38.1 |
| Property offenses | 18.5% | 32.8% | 31.8% | 8.1% |
| Burglary | 38.5 | 38.2 | 34.7 | 15.3 |
| Larceny | 16.3 | 31.6 | 29.2 | 15.4 |
| Fraud | 9.7 | 21.6 | 18.9 | 5.3 |
| Drug offenses | 16.3% | 28.8% | 18.0% | 8.2% |
| Possession | 14.4 | 28.6 | 18.3 | 8.3 |
| Trafficking | 16.2 | 28.4 | 17.5 | 8.3 |
| Public-order offenses | 75.1% | 56.0% | 43.0% | 13.1% |

Note: Data for this table are drawn from the 1996 Survey of Adults on Probation, the 1996 Survey of Inmates in Local Jails, and the 1991 Survey of Inmates in State and Federal Correctional Facilities.

*Too few cases for estimate to be made.

Figure 27



Figures 28a, b, and c

- Regardless of the type of corrections status, offenders were about equally likely to have been drinking at the time of the crime. What they consumed was similar, with beer being the most commonly used alcoholic beverage: 30% of probationers, 32% of jail inmates, and 23% of State prisoners said that they had been drinking beer or beer in combination with liquor prior to the commission of the current offense (figures 28a, b, and c). Consumption of wine alone was comparatively rare among the surveyed offender populations.

- On average, the consumption of an ounce of ethanol is equal to drinking about two 12-ounce beers. Among offenders who drank during the 8 hours or less before the offense, the amount of

ethanol consumed varied by correctional status and by offense.

Probationers were estimated to have consumed about 4.7 ounces of ethanol, the equivalent of about 9 beers. By contrast, jail inmates self-reported ethanol consumption equaling about 11 beers, and prisoners drank the equivalent of 15 beers during a period of up to 8 hours prior to the crime. The highest overall consumption prior to the offense was reported by State prisoners serving time after conviction for a property offense. The amount of ethanol consumed among offenders in the immediate period (up to 8 hours) preceding the offense was:

| Type of offense | Ounces of ethanol consumed in a period up to 8 hours before the crime | | |
|-----------------|---|--------------|----------------------|
| | Probationers | Jail inmates | State prison inmates |
| All offenders | 4.7 oz | 5.6 oz | 7.5 oz |
| Violent | 5.6 | 6.0 | 7.8 |
| Property | 6.5 | 6.4 | 8.3 |
| Drugs | 4.0 | 4.6 | 5.4 |
| Public-order | 4.2 | 5.5 | 6.5 |

While about 33% of State prisoners and nearly 40% of convicted offenders under probation supervision or in local jails reported drinking at the time of the offense, estimates of the average blood alcohol concentration (BAC) suggest that State prisoners were more severely intoxicated when they committed their crime.

| Type of offense | Offenders who reported drinking at the time of the offense — estimated average BAC at the time of the offense | | |
|---------------------|--|--------------------|-----------------|
| | Probationers | Local jail inmates | State prisoners |
| All offenders | 0.16 | 0.19 | 0.27 |
| Violent | 0.18 | 0.20 | 0.28 |
| Homicide | 0.22 | 0.26 | 0.28 |
| Sexual assault | 0.13 | 0.25 | 0.28 |
| Robbery | 0.32 | 0.22 | 0.28 |
| Assault | 0.18 | 0.18 | 0.30 |
| Property | 0.24 | 0.22 | 0.30 |
| Burglary | 0.26 | 0.24 | 0.31 |
| Larceny | 0.23 | 0.23 | 0.28 |
| Motor vehicle theft | 0.34 | 0.19 | 0.29 |
| Drugs | 0.14 | 0.15 | 0.19 |
| Public-order | 0.14 | 0.19 | 0.23 |

Note: See Appendix 1, page 32, for calculation of the BAC. Analysis was limited to persons reporting drinking for 8 hours or less preceding the offense.

Figure 29

- BJS surveys gather information on the type of beverage consumed at the time of the crime, the amount of each type of alcoholic beverage consumed, and the time spent drinking prior to the occurrence of the offense. Together with the offenders' self-reported body weight, it is possible to estimate the BAC of each offender at the time the offense was committed (figure 29).¹⁰

¹⁰The National Highway Traffic Safety Administration provided a formula to BJS which takes these factors into account and reduces BAC based upon a standardized rate at which the body metabolizes ethanol. See Appendix 1 for details.

- These self-reports indicate that those offenders in State prisons, though a smaller percentage had been drinking at the time, were considerably more intoxicated when the crime occurred than those on probation or being held in local jails. Those convicted offenders on probation and in local jails appear, on average, to be about as intoxicated as drivers in fatal accidents (average BAC was about 0.17 g/dl for fatal accident drivers from the FARS data for 1994) when they committed their crimes. Such comparative data on estimated levels of intoxication at the time of the crime have never been reported previously for a nationally representative sample of offenders.

Offenders on probation and alcohol use

- About a quarter of the women on probation nationwide had been drinking at the time of the offense compared to more than 40% of male probationers (figure 30). For those convicted of public-order crimes, nearly two-thirds of women and three-quarters of men had been drinking at the time of the offense.

- Probationers described a variety of behaviors at some time in their lives when drinking:

- About half of all probationers reported that they had driven a vehicle while under the influence of alcohol.
- About half of all probationers had engaged in arguments with family or friends while drinking.
- About a third of probationers had gotten into a physical fight with someone after drinking.

Percent of adults on probation who had used alcohol at the time of their offense

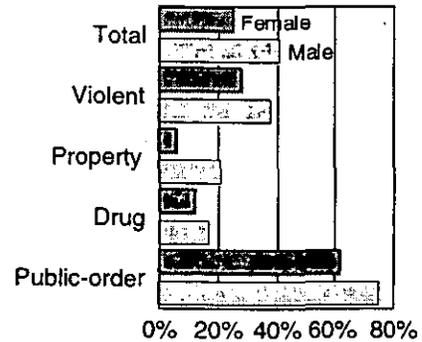
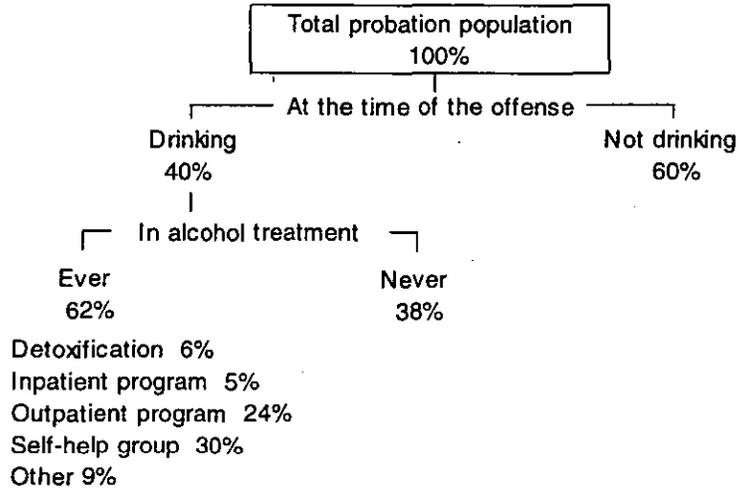


Figure 30

More than a third of probationers reported that they had consumed the equivalent of a fifth of liquor in a day. About 1 in 12 probationers said they had a lost a job because of drinking.

- Estimates of BAC for probationers at the time of the offense were higher



Note: Probationers may have participated in more than one type of treatment. The self-help groups include Alcoholics Anonymous (AA) and a variety of other organizations.

Figure 31

among those describing themselves as daily drinkers (0.19 g/dl) compared to those who typically drank less often (0.15 g/dl). The number of hours spent drinking was an important factor in the level of intoxication at the time of the offense:

| Hours drinking | Average BAC |
|----------------|-------------|
| 1 | .08 |
| 2 | .10 |
| 3 | .14 |
| 4 | .19 |
| 5 or more | .22 |

- Among those offenders drinking at the time of the offense, an estimated 62% had previously participated in an alcohol treatment program (figure 31).
- About a third of all probationers reported that they had received some form of alcohol treatment since being placed on probation. More than 6 in 10 probationers who had been under the influence of alcohol at the time of their offense said they had been involved in an alcohol treatment

program since entering probation supervision.

Percent of probationers receiving treatment after being placed on probation

| Type of program | All | Drinking when committed offense |
|---------------------------|-----|---------------------------------|
| Any | 32% | 62% |
| Crisis/detox | 4 | 9 |
| Self-help (AA-type group) | 24 | 48 |
| Counseling | 8 | 14 |
| Outpatient | 18 | 38 |
| Inpatient | 4 | 8 |

Local jail inmates and alcohol use

- As found among probationers, convicted males in local jails were more likely than convicted females to report alcohol use at the time of the offense, though the disparity by gender was smaller (figure 32). For every type of offense, except for public order crimes, women in jail reported greater use of alcohol at the time of the offense than was the case for women under probation supervision in the community (figure 30).

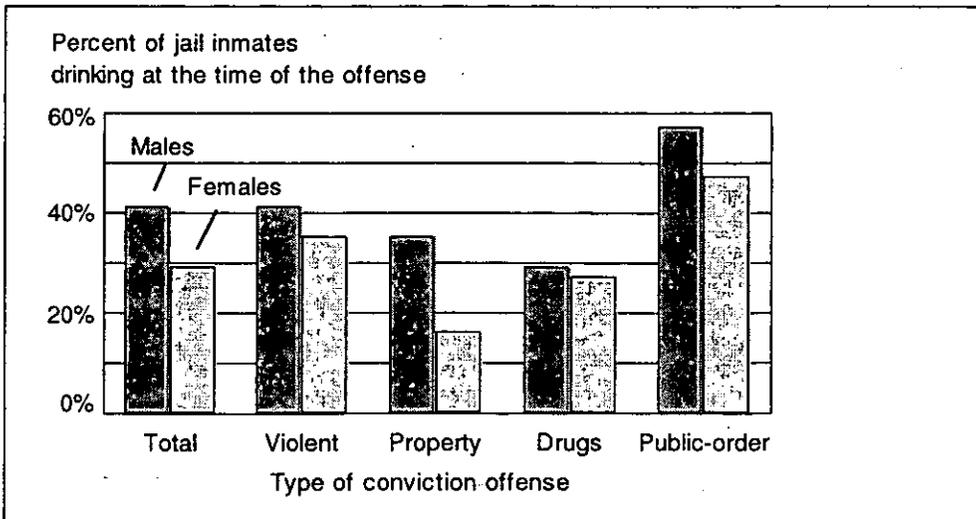


Figure 32

Overall, about two-thirds of convicted offenders in local jails who reported that they had been drinking at the time of the offense were estimated to have had a BAC level of 0.10 or higher.

| Jail inmates drinking at the time of the offense | Percent of drinking inmates in estimated BAC levels | | |
|--|---|-----------------|-----------------|
| | 0.05 and higher | 0.08 and higher | 0.10 and higher |
| All | 81% | 72% | 67% |
| Violent | 81% | 75% | 71% |
| Murder | 90 | 86 | 86 |
| Sexual assault | 91 | 83 | 83 |
| Robbery | 86 | 85 | 80 |
| Assault | 78 | 69 | 65 |
| Property | 88% | 82% | 76% |
| Burglary | 91 | 83 | 78 |
| Larceny | 91 | 87 | 82 |
| Motor vehicle theft | 88 | 81 | 69 |
| Drugs | 66% | 55% | 51% |
| Public-order | 83% | 72% | 67% |
| DWI | 84 | 73 | 68 |

Figure 33

- Across the periodic BJS surveys of jail inmates, the percentage reporting alcohol use prior to the offense suggests that violent offenders serving time in 1996 were somewhat less likely to have been using alcohol when they committed the crime than in earlier surveys.

- Based upon the self-reported drinking behavior at the time of the offense, about two-thirds of convicted jail inmates who had been drinking had a BAC of at least 0.10 g/dl at the time of the offense and nearly three-quarters had BAC's of 0.08 or higher (figure 33).

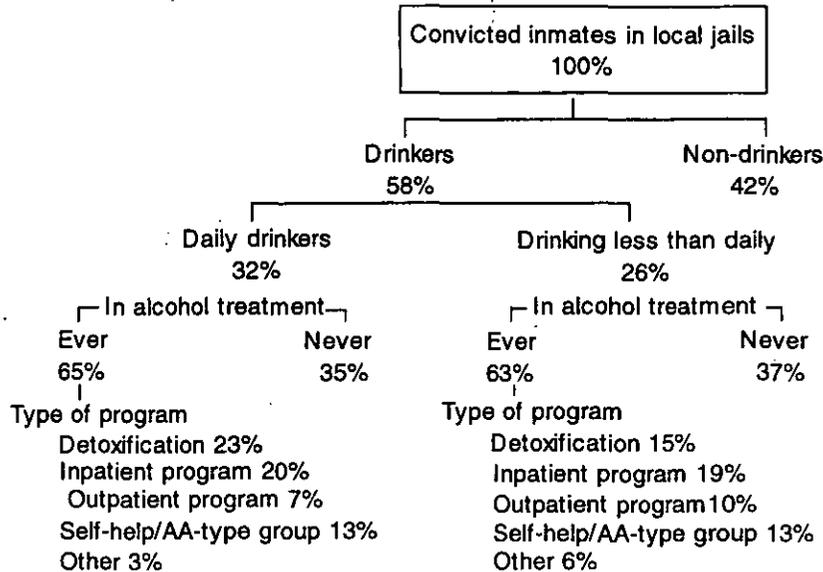
Percent of convicted jail inmates consuming alcohol prior to the offense

| | 1983 | 1989 | 1996 |
|---------------|------|------|------|
| All offenders | 48% | 41% | 40% |
| Violent | 54 | 47 | 41 |
| Property | 40 | 31 | 33 |
| Drugs | 29 | 20 | 29 |
| Public-order | 64 | 64 | 56 |

Sources: BJS, Surveys of Inmates in Local Jails.

About 6 in 10 convicted jail inmates said that they had been drinking on a regular basis during the year before the offense for which they were serving time.

Nearly 2 out of 3 of these inmates, regardless of whether they drank daily or less often, reported having previously been in a treatment program for an alcohol dependency problem.



Source: BJS, Survey of Inmates in Local Jails, 1996.

Figure 34

• About a third of all convicted inmates in local jails described themselves as having been daily drinkers at the time of the offense (figure 32). Among these daily drinkers, about 2 out of 3 said that they had previously received some form of alcohol treatment, with detoxification the most commonly described intervention. Among those who described themselves as drinking less often, about 2 out of 3 also reported prior alcohol treatment participation, most often in an inpatient program.

• The most recent census of the 3,300 local jails nationwide (1993) indicates that about 10% of all jails maintain special housing units for alcohol detoxification. Less than 4% of local jails in States in the Northeast, however, describe having such units available for housing inmates in need of alcohol detoxification.

| Region | Number of jails, 1993 | |
|------------|-----------------------|-----------------------|
| | Total | With detox facilities |
| Total U.S. | 3,304 | 324 |
| Northeast | 228 | 8 |
| Midwest | 967 | 82 |
| South | 1,591 | 170 |
| West | 518 | 64 |

Alcohol and Crime 27

Inmates in State prisons and alcohol use

- The alcohol consumption patterns of State prisoners differ markedly from jail inmates and probationers; though the prevalence of drinking is lower, the estimated levels of intoxication at the time of the offense are higher. A major departure from other components of the corrections population is that women inmates report higher levels of intoxication at the time of the offense than male inmates (figure 33).

- Overall, State prison inmates report having consumed an average of nearly 9 ounces of ethanol prior to the offense, the equivalent of about three six-packs of beer or two quarts of wine. The median time spent drinking prior to the crime was about 6 hours.

- Intoxication levels vary by the amount of time the offender spent

drinking before the crime but vary little by the relationship between the victim and offender in violent crimes.

- The extent of alcohol involvement in crime increases if victim use of alcohol at the time of the offense is included. While the NCVS does not ask crime victims to indicate if they had been drinking when the offense occurred, the inmate surveys ask the offender to indicate if he/she knew if the victim had been drinking. Among violent offenders in State prisons, 28% reported that they had been using alcohol at the time of the offense, 6% report only the victim had been using alcohol, and 8% of violent offenders report that both they and their victim had been drinking (text table on page 29). Manslaughter offenses and offenses directed against a spouse or intimate were the most likely to have been alcohol-involved.

Estimated average BAC at the time of the offense

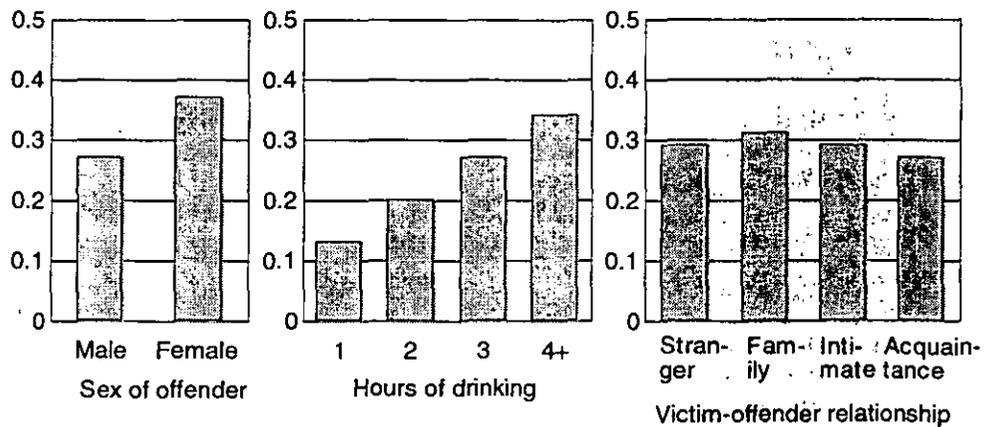


Figure 35

According to offenders, whether the victim was drinking at the time of the violent offense:

| | Of-fender | Vic-tim | Both | Nei-ther |
|-------------------------------------|-----------|---------|------|----------|
| All offenders | 28% | 6% | 8% | 58% |
| Offense | | | | |
| Murder | 25% | 10% | 13% | 52% |
| Man-slaughter | 27 | 13 | 17 | 43 |
| Rape/sexual assault | 27 | 3 | 8 | 62 |
| Robbery | 29 | 4 | 3 | 64 |
| Assault | 29 | 8 | 11 | 52 |
| Victim/offender relationship | | | | |
| Stranger | 30% | 5% | 7% | 58% |
| Family | 23 | 3 | 4 | 70 |
| Spouse/intimate | 27 | 10 | 18 | 45 |
| Acquaintance | 26 | 8 | 12 | 54 |

• Among State prisoners, nearly 3 in 10 described themselves as daily drinkers during the period preceding their incarceration (figure 34). By type of offense, there was little variation in the percentage who described themselves as drinking daily: only those serving time for drug offenses were less likely to report regular drinking or drinking daily. Daily drinkers reported that they began regular drinking earlier, at less than age 17, and at the time of the offense, they were estimated to have had the highest average BAC, about 0.30 g/dl.

Just under 30% of State prisoners described themselves as daily drinkers. Daily drinkers began regular drinking at the earliest age and had the highest estimated BAC at the time of the offense for which they were in prison.

| Most serious offense of State prison inmates | Percent of State prison inmates | | | | |
|--|---------------------------------|--------------|----------------|-----------------|---------------------------|
| | Total | Non-drinkers | Daily drinkers | Weekly drinkers | Drinking less than weekly |
| All | 100% | 28% | 29% | 25% | 18% |
| Violent | 100 | 26 | 30 | 25 | 18 |
| Murder | 100 | 24 | 32 | 25 | 19 |
| Manslaughter | 100 | 25 | 25 | 33 | 18 |
| Sexual assault | 100 | 25 | 29 | 25 | 20 |
| Robbery | 100 | 31 | 29 | 24 | 15 |
| Assault | 100 | 23 | 34 | 27 | 17 |
| Property | 100% | 28% | 30% | 25% | 16% |
| Drugs | 100% | 34% | 23% | 25% | 19% |
| Public-order | 100% | 24% | 32% | 27% | 17% |
| Average age began drinking regularly | 17.4 yr | | 16.7 yr | 18.0 yr | 18.4 yr |
| Average BAC at the time of the offense | 0.27 | | 0.30 | 0.24 | 0.22 |

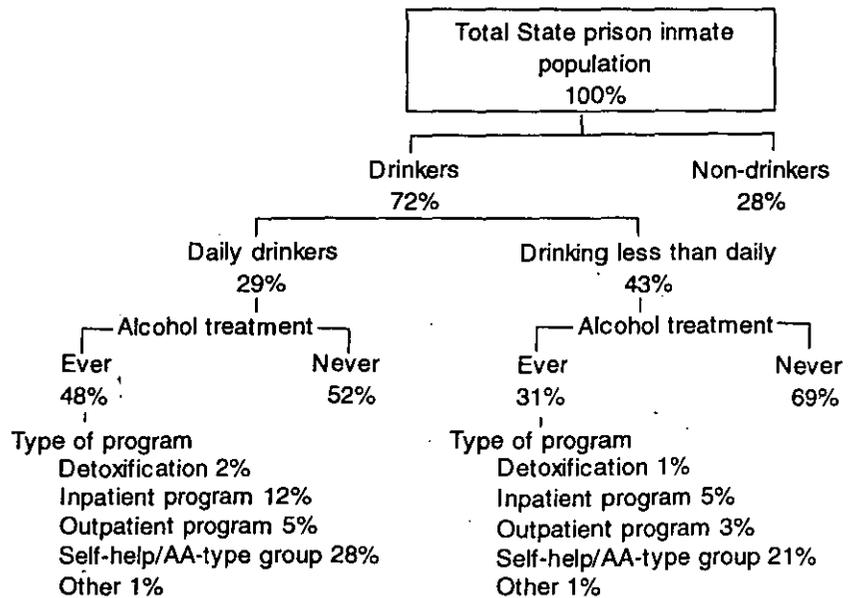
Figure 36

Convicted murderers in State prisons reported that alcohol was a factor in about half the murders they committed. Those who murdered intimates reported drinking the largest quantity for the longest period prior to the offense. They were estimated to have had a comparatively high BAC, about 0.30, at the time of the murder.

| Drinking at the time of the murder | Victims of murderers in State prisons | | | | |
|------------------------------------|---------------------------------------|----------|---------------|----------|--------------|
| | All | Stranger | Family member | Intimate | Acquaintance |
| Total | 100% | 100% | 100% | 100% | 100% |
| Murderer | 25 | 26 | 14 | 27 | 24 |
| Victim | 10 | 8 | 9 | 9 | 13 |
| Both | 14 | 13 | 13 | 18 | 13 |
| Neither | 52 | 53 | 64 | 46 | 50 |
| Average BAC of murderer | 0.28 | 0.30 | 0.24 | 0.30 | 0.25 |

Figure 37

About half of all State prison inmates describing themselves as daily drinkers had received some form of treatment in the past. For most the treatment was in the form of participation in a self-help group such as Alcoholics Anonymous (AA).



Source: BJS, Survey of Inmates in State Correctional Facilities, 1991.

Figure 38

- About half the prisoners who described themselves as daily drinkers prior to entering prison, reported that they had participated in an alcohol treatment program at some time in their lives (figure 36).

- Among offenders in State prisons who described themselves as drinkers, offenders convicted of public-order crimes were the most likely to report having previously participated in an alcohol treatment program.

- About a third of daily drinkers in State prisons had participated in alcohol treatment programs 2 or more times previously. Since admission to prison, about 1 in 5 offenders who described themselves as drinkers joined an AA or Al-Anon type of group.

- In 1995 a BJS census conducted among prisons nationwide revealed that 1,224 of the 1,375 State correctional facilities (both confinement facilities and community-based facilities) and 121 of the 125 Federal prisons and halfway houses provided alcohol dependency treatment programs. Among these 1,345 correctional facilities with alcohol treatment services, 1,075 were traditional confinement facilities and 270 were community-based primarily serving a pre-release population.

- Among the 1,196 confinement facilities nationwide in 1995, 192 indicated that a central mission of the facility was to provide drug/alcohol treatment, more than double the number of prisons providing such services in 1990. Thirty-nine prisons described their primary function as alcohol/drug treatment.

- In 1995 there were 110 privately operated correctional facilities in the U.S. under contract to State or Federal authorities. Among these, 4 facilities, housing an average daily population of 1,035 inmates, described their primary function as alcohol or drug treatment.

Appendix I

Formula for calculating BAC

The National Highway Traffic Administration has provided a formula that permits an estimate of Blood Alcohol Concentration (BAC) to be made based upon the self-reported drinking behavior of the offender immediately preceding the commission of the offense. The formula requires the collection of data from offenders about the type of beverage consumed, the alcohol content of that beverage, the quantity consumed, the amount of time spent drinking, the drinker's gender, and the body weight of the offender.

The formula for calculating BAC after multiple hours of drinking (Widmark Formula) is:

$$\text{BAC}(h) = [A / (r * p) / 10] - (h * k)$$

where

BAC=Blood Alcohol Concentration at time h

A=grams of ethanol consumed: which is equal to (liquid ounces of ethanol * .82)/.035

r=reduced body mass: which is .68 for males and .55 for females

p=weight in kilograms: which is equal to weight in pounds/2.2046

h=hours drinking

K=estimated rate at which the body metabolizes ethanol which is .015 grams per hour

Based on this formula, a male offender who weighs 173 pounds and reported consuming 12 beers in 4 hours before the offense would have an estimated BAC of 0.19 at the time of the crime.

To solve for BAC —

- 1) 144 ounces beer * 4% alcohol content=5.76 ounces of liquid ethanol
- 2) $A = (5.76 * .82) / .035 = 134.95$ grams of ethanol
- 3) $p = 173 \text{ pounds} / 2.2046 = 78.47$ kilograms
- 4) $r * p = .68 * 78.47 \text{ kilograms} = 53.36$ kilograms
- 5) $h * k = 4 \text{ hours} * .015 = .06$

$$\begin{aligned} \text{BAC (4 hours)} &= [(134.95 / 53.36) / 10] - .06 \\ &= (2.527 / 10) - .06 \\ &= .19 \end{aligned}$$

| Hours drinking at the rate of 2 beers per hour | Estimated BAC from consuming two 12-ounce beers per hour | |
|--|--|------------------|
| | 173-pound male | 136-pound female |
| 1 hour | 0.03 | 0.05 |
| 2 | 0.06 | 0.11 |
| 3 | 0.09 | 0.16 |
| 4 | 0.12 | 0.22 |

Note: The average metabolic rates assume a reduction of 0.015 g/dl per hour.

Appendix II

Liquor law violations on college campuses

Based upon a nationwide survey of postsecondary institutions carried out by the National Center for Education Statistics, in 1994 an estimated 13% of 2- and 4-year colleges reported on-campus arrests for liquor law violations. Liquor law violations generally include prohibited manufacture, sale, or possession of liquor and maintaining illegal drinking places but exclude public drunkenness offenses and DUI/DWI.

An estimated 63% of public 4-year universities reported arrests for liquor law violations compared to 17% of private 4-year schools. National estimates of the number of arrests on campus for 1994 were 20,430. Per capita arrest rates averaged 1.404 per thousand students nationwide but varied substantially by type of school, residency, size, and location:

Source: Laurie Lewis and Elizabeth Farris, *Campus Crime and Security at Postsecondary Education Institutions*, Washington, D.C.: National Center for Education Statistics, January 1997 (NCES 97-402).

Just over half of campus law enforcement agencies at 4-year universities and colleges with at least 2,500 students report that they operate alcohol education programs. Generally, the larger the university the more likely they are to maintain alcohol education as a special unit or activity. Public universities (59%) more often reported the availability of such programs and services than those universities which were privately operated (43%).

Source: Brian A. Reaves and Andrew L. Goldberg, *Campus Law Enforcement Agencies, 1995*, Washington, D.C.: Bureau of Justice Statistics, December 1996 (NCJ-161137).

Rates of arrest for liquor law violations per 1,000 students, 1994

| | | | |
|----------------|-------|-----------------------|-------|
| Public 2-year | .339 | No campus housing | .087 |
| Private 2-year | .932 | <25% on campus | 1.575 |
| Public 4-year | 2.837 | 25% or more on campus | 2.996 |
| Private 4-year | .595 | | |
| <200 students | .985 | Large city campus | .775 |
| 200-999 | .336 | Mid-size city campus | 1.754 |
| 1,000-2,999 | .939 | Urban fringe campus | 1.044 |
| 3,000-9,999 | 1.175 | Town/rural campus | 2.403 |
| 10,000 or more | 1.780 | | |

**Datapoints
for the
graphics**

Cover. Number of persons under correctional supervision who committed their crime after drinking, 1996

| | Number of convicted offenders who had used alcohol or drugs at the time of the offense | |
|----------------|--|-----------|
| | Alcohol | Drugs |
| Total | 1,919,251 | 1,099,393 |
| Probationers | 1,268,965 | 445,251 |
| Jail inmates | 84,979 | 77,449 |
| Prison inmates | 358,827 | 351,186 |
| Parolees* | 206,480 | 225,507 |

*Estimated from the characteristics of inmates leaving State prison.

Figure 2. Victims' perception of the use of alcohol and drugs by the violent offender

| Was the offender using — | Percent of victims of violence |
|--------------------------|--------------------------------|
| Alcohol only | 19.7% |
| Alcohol and drugs | 4.7 |
| Alcohol or drugs | 1.3 |
| Drugs only | 5.1 |
| Neither | 38.7 |
| Don't know | 30.4 |

Figure 9. Percent of violent incidents that involved alcohol, by the victim-offender relationship

| | Percent of violent incidents involving alcohol |
|----------------------|--|
| Spouses/ex-spouses | 29.4% |
| Acquaintances | 28.6 |
| Boy/girlfriends | 19.2 |
| Strangers | 11.8 |
| Other family members | 11.0 |

Figure 12. Type of weapon used in alcohol-related incidents

| | Percent of alcohol-related violent incidents |
|-----------------------|--|
| Hands, feet, or fists | 79.1% |
| Firearms | 3.7 |
| Knives | 6.9 |
| Blunt objects | 6.4 |
| Other weapons | 3.9 |

Figure 11. Percent of violent incidents involving alcohol, by hour of occurrence

| Hour of occurrence | Percent of violent incidents |
|--------------------|------------------------------|
| Midnight | 9.3% |
| 1 a.m. | 9.6 |
| 2 | 7.8 |
| 3 | 4.8 |
| 4 | 2.6 |
| 5 | 1.4 |
| 6 | 1.0 |
| 7 | 0.9 |
| 8 | 0.8 |
| 9 | 0.7 |
| 10 | 0.9 |
| 11 | 1.0 |
| Noon | 1.3 |
| 1 p.m. | 1.4 |
| 2 | 1.7 |
| 3 | 2.2 |
| 4 | 3.2 |
| 5 | 3.5 |
| 6 | 4.8 |
| 7 | 5.8 |
| 8 | 7.1 |
| 9 | 8.5 |
| 10 | 9.6 |
| 11 | 10.2 |
| Midnight | 9.3 |

Figure 18. Percent of fatal accidents with a drinking driver, by day of occurrence

| | Percent of fatal accidents with a drinking driver |
|-----------|---|
| Monday | 8.7% |
| Tuesday | 8.5 |
| Wednesday | 9.4 |
| Thursday | 11.0 |
| Friday | 16.2 |
| Saturday | 25.6 |
| Sunday | 20.4 |

Figure 20. Percent of drinking drivers in fatal accidents, by BAC levels

| BAC levels | Percent of drinking drivers |
|---------------|-----------------------------|
| 0.05 or less | 11.7% |
| .06-.07 | 4.8 |
| .08-.09 | 6.0 |
| .10-.19 | 39.9 |
| .20-.29 | 29.9 |
| .30 or higher | 7.6 |

Figure 23. BAC levels of drinking drivers in fatal accidents, by driving record

| | BAC levels of drinking drivers in fatal accidents |
|----------------------------|---|
| DWI convictions | |
| 2 or more | 0.21 |
| 1 | 0.19 |
| None | 0.16 |
| License suspensions | |
| 2 or more | 0.18 |
| 1 | 0.17 |
| None | 0.16 |
| License | |
| Valid | 0.16 |
| Invalid | 0.18 |
| All drinking drivers | 0.16 |

Figure 19. Percent of drinking drivers in fatal accidents, by BAC levels and hour of occurrence

| | Percent of drinking drivers in fatal accidents with recorded BAC levels | |
|---------------------|---|----------------|
| | 0.08 or higher | 0.10 or higher |
| Midnight-12:59 a.m. | 62.9% | 57.4% |
| 1 -1:59 | 74.1 | 69.3 |
| 2 -4:59 | 72.3 | 67.4 |
| 5-6:59 | 33.3 | 30.7 |
| 7-9:59 | 12.7 | 11.7 |
| 10 a.m.-1:59 p.m. | 14.9 | 13.7 |
| 2 -4:29 | 23.4 | 21.7 |
| 4:30 -6:29 | 36.0 | 33.5 |
| 6:30 -8:59 | 50.7 | 47.3 |
| 9 -10:59 | 57.9 | 54.2 |
| 11 -11:59 p.m. | 63.7 | 59.3 |

Figure 26. Percent of offenders and victims who reported that the offender was drinking at the time of the crime

| Source | Percent of incidents or offenders in which the violent offender was drinking |
|-----------------|--|
| State prisoners | 37.5% |
| Probationers | 40.7 |
| Jail inmates | 40.6 |
| Victims | 35.1 |

Figures 28a, b, c. Alcoholic beverages consumed by convicted offenders drinking at the time of their offense, by jail and prison inmates and adults on probation

| Beverage consumed at the time of the crime | Percent of drinking offenders | | |
|--|-------------------------------|--------------------|----------------------|
| | Adults on probation | Local jail inmates | State prison inmates |
| Beer | 20% | 20% | 13% |
| Liquor | 6 | 4 | 9 |
| Beer and liquor | 10 | 12 | 10 |
| Other combinations | 2 | 4 | 6 |
| None | 62 | 60 | 62 |

Figure 30. Percent of adults on probation who had used alcohol at the time of their offense, by offense and sex of offender

| | Percent of adults on probation drinking at the time of the offense | |
|--------------|--|-------|
| | Men | Women |
| Total | 41% | 25% |
| Violent | 38 | 28 |
| Property | 21 | 6 |
| Drugs | 17 | 12 |
| Public-order | 75 | 62 |

Figure 32. Percent of inmates in local jails who had used alcohol at the time of their offense, by offense and sex of offender

| | Percent of inmates in local jails drinking at the time of the offense | |
|--------------|---|-------|
| | Men | Women |
| Total | 41% | 29% |
| Violent | 41 | 35 |
| Property | 35 | 16 |
| Drugs | 29 | 27 |
| Public-order | 57 | 47 |

Figure 35. BAC levels of drinking State inmates at the time of their offense, by sex of inmates, number of hours of drinking, and victim-offender relationship

| | Estimated BAC levels of State prison inmates at time of offense |
|-----------------|---|
| Male | 0.27 |
| Female | 0.37 |
| Drinking 1 hour | 0.13 |
| 2 | 0.20 |
| 3 | 0.27 |
| 4 | 0.34 |
| Strangers | 0.29 |
| Family members | 0.31 |
| Intimates | 0.29 |
| Acquaintances | 0.27 |

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Alcohol and Crime

National Symposium on Alcohol Abuse and Crime: Recommendations to the Office of Justice Programs

April 1998



Prepared by
The Center for Effective Public Policy

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Part I: Overview: The National Symposium on Alcohol Abuse and Crime

In the fall of 1997, Assistant Attorney General Laurie Robinson convened a federal interagency working group to plan a National Symposium on Alcohol Abuse and Crime. In the Assistant Attorney General's words, the symposium would "...reinforce what we all know and want to focus on--that the links between alcohol abuse and crime and what to do about this problem are of critical importance to the health and safety of America's communities."

Purpose and Focus

In the months preceding the symposium, held in Washington, D.C. on April 5 - 7, 1998, the interagency group identified key topics and speakers; structured the working sessions of the agenda; and--perhaps most importantly--carefully identified more than one hundred expert participants. Age, gender, and ethnic diversity--along with professional diversity--characterized the individuals who were ultimately invited to participate.

The specific purposes of the symposium were:

- To convene recognized leaders from the alcohol field including research, treatment, criminal justice, community and victim advocacy, and prevention;
- To provide a forum for these participants to engage in an honest and open discussion of our current knowledge of the relationships between alcohol abuse and crime in all of its dimensions, as well as the breadth and effectiveness of our current criminal justice and treatment responses to alcohol abuse and crime; and
- To provide advice and guidance to the Office of Justice Programs (OJP) regarding how it can best provide support to ongoing and emerging efforts to reduce alcohol-related crime and its consequences.

In order to focus the work of the symposium, the interagency planning group identified four specific topic areas around which the working groups were organized. The topics were:

- The role of alcohol in domestic violence and its implications for criminal justice interventions;
- Effective interventions for offender populations;
- Community-based responses and initiatives; and
- The underage use of alcohol.

Symposium Format

Participants were invited to join one of four working groups each organized around one of the primary topics listed above in the Purpose and Focus section. Each group was asked to identify the major problems in its area, summarize current criminal justice responses to those problems and what we know of their effectiveness, and develop a specific set of recommendations about actions the Office of Justice Programs can take to reduce alcohol-related crime and its consequences.

Plenary presentations, designed to provide participants with a common frame of reference for their discussions, supplemented the working group sessions. The presentations were representative of a wide variety of perspectives and covered the current state of knowledge on alcohol abuse and its relationship to crime; treatment approaches and their effectiveness; cultural and ethnic dimensions of alcohol abuse; the role of alcohol in domestic violence; community initiatives to address alcohol-related crimes; interventions within the correctional system; and the underage use of alcohol. The symposium agenda, which identifies plenary session topics as well as the presenters, is included as Appendix 1.

After two days of panel presentations and lively discussions, the four working groups formulated their recommendations and highlighted their priority recommendations in a presentation attended by all of the symposium participants and Attorney General Janet Reno.

Participants

The response to OJP's invitation to participate in the symposium was overwhelming. Ultimately, approximately 150 individuals, representing a broad variety of disciplines and perspectives, participated in the symposium. They included:

- Criminal justice officials from many different agencies including law enforcement personnel, judges from juvenile and adult courts as well as specialized alcohol and drug courts, prosecutors, jail administrators, and representatives from institutional and community based corrections agencies;
- Youth representatives;
- Representatives from collaborative community efforts to control alcohol-related crime including alcoholic beverage control agencies, the retail industry, and the alcohol beverage industry;
- Diverse public policy practitioners and advocates such as local elected officials, public health advocates, community organizers, and educators;
- Treatment and prevention specialists from the alcohol, substance abuse, and

domestic violence arenas;

- Victim advocates including representatives of the domestic violence advocacy community;
- Researchers and evaluators; and
- Federal policy makers, funders, and program managers.

A complete listing of the symposium's participants is included as Appendix 2.

Major Themes of the Symposium's Recommendations

While the symposium participants generated hundreds of recommendations during the course of their discussions, this report presents a synthesis of the recommendations which fall most clearly within the purview of the Office of Justice Programs. There were several key themes that emerged with striking consistency in all four groups which provide a coherent framework for the numerous recommendations provided by the symposium participants.

- Alcohol is a drug that is closely linked with crime, particularly violent crime. As a result, it should have greater visibility in our efforts to deal with crime and violence. The four groups encouraged OJP to support initiatives which acknowledge alcohol as a drug and which target the crime related to alcohol abuse and its consequences.
- OJP can provide important leadership on this issue by continuing to emphasize the inclusion of alcohol in the dialogue about substance abuse, and to emphasize statistical and qualitative information about the high proportion of crime related to alcohol abuse.
- The problems of alcohol abuse and crime, by their nature, cross all of our traditional professional, jurisdictional, racial, ethnic, gender, and even generational boundaries. If we are to begin to address these problems more effectively, we must develop collaborative efforts—bringing together law enforcement, the courts, corrections agencies, treatment providers, victim advocates, community representatives, health professions, researchers, alcohol beverage control agencies, the alcohol beverage industry, the hospitality industry, youth, and others. Therefore, the four groups encouraged OJP to support initiatives which are based upon collaboration.
- Efforts to prevent and respond to alcohol-related crime must be sensitive to the communities and the cultural context in which they occur, and must be competent within those communities. It would be difficult to overestimate the

strength of conviction which participants felt on this point whether in relationship to domestic violence, offender interventions, the underage use of alcohol, or community initiatives.

- **The consequences of alcohol abuse and alcohol-related crime fall disproportionately upon communities in Indian Country. A Native American is 475% more likely to die of alcohol-related causes than is the average American. In addition, other conditions such as unemployment and family disruption that correlate highly with crime in all communities are experienced disproportionately in Indian Country. Prevention and intervention efforts regarding alcohol-related crime must be cognizant of these needs and the disproportionate impact of alcohol abuse and crime in Indian Country.**
- **One of the barriers impeding our progress in utilizing the knowledge that we do have is the gap that exists between research and practice. Each of the working groups at the symposium spoke passionately of the need to use the knowledge we have, to make it available to communities and practitioners as they mobilize their efforts to deal with alcohol abuse, and to share our knowledge about what works. The four working groups encouraged OJP to disseminate emerging research results widely and in a form that is accessible and understandable to the broader community. They also encouraged OJP to support research on the topic of alcohol abuse and crime in proportion to its importance as a drug of abuse—which is significant, and greater than many drugs of abuse which we research extensively.**
- **In its broadest sense, community involvement requires the participation of individuals who are most affected by a problem and its solution. The four working groups encouraged OJP to undertake initiatives in partnership with individuals and communities who are most influenced by alcohol abuse and crime. Youth, victims, racial and ethnic groups, and specific communities must be included and empowered to participate in the solutions to these problems.**
- **The working groups found the opportunity for dialogue at the symposium to be an important step forward in addressing the problem of alcohol abuse and crime. They encourage OJP to consider sponsoring further opportunities for collaborative discussions among diverse groups on the role of alcohol in domestic violence, effective interventions for offender populations, and the underage use of alcohol.**

Organization of this Report

Each of the working groups at the symposium generated a set of discussion notes and an outline of recommendations. Parts II - V of this report are a synthesis of each group's discussions and recommendations. Major issues, problems, and needs are

discussed as "Targets for Change" in each section and are followed by recommendations organized into categories. The report attempts to remove duplication, combine related recommendations, and to include primarily those recommendations which relate to OJP's areas of responsibility. Each group generated extensive recommendations regarding research—on research questions, research methods, and the dissemination of research results. To avoid repetition and highlight common themes, Part VI of the report incorporates recommendations on research from all four working groups.

Highlighted Recommendations

To fully appreciate the extent and complexity of the issues which participants discussed and the recommendations which they formulated, the reader is encouraged to review each of the following sections of this document. However, participants did highlight key recommendations for discussion with OJP during the symposium. These highlighted recommendations provide an overview of the full set of recommendations presented in Parts II - VI of this report.

The role of alcohol in domestic violence and its implications for criminal justice interventions

1. Conduct and support research on initiatives that foster linkages among community groups, service and treatment providers for domestic violence and alcohol problems, and the criminal justice system;
2. Increase funding and support for community-based, culturally competent programs that successfully integrate services across a system that is currently very fragmented;
3. Support screening for and assessment of alcohol use among all batterers who are in contact with the criminal justice system;
4. Ensure that non-coercive alcohol treatment options are available for women who are victims of domestic violence; and
5. Convene a similar symposium or focus group to look specifically at the links between domestic violence and alcohol abuse. There is still much learning to be shared from all sides, and more dialogue and exploration that need to happen before specific recommendations can be made with full agreement.

Effective interventions for correctional populations

1. Support the development of a comprehensive continuum of care that

connects all elements of the treatment and criminal justice communities from arrest through discharge from the system;

2. Encourage the formulation of a common language for both treatment and criminal justice practitioners that adequately defines terms, articulates treatment goals, and adequately expresses agreed-upon standards of care;
3. Support the definition and dissemination of accepted "best" treatment and intervention practices that are culturally competent across all offender populations, including Native American populations;
4. Support the development and implementation of effective treatment strategies for offender populations who will be within the correctional system for only short periods of time, particularly jail populations; and
5. Encourage a more coordinated and accountable system for responding to driving under the influence of alcohol.

Underage use of alcohol

1. Support efforts to focus on alcohol advertising and marketing including: a) additional research on the effects of alcohol advertising on young persons, b) the allocation of substantial resources (on a scale similar to the amount the federal government has allocated for its anti-illicit drug media campaign) to purchase media time for messages about the dangers associated with the underage use of alcohol, and c) efforts to discourage alcohol advertising and marketing that target and appeal to underage persons;
2. Support efforts to encourage responsible hospitality practices including: a) consistent enforcement of laws regarding the sale and distribution of alcohol to underage persons, b) mandatory compliance checks of all alcohol outlets, c) training of alcohol merchants and servers regarding the sale of alcohol to underage persons, and d) the restriction of the number of alcohol outlets in areas frequented by underage persons;
3. Support collaborative community efforts to address the problem of underage alcohol use that include peer justice and youth empowerment programs, linkages among the treatment and criminal justice agencies, and a concerted effort to involve youth in the effort to create an environment which discourages rather than encourages the underage use of alcohol; and

4. Provide support for another structured and organized opportunity for collaborative discussion on this issue and, in particular, to develop more fully this working groups's extensive list of recommendations.

Community-based responses and initiatives

1. Undertake a program of community-based initiatives for preventing alcohol-related crime that are competent with respect to gender and culture. These initiatives should focus on alcohol outlet availability, advertising, and the enforcement of alcoholic beverage control regulations. The initiatives should involve partnerships with community stakeholders and should adopt strategies which include the alcoholic beverage control system and should be based upon the existing research on effective efforts in this area;
2. Support research and evaluation on alcohol-related crime issues that incorporate partnerships involving researchers and community decision makers and policy makers and that lead to broad dissemination of information on "what works" to communities interested in addressing these issues;
3. Encourage crime-prevention initiatives which incorporate alcoholic beverage control agencies as crime prevention resources; and
4. Enter into a special partnership for Indian Country initiatives on alcohol abuse and crime, with the active participation of communities within Indian Country.

Part II: The Role of Alcohol Abuse in Domestic Violence and Its Implications for Criminal Justice Interventions

Background of the Discussion

The discussion began with a review of what the criminal justice system can do to address domestic violence generally, and, specifically, domestic violence related to alcohol abuse. Participants agreed that, although there has been significant progress in raising the visibility of domestic violence within the system, the need for more effective responses to domestic violence in general and to domestic violence related to alcohol abuse still presents critical challenges.

The participants felt that a difficult barrier arises from the apparent tension which emerges between the goal of assuring accountability and sanctions for batterers and the goal of providing alcohol treatment for batterers. In brief, domestic violence advocates are concerned that a heavy emphasis upon an offender's alcohol addiction may relieve him of responsibility for his actions and downplay deserved sanctions. Even beyond that, it may encourage the use of treatment resources for addiction issues rather than for batterers issues. Some felt that after the lengthy battle to label domestic violence for what it is—a crime—it seems like a step backward to focus upon batterers needs for alcohol treatment rather than the punishment they deserve.

At the same time, for those whose violence is exacerbated by alcohol addiction, addressing addiction issues can be important in preventing future victimization—a concern for all domestic violence advocates.

Targets for Change

As with the other three working groups, a recurring theme running through the discussions of the domestic violence group was the importance of collaboration. Although particularly difficult in this area, the group identified a number of the potential benefits of true collaboration. They include the ability to:

- Develop a better understanding of the issues underlying domestic violence and alcohol abuse;
- Increase the frequency and effectiveness of screening at all points in the criminal justice system;
- Recognize the need for and conduct cross-training;
- Truly integrate service delivery;

- Recognize the need for and conduct research on linkages;
- Provide services to families; and
- Assume more responsibility—ultimately—for women's safety across agencies (treatment, medical, courts, etc.).

However, the forces militating against collaboration can be significant. Funding increasingly does require collaboration, but too often efforts can go forward unilaterally without the leverage of funders encouraging or requiring collaboration. In addition, the difficulties of maintaining collaboration, once begun, are well-known.

Effective Linkages and Integration Issues

Even beyond the general need for collaboration, the group felt that effective interventions for domestic violence require specific, rigorous efforts to link agencies and services. This is critical in order to ensure the safety of victims of domestic violence who have alcohol abuse problems and those who do not. The dimension of alcohol abuse only intensifies and makes more complex the requirements for integration. Several participants urged using the "peacemaker" approach to address the intersection of all these fragmented agencies and agendas. Some of the specific issues in this area raised by participants include the need to:

- Integrate a domestic violence assessment component into all alcohol treatment programs;
- Integrate safety-related strategies into all alcohol treatment planning/case plans for victims of domestic violence;
- Provide services that better meet victims' needs and that are women friendly and appropriate (this is essential if we are to successfully integrate domestic violence and alcohol services);
- Bring more community-based representatives to the table when a "team" or task force is created;
- Look at victims' involvement in the criminal justice system on other charges and use that involvement to help deal with alcohol or drug addiction and victimization;
- Be clear about the purpose of screening for alcohol or drug addiction for batterers in the criminal justice system (i.e., is it an avenue of additional intervention, a way to diminish responsibility, or will it be used to give priority to alcohol or drug addiction treatment over batterers' intervention and sanctions?);

- Consider joint classification of batterers for treatment needs, justice requirements, and risk assessments;
- Assure that specific screening components be included in all programs associated with alcohol abuse and domestic violence (i.e., shelters, the batterers' interview, treatment, etc.); and
- Include law enforcement as integral partners in all collaborative efforts to address domestic violence.

Participants suggested a unified court, such as the domestic violence docket which is currently operating in Bridgeport, Connecticut, as a vehicle for assuring integration. A unified court brings a range of points to bear including victim interests, and does not have to depend upon the strength of any other agency's particular commitment or focus on this issue. In such a court, the system can:

- Provide a quick response (i.e., by the next day) with no time for intimidation by the batterer;
- Ensure that all relevant parties are present in court;
- Provide protective orders;
- Provide regular accountability to the court; and
- Provide linkages to batterers' programs in jail and in the community.

Treatment and Intervention

A basic value shared by the members of this group was that every facet of treatment and the criminal justice system is responsible for providing safety for women. This presents significant challenges, since funding and services are often fragmented. Other challenges regarding treatment and intervention include the need to:

- Avoid victim-blaming;
- Develop culturally competent treatment;
- Recognize that alcohol and domestic violence are inter-generational and co-generational, and this has implications for screening and service delivery (i.e., treatment as prevention, its role in juvenile offenses; and how to approach it with children, teens, mothers, and partners);

- **Develop and implement intervention models that are not colonizing;**
- **Understand the role and value of spirituality in recovery;**
- **Address the undermining of linkages and services by the movement of public services to managed care; and**
- **Advance the integration of alcohol treatment and batterers' intervention programs by exploring such innovations as:**
 - ▶ **The intensive case management model by probation as it is used in some drug courts, and**
 - ▶ **Outreach to judges about integration.**

Recommendations

These recommendations reflect a wide breadth of experience among group members. Although there was no effort to achieve consensus, the recommendations are listed in rough order of priority (within each category) as determined by votes taken during the discussion. The recommendations fall into the following categories:

- **Collaboration;**
- **Treatment and Intervention;**
- **Education and Information Dissemination;**
- **Training; and**
- **Policy.**

Collaboration

Participants recommended that OJP support and promote the following efforts and initiatives.

- **A continuation of the dialogue between domestic violence programs (victim/survivor and offender treatment programs) and the alcohol field (include representatives from both treatment and prevention) that occurred at the symposium. One vehicle for such a dialogue would be a forum/conference for practitioners and policy makers to review current research and promising practices regarding alcohol abuse and domestic violence. Such a forum should include a diversity of opinions and approaches. It could also form a basis for**

subsequent training on the conclusions which emerge from the conference.

- Development of an understanding of the cultural dimension of alcohol abuse and domestic violence, in particular, for treatment in Indian Country.
- Collaboration with other federal agencies to deal with the problems of domestic violence and alcohol abuse in at least two ways. First, OJP agencies should enter into collaborative efforts among themselves and with other federal agencies. This will model and encourage collaboration among the state and local efforts supported by federal funding. Further, OJP funding should be conditioned upon efforts at collaboration at the local and state levels.
- Encouragement of more coordination among criminal justice agencies and batterers intervention programs.
- Involvement of survivors (consumer community) as well as the broader community in planning, developing, and implementing integrated programming.

Treatment and Intervention

Participants recommended that OJP should support and promote the following efforts and initiatives.

- Provision of appropriate non-coercive alcohol treatment options for women who are victims of domestic violence.
- Screening of offenders for alcohol abuse at all points of contact within the criminal justice system.
- Development of a model treatment program for batterers that includes screening, an assessment of alcohol use, and addresses the relationship between alcohol abuse and domestic violence. Such a program should be evaluated in terms of its effectiveness for various typologies of batterers.
- Provision of domestic violence education and prevention services to all high risk groups (i.e., offenders, ex-offenders, those on probation and parole, and their families), especially through community-based organizations.
- Provision of information about alcohol use/abuse as a safety issue to victims and survivors of domestic violence.
- Establishment of a domestic violence component in substance abuse programs with the involvement and input of the domestic violence victim advocacy community. This will also require cross-training of respective staff involved in

assessment, placement, screening, and alternative treatment modalities.

- Provision of more resources and facilities to meet basic needs in many parts of Indian Country where such resources and facilities are lacking (i.e., victim services, shelters, transportation, and alcohol treatment).
- The recognition of domestic violence and alcohol or drug addiction issues in the homes of juveniles who are in trouble with the law.

Education and Information Dissemination

Participants recommended that OJP support and promote the following efforts and initiatives.

- Presentation of criminal justice system data to the public to educate and raise the awareness of domestic violence as a serious problem, including the intersection between domestic violence and alcohol abuse.
- Improvements in the measurement of domestic violence and alcohol abuse, and an opening of the design process to a wider circle of input.

Training

Participants felt that OJP should support and promote the following efforts and initiatives.

- Integration of training for criminal justice, advocacy, treatment, and other agencies.
- Identification of best practices and provision of training for law enforcement, judges, and other decision-makers on domestic violence and alcohol linkages.

Policy

Participants recommended that OJP support and promote the following efforts and initiatives.

- Development and support of policies which ensure that domestic violence offenders receive appropriate criminal justice sanctions. Alcohol should not mitigate or increase the criminal justice penalty.
- Development of more unified court models for domestic violence and alcohol abuse issues.

Part III: Effective Interventions for Offender Populations

Background of the Discussion

A key issue raised by Assistant Attorney General Laurie Robinson in her remarks at the opening of the symposium was the prevalence of alcohol abuse among offender populations. The dimensions of this problem have been confirmed recently—both by a study published by the National Center on Addiction and Substance Abuse at Columbia University, and the analysis prepared by the Bureau of Justice Statistics specifically for the symposium. That analysis indicates that fully 35 percent of the 5.3 million convicted offenders under correctional supervision—nearly 2 million individuals—were under the influence of alcohol at the time of their offense.

The working group on effective interventions for offender populations discussed how the criminal justice system can effectively intervene with offenders to reduce the likelihood of future crime associated with alcohol abuse.

The members of this group were in general agreement that the number and proportion of offenders moving through the system who have significant alcohol problems is staggering. The group also agreed that, among the public and even among policy makers, there is very little appreciation for this fact. Not surprisingly, then, the resources dedicated to addressing alcohol treatment for offenders are limited at best and non-existent at worst. At least part of the difficulty in assuring adequate resources has been the heavy focus that the criminal justice system has placed upon illicit drugs, at the expense of identifying alcohol abuse as a priority. Even drug testing, which has become a widely-used tool in dealing with illicit drug use, often does not target alcohol use.

Targets for Change

The group identified a number of areas of agreement that may be seen as guiding principles for its recommendations in this area and imply major targets for change and improvement. Although there was great debate on a number of questions, there appeared to be some consensus on the following targets for change.

Continuum of Care

Interventions for offender populations should include a continuum of care from arrest to discharge and involve both short-term and long-term strategies for alcohol treatment. Current treatment interventions often rely on fragmented, under-resourced, and generally inadequate attempts to identify alcohol problems and treat them among offender populations. In order to achieve the goal of reducing the likelihood of future crime associated with alcohol abuse, a continuum of care concept is essential. The

elements of a continuum of care include: screening; assessment for diagnosis and risk; treatment planning; provision of treatment for counseling and rehabilitation; transitional care from institution to community; relapse prevention and intervention; and linkages created to tend to information flow, the flow of offenders through the criminal justice system, and the flow of offenders from institutions to the community.

Continuing Dialogue on Treatment and Standards of Care

The participants agreed that there is a clear need for further dialogue to develop a generally accepted definition of alcohol treatment and to work toward generally accepted standards of care. The extensive discussion and debate within the working group emphasized that there is little agreement on the definition of what constitutes acceptable alcohol treatment. The group discussed a definition which began with an acknowledgment that treatment is a prescribed regimen of therapeutic intervention rendered or overseen by a qualified professional consistent with generally accepted protocols. They also suggested that some further characteristics of acceptable treatment implicit in a "continuum of care" might include:

- The use of scientifically-based assessment tools;
- Treatment matched to the level of offender need;
- Psychological and medical supervision of groups and individuals;
- Peer support;
- Family intervention and counseling;
- Case management; and
- Treatment providers who are licensed and meet specific standards.

However, the group could not agree on a definition and noted the need for continuing dialogue on this topic with the ultimate goals of a common definition of treatment and minimum standards of care.

The participants felt that implication of their conclusion—that there are no accepted standards for treatment—suggests that the need for dialogue on this topic is critical and should receive priority consideration in OJP's planning in this area.

Cultural Competence

Participants agreed that all treatment programs and interventions should be undertaken within a framework of a culturally competent system of care that is both age and gender

specific. They felt that much of the treatment that is available does not adequately recognize that alcohol abuse takes place in a cultural context and is affected intrinsically by the gender or age of the individual involved. If we are to expect interventions to be effective, this must change. The group identified a set of specific recommendations regarding actions within Indian Country. They also acknowledged the over-representation of Native Americans, African Americans, and Hispanic Americans among offender populations. The group's recommendations emphasize the need for culturally competent interventions within these communities.

The Visibility of Alcohol as a Drug

Although alcohol is legal, participants emphasized that we need to be clear that it is a drug. They felt that alcohol's legal status should not diminish the priority we place upon dealing with the consequences of its abuse. The emphasis on illicit drug use has often deflected attention from the need to address this problem.

Criminal Justice and Community Linkages

The group agreed that linkages between the criminal justice system and the community should be developed and expanded.

Public Safety

Participants emphasized that the focus of this group on treatment and a continuum of care for offenders is warranted primarily because of the community safety benefits that it promises. If we can have a significant impact upon the patterns and instances of alcohol abuse among offender populations which are related to crime (and particularly violent crime) we make a significant impact upon reducing future criminality and increasing community safety.

Recommendations

The participants' recommendations concerning effective interventions for offender populations fall into several categories:

- Interventions and Treatment;
- Interventions for Offenders Who Are Guilty of Driving Under the Influence of Alcohol;
- Interventions for Native American Offenders;
- Interventions for African Americans Offenders and Hispanic American Offenders; and

- **Education and Training.**

Interventions and Treatment

Participants agreed that OJP should support and promote the following efforts and initiatives.

- **A more coordinated and effective delivery system for interventions should be developed from the time of arrest through sentencing and execution of a sentence. This should include clear definitions of goals, objectives, and outcomes for treatment, intervention, programs and offenders. A more effective delivery system should also include linking information systems. There should be a high level of coordination between the juvenile and adult systems. Linkages should extend beyond the criminal justice system to include education, health and human services, and other appropriate fields. The system should operate within constitutional and legal parameters.**
- **Effective interventions and treatment for short-term populations (i.e., jail populations) should be developed.**
- **A comprehensive continuum of care and treatment should be developed throughout the criminal justice system that acknowledges the movement of offenders from the community into institutions and back into the community. Implicit in this recommendation is the sense of the group that it is important to consider the variety of target populations that should be identified under the general category of "offenders." Their issues and needs regarding treatment interventions will vary. These target populations include: convicted drunk driving offenders; probationers and parolees supervised in the community; offenders incarcerated in jail (both pretrial and sentenced) and prison; juvenile offenders; offender subgroups (i.e., sex offenders, mentally ill offenders; drug-involved offenders who also use alcohol, gang-involved offenders, etc.); ethnic and cultural offender subgroups (e.g., Native American offenders, Native American offenders, Hispanic American offenders, etc.); and families of offenders.**
- **Mechanisms for fostering better coordination of funding at each level of government and among different agencies of government (federal, state, local, and tribal) should be developed. Particular efforts should be made at the federal level to coordinate the multiple sources of funding from within the Department of Justice, from within the Department of Health and Human Services, and from within other departments.**
- **Restoration should be a goal and a part of the sanction at each stage of the system and a part of every treatment plan.**

- A broad-based forum should be created to allow for dialogue about treatment and intervention issues, to help establish a common understanding of the range of treatment programs and interventions, and to help establish a common language.
- Scientifically-based assessment tools should be linked or matched to appropriate treatment and intervention.
- Additional treatment resources should be created for alcohol offenders, including post-release treatment programs. There are currently few, if any, resources *specific* to alcohol.
- Intervention initiatives should be designed to respond to the varying issues and needs of small, large, urban, and rural jurisdictions.
- All offenders should have access to scientifically-based alcohol and other drug screening and appropriate treatment as part of being held accountable and punished for their crimes.

Offenders Who Are Guilty of Driving Under the Influence of Alcohol

For the most part, sanctions for driving under the influence of alcohol are prescribed by state statute rather than by federal policy. The participants' recommendations which follow highlight areas in which OJP and other federal agencies might work with state and local jurisdictions who are interested in prioritizing driving under the influence of alcohol as an offense for prosecution and sanctioning, and implementing initiatives which will contribute to a reduction of such crimes in the future. The participants agreed that OJP should support the following efforts and initiatives.

- Development of an accountable system for dealing with offenders who are guilty of driving under the influence of alcohol in which:
 - ▶ Stability is promoted among staff who are committed to long-term change;
 - ▶ Drunk driving offenses are given a higher priority in the system (priority docketing, cases are heard more immediately, cases have more prestige, etc.);
 - ▶ Information flow through the courts is more effective and reaches everyone who needs it; and
 - ▶ Judges are better informed.
- Creation of "specialized" drunk driving courts. Develop critical program

elements for drunk driving courts (similar to *Defining Drug Courts: The Key Components*, Drug Courts Program Office, January 1997).

- In jurisdictions where it is not feasible to create a "specialized" court, judges and others in the criminal justice system should be provided with the information and skills necessary to deal effectively with issues related to alcohol abuse among the offenders whom they screen, assess, prosecute, adjudicate, and sentence.
- Development of ways to community outreaches so that the general public understands issues related to driving under the influence of alcohol.
- Development of scientifically-based assessment and screening tools for offender populations.
- Increasing the range of self-regulating devices which are available to the general public.
- Development of a national tracking mechanism to track drunk drivers (including offenses within local, state, federal, and tribal jurisdictions).
- Development of legal changes to amend current laws to allow for limited driving privileges of some convicted drunk drivers who have had their licenses suspended (i.e., to get to treatment or a job).
- Development of a broader range of sanctions for drunk driving offenses. Responses to drunk driving should include a combination of punishment, rehabilitation, and restitution.
- Development of ways to encourage states to amend current laws to allow for auto forfeiture for a third time predatory felony drunk driving offense.

Interventions for Native American Offenders

Consistent with a strong theme running through all of the groups' discussions at the symposium, the working group on effective offender interventions agreed upon the need to address the disproportionate burden of alcohol abuse and crime on communities in Indian Country, and the vast over-representation of Native Americans among correctional populations. The participants agreed that OJP should support the following efforts and initiatives.

- Establishment of a working group of Native American staff and others from among federal agencies (CSAT, OJP, BIA, and others) to foster and coordinate initiatives in Indian Country, and to address the problems of alcohol abuse and crime.

- Development of interventions and treatment for Native American offenders within a cultural context which competently respond to tribal differences. At present, there is a significant lack of effective intervention and treatment methodologies designed specifically for Native American populations.
- Development of specialized drug and alcohol courts in tribal courts.
- Identification of specific actions which might be taken in individual Native American communities to reduce alcohol-related crime. Some examples offered by participants included the closing of drive-up windows for the purchase of alcohol and the development of more detention space in Indian Country.
- Identification and use of the human resources to be found within Native American communities when addressing all aspects of this issue (i.e., research, evaluation, treatment, etc.).
- Clarification of myths and perceptions regarding Native Americans and alcohol.

Interventions for African American and Hispanic American Offenders

A strong majority of the group felt that it was important to emphasize the needs of African Americans and Hispanic Americans for effective intervention strategies among offender populations. Both of these communities are over represented among correctional populations in America and face difficult problems with respect to alcohol abuse and crime. There is a need for culturally competent interventions for these populations and the participants strongly encouraged to support efforts to develop such interventions.

Education and Training

The participants agreed that OJP should support and promote the following efforts and initiatives.

- Training and education of judges, treatment providers, and other criminal justice decision-makers on issues related to alcohol and crime.
- Development of public education and community outreach programs that involve communities in meaningful ways about all the issues related to alcohol and crime.
- Development of ways to encourage collaboration among federal agencies to provide public education and marketing materials on state-of-the-art research and evaluation with respect to this topic.

Part IV: Underage Use of Alcohol

Background of the Discussion

The working group on the underage use of alcohol reviewed current innovations, identified significant needs, and generated recommendations for OJP that address:

- The kinds of interventions and initiatives that effectively address the underage use of alcohol and its negative consequences,
- The complex relationship between alcohol abuse and illicit drug use;
- The need to more sensitively and competently address the relationship between alcohol abuse and crime in tribal communities;
- The importance of collaborative partnerships between and among those who are committed to effectively addressing alcohol-related crime and its negative consequences; and
- The importance of effectively responding to victims of alcohol-related crime.

Although the group identified dozens of recommendations, they felt that it would require more focus and examination to develop them to a point that will allow OJP to make best use of them. During the working sessions, the group expressed a collective desire to participate in another structured and organized opportunity for collaborative discussion on this issue and in particular, to refine their specific recommendations. The group, therefore, perceives the recommendations which follow as representing the first of many important steps in initiating effective and competent change; and looks forward to the possibility of engaging in another series of intensive working sessions in the near future.

The youth representatives who participated in the group brought broad perspectives, keen insights, passion for the issues, and willingness to actively engage the adults in the group. They played a pivotal role in the group's discussion and development of recommendations.

Targets for Change

There are three inter-related guiding principles upon which the group's work was premised. These principles were unanimously endorsed by the group and provide an overview of the targets for change which the group identified if we are to make progress in reducing underage alcohol use and its consequences.

Collaboration Emphasizing Substantive Youth Involvement

Participants felt that the need to address alcohol abuse and crime, including the underage use of alcohol, will require significant collaboration. This working group emphasized the importance of substantive involvement of youth in these collaborative efforts. The creation of a truly collaborative strategy will require support and assistance from OJP to bring all of the relevant parties together to participate (i.e., representatives from the law enforcement, treatment, research, policy making, and juvenile justice arenas), to begin to develop a shared vision, to identify common values, and to develop linkages to carry out shared work. Opportunities for collaboration must exist at the local, state, and national levels as well as in Indian Country.

Competent and Effective Approaches to Dealing with Issues of Race and Culture

Participants also felt that programs to address the underage use of alcohol and its negative consequences must be tailored to sensibly respond to the specific cultural needs of those they are targeting and affecting. This can be achieved only if individual communities and their members are given the opportunity to actively participate in the development of initiatives that will directly impact them.

Commitment to Environmental Change

The working group discussed at length how underage persons in our communities receive very conflicting messages about alcohol consumption. In order to reduce the underage use of alcohol, the group asserted that OJP must be committed to developing policies and initiatives which send clearer, more consistent, and direct messages to youth about the dangers and potential consequences of alcohol use.

Recommendations

The group's recommendations fall into a number of areas and in several instances, include a brief list of innovations and promising practices/programs that the participants identified. The group recommended that OJP research the effectiveness of these innovations and promising practices/programs. IF their value and utility can be documented, OJP should explore ways in which it can encourage other communities to adopt the lessons emerging from them.

The following recommendations are listed (in each area) in rough order of priority as determined by votes taken during the discussion. The categories around which the group organized its recommendations are:

- Community Mobilization;
- Enforcement;

- Intervention;
- **Marketing, Public Education, and Community Awareness;**
- Prevention;
- Training and Technical Assistance;
- Victim Issues; and
- Youth Involvement.

Community Mobilization

Participants felt that OJP should support and promote:

- A national initiative to encourage weekend underage community service projects to encourage positive community activism among and partnerships between young persons and adults.

The participants recommended that OJP examine the following innovations and promising practices/programs which focus on community mobilization:

- The "Fighting Back" Program in Gallup, New Mexico;
- The "Community Systems of Care Approach" used by the Mississippi Band of Choctaw Indians and the Cheyenne River Sioux Tribe;
- CSAP's DREAM Community Partnership in Forrest County, Mississippi;
- The "Assets Project" in Bridgeport, Connecticut;
- The "Community Readiness Model" from the University of Colorado;
- NANACOA's "Community-based Intensive Training";
- The Saving Lives Program in Massachusetts; and
- CMCA's community organizing program to reduce youth access to alcohol.

Enforcement

Participants felt that OJP should support and promote:

- Efforts by communities to consider restrictions on the number of alcohol outlets in areas frequented by underage persons (i.e., schools and community centers);
- Consistent, regular, and mandatory compliance checks of alcohol outlets in communities that are interested in and equipped to conduct them;
- A substantial increase in the consistency and severity of penalties for both individuals as well as liquor license holders who sell alcohol to underage persons;
- The consistent and appropriate enforcement of zero tolerance laws/statutes in all jurisdictions;
- An immediate change in federal statutes which currently prohibit tribal police departments from apprehending non-Indians who distribute alcohol to underage persons on tribal lands;
- An increase in the use of administrative license revocation laws which target underage persons who are arrested for driving under the influence of alcohol in communities that are interested in this enforcement approach;
- The expansion of community policing initiatives to include the enforcement of underage drinking laws and statutes;
- The use and consistent enforcement of conditional liquor licenses; and
- The possibility of using the ignition-interlock system on underage DUI/OUI offenders.

The participants recommended that OJP examine the following innovations and promising practices/programs which focus on enforcement:

- The Adolescent Offender Program (AOD) in Mississippi that is associated with Mississippi State University;
- The STOP Program in Naugatuc, Connecticut;
- The Use and Lose Program in Virginia; and
- The Community Policing Program in Columbia, South Carolina.

Intervention

Participants recommended that OJP should support and promote:

- Peer justice and youth empowerment intervention programs including alternative sentencing and diversion programs through the use of youth/peer/teen courts;
- Community-based systems of care which create positive and effective interventions;
- Early identification and intervention programs for at-risk youth such as first offender diversion programs that involve juvenile offenders and their families;
- The establishment of links/liasons between college/university administrations and students to address campus binge drinking; and
- The inclusion of alcohol-related offenses in juvenile drug courts.

The participants recommended that OJP examine the following innovations and promising practices/programs which focus on intervention:

- The Midtown Manhattan Community Court; and
- Spirituality and prayer intervention groups in tribal communities.

Marketing, Public Education and Community Awareness

Participants recommended that OJP support and promote the following efforts and initiatives.

- Partnerships with other agencies and increased funding at the local, state, and national levels to restrict alcohol advertising and marketing campaigns that target or appeal to underage persons by:
 - ▶ Requiring that there is a balance between alcohol advertising and health information/messages (counter advertising) that deglamorize underage alcohol consumption on billboards, in radio and television broadcasts, and on college/university campuses;
 - ▶ Requiring that all alcohol advertising be preceded by warnings that explain and describe the dangers associated with the underage use of alcohol;
 - ▶ Mandating the "time channeling" of alcohol advertisements on television

so that they do not appear during programs frequently viewed by underage persons; and

- ▶ Prohibiting the marketing of youth-oriented products (i.e., "alcopops" and "freeze 'n' squeeze").
- The inclusion of alcohol in Office of National Drug Control Policy and other government sponsored anti-drug media campaigns.
- School-based programs to offset the negative effects of alcohol advertising on young persons.
- Community efforts to limit alcohol advertising on billboards.
- Efforts to stop the promotion of discounted drinks.
- "Hands Off Holidays" campaigns to protect young people and ethnic/racial marketing targets.
- The development of a strategic media and public education campaign that targets abroad audience and describes the negative impact and consequences of the underage use of alcohol.
- Culturally competent educational efforts in Indian Country to teach young Indian persons how spiritually, mentally, and physically harmful alcohol has been to Indian people.

Prevention

Participants felt that OJP should support and promote prevention programs which focus upon both the environment and on the individual through the provision of technical assistance and resources to assist communities in changing the messages that they send to underage persons about alcohol. These efforts might include support for initiatives such as the development of counter advertising programs and the introduction and consistent enforcement of provisional liquor licenses.

Training and Technical Assistance

Participants recommended that OJP should support and promote the following efforts and initiatives.

- Opportunities for communities regarding strategic planning and the development of initiatives to address the underage use of alcohol and its negative consequences. This training should include:

- ▶ An emphasis on broad participation within and across communities;
 - ▶ A strong focus on the development and improvement of communication links between and across community coalitions;
 - ▶ An evaluation component (possibly based upon the use of indicator databases in the community to monitor trends) so that communities are equipped to assess and improve their initiatives in a collaborative and competent fashion; and
 - ▶ Strategies for institutionalizing and legitimizing essential community programs, policies, and initiatives.
- Mandatory training of alcohol venders and servers regarding the sale of alcohol to underage persons, and a substantial increase in the consistency and severity of penalties for those who do not comply with the training.
 - Core educational requirements for juvenile court judges and prosecutors on enforcement issues.
 - The provision of technical assistance and funding for each state to develop substance abuse Internet referral systems for agencies and citizens seeking treatment resources and other information.
 - Training for judges (local, state, federal, and tribal) on effective intervention strategies.
 - Advocacy training for youth.
 - Youth/adult partnership training.

Victim Issues

Participants recommended that OJP support and promote:

- The identification and engagement of youth victims in advocacy and healing;
- The development of programs to assist communities (especially minority communities) in collectively dealing with and addressing their experiences of historical trauma and its impact on their alcohol-related problems;
- The development of restorative justice programs in youth/teen/peer courts;

- **Mandatory training on victim's issues for juvenile court judges, prosecutors, public defenders, and probation officers at the local, state, and federal levels; and in tribal communities;**
- **The development of a strategy to address the impact of the underage use of alcohol on child victimization;**
- **The use of victim impact panels in the juvenile justice system; and**
- **The development of programs to assist children of alcoholics.**

Youth Involvement

While the work group recommended that youth be substantively included in all programs, initiatives, and decisions that address the underage use of alcohol and its negative consequences, they also developed a specific list of recommendations regarding youth involvement.

Participants recommended that OJP support and promote:

- **Efforts to "reach out" to youth who are not currently involved with this issue and encourage them to become engaged; and**
- **Peer based mentoring programs in schools starting in elementary school.**

The participants recommended that OJP examine the following innovations and promising practices/programs which focus on substantive youth involvement:

- **Youth empowerment programs which are supported through non-profit organizations at the local, state, and national levels (i.e. MADD Youth in Action Program, MADD National Youth Summit, MADD Student Activist Training, UNITY, SADD, and PRIDE);**
- **State coalitions organized by the American Medical Association to reduce underage drinking; and**
- **The United Way's Regional Youth/Adult Substance Abuse Project in Bridgeport, Connecticut.**

Part V: Community-Based Responses and Initiatives

Background of the Discussion

The community-based responses and initiatives group identified current practice and knowledge regarding the ways in which communities have focused on alcohol outlets and availability as a way of addressing crime related to alcohol abuse.

In contrast with some initiatives related to alcohol abuse and crime which focus upon prevention, treatment, and rehabilitation approaches directed toward individual users of alcohol, this group focused upon alcohol abuse in specific geographic areas or communities. Typically, these initiatives involve the active participation of community members and collaboration among various stakeholders including merchants, alcohol beverage control (ABC) regulatory bodies, and law enforcement. They may also use mapping techniques to identify the location of alcohol outlets in relation to the incidence and prevalence of certain types of crime as a way of defining alcohol-related crime problems.

Current Responses

The experience-based and research-based knowledge represented in the group was extensive. The group's discussions highlighted some of this knowledge, and provided an overview of the process of developing and maintaining a community-based response or initiative to address alcohol-related crime.

The members of the group examined and reviewed the problems and issues in the communities with which they were familiar that led to the creation of organized community efforts to address alcohol abuse and crime. These included alarming numbers of increasingly violent crimes, public drunkenness, extremely high rates of protective custody related to public drunkenness, high rates of alcohol outlets per capita, sales of alcohol to minors and intoxicated persons, frequent instances of driving under the influence, a lack of community and police cooperation, a lack of an ability to control the issuance of alcohol beverage distribution permits, cultural discrimination, a lack of treatment programs (particularly for women and adolescents), and widespread unemployment.

There was some discussion regarding the extent to which problems and the solutions to them vary across communities. Some members of the group felt that the problems--especially related to alcohol distribution--were quite similar from community to community, and that the models for successful intervention were well-documented and well-known. Other members of the group felt that the problems were quite different from community to community and that there were different solutions appropriate to those different communities--probably with some common elements.

There did seem to be agreement, however, that there is a common "process" across communities that could be emulated in a wide range of situations and settings. This process includes bringing key stakeholders to the table to collaborate on problem definition and the development of solutions; the use of the alcohol beverage control (ABC) regulatory mechanism as a crime prevention tool; the use of data—particularly mapping of alcohol outlets and crime—as a powerful tool in defining problems and solutions; and ways of ensuring substantive community involvement. There also seemed to be consensus in the group that the following stakeholders should always be included in the development process of any community-based response or initiative: law enforcement; alcoholic beverage control agencies; hospitality industry members; alcohol producers, wholesalers, and retailers; neighborhood representatives; local elected officials from all affected jurisdictions; crime analysts; and researchers.

Some of the specific responses and tools that the communities represented in the group developed as parts of their overall solutions include: the closing of selected alcohol outlets on Sundays, the strict enforcement of alcoholic beverage control regulations, sobriety checkpoints, victim impact panels, community policing, linking the efforts of police and state alcohol beverage control agencies, the closing of drive-up alcohol outlets, and an increase in alcohol excise taxes.

There is extensive documentation of these responses in the literature, including the evaluations of community prevention trials funded by the National Institute on Alcohol Abuse and Alcoholism and in the efforts of the Partnership for Responsible Hospitality. The NAPRH is a voluntary alliance of trade and professional associations, government agencies, and related organizations developing safe communities and healthy businesses through the promotion of responsible hospitality principles and practices. Members are united by the common goals of providing information, sharing resources, and serving as models for states and local communities creating similar alliances.

Targets for Change

When asked to summarize the major issues that they were addressing, the members of the group identified the following:

- The reduction of alcohol-related crime at the community level is an achievable goal;
- Communities should be/must be empowered to act to reduce alcohol-related crime, particularly with respect to the regulation of alcohol outlets and advertising; and
- Communities need information about what works.

While the group agreed that there is a good deal of experience and knowledge to build

upon in this area, they identified several issues and problems that their recommendations would address. These include:

- The need to document, evaluate, and research current community-based efforts so that other communities can build upon what has already been learned;
- The need to institutionalize the innovations that have emerged in communities working on these issues; and
- The need to change community norms to reinforce prevention efforts at the community level.

Recommendations

The group developed a set of recommendations that reflect participants' judgements about actions that the Office of Justice Programs might take to further the goal of substantive community involvement in addressing crime that is related to alcohol abuse. The recommendations fell into several areas:

- Advice about "What Works;"
- Program Initiatives;
- Research, Evaluation, and Knowledge Dissemination;
- Training;
- Technical Assistance;
- Economic Strategies;
- Funding; and
- Leadership.

Advice About "What Works"

As a prelude to the recommendations about the specific actions which OJP might wish to pursue, the group discussed the lessons that had emerged from their own experiences, and what they would like to communicate to OJP and other participants at the symposium. Taken together, this experience provides advice to OJP about how and why community initiatives can begin to prevent alcohol-related crime and its consequences.

The group used the specific lessons they have learned from their own experiences as the basis for their recommendations in this section.

- State (and local) alcoholic beverage control agencies can be seen and used as instruments for crime prevention.
- Partnerships across organizational lines at all levels—local, state, national and in Indian Country—are important to all effective efforts.
- At the community level, residents, law enforcement, alcoholic beverage control enforcement, local retailers, members of the hospitality industry, and others must work together to define problems and develop solutions.
- Community-based efforts that are culturally and gender sensitive and competent are essential.
- Community-based efforts that allow communities to assess their own individual needs and to create plans to address those needs are essential.
- The alcohol industry—manufacturers, wholesalers, and retailers—should be encouraged to be part of the dialogue on this issue and to be part of efforts to address the problem.
- The use of crime mapping technology can be helpful to alcoholic beverage control agencies where licensing commissions are willing to limit the number and size of alcohol outlets.
- The practical experiences offered by this work group are very valuable. The initiatives and responses about which they are familiar are representative of some of the best solutions that exist for an array of alcohol-related crime problems. The development, implementation, and evaluation of new community responses and initiatives must be based upon model programs and new research.

Program Initiatives

A large number of recommendations offered to OJP by this group relate to specific program initiatives which OJP might support through its funding, program design, and knowledge dissemination activities.

- The participants felt that OJP should under take community-based initiatives that empower local communities to focus on alcohol availability, advertising, and driving under the influence of alcohol. These initiatives must be sensitive to issues of culture and gender, and should be based upon research and science.

The participants emphasized that all initiatives should include multiple stakeholders (i.e., community residents, law enforcement, alcohol beverage control regulatory bodies, retailers, researchers, etc.).

- One way to view community initiatives in this area is as attempts to change the culture of communities regarding alcohol use. Because such change takes place gradually, it is not always possible for OJP-funded initiatives to be planned, developed, implemented, and evaluated during a single federal funding cycle. The participants encouraged OJP to consider ways in which it might support change over time, perhaps by sequential funding of the phases of such an effort to allow for planning, community education, implementation, and evaluation.
- State legislatures and alcohol beverage control regulatory bodies should be encouraged to support model programs and empower communities to more effectively regulate alcohol sales, advertising, and availability.
- OJP should undertake such an initiative(s) in Indian Country that provide for tribal involvement and is designed to competently address the cultural dimensions of alcohol abuse in Indian Country.
- More rehabilitation resources should be available for communities.
- Fund longer term, comprehensive treatment services that are proven by research to be effective.
- Place initiatives firmly in the contexts that this group highlighted--poverty, cultural discrimination, and racism.
- Fund local communities in order to address the possible over-concentration of alcohol outlets in high crime areas.
- Communities should focus upon offering alternatives to alcohol use that would meet community needs as alcohol use and related crime decrease (i.e., sports programs for young people, respite care for parents, etc.).
- Conduct a community-based initiative within the context of a multi-site urban neighborhood demonstration/evaluation project.
- Characteristics of an effort to develop and increase the effectiveness of community-based initiatives include:
 - ▶ Weaving research on current community programs into ongoing, related, and new initiatives in communities;

- ▶ Allowing a one year to 18 month planning period to involve stakeholders;
- ▶ Identifying high risk areas in the United States through a review of the incidence and prevalence of alcohol-related crimes;
- ▶ Identifying existing community coalitions in those high risk areas;
- ▶ Supporting the development of community coalitions where none exist and their continuation where they do exist; and
- ▶ Supporting regional forums on alcohol and crime on an annual basis.

Training

The group made several recommendations regarding OJP's support of training efforts.

- Train interested court officials on options for promoting effective community programs.
- Train interested court/community officials to increase community awareness of alcohol-related crime problems.
- Include an emphasis on alcohol issues in the design of all criminal justice training (i.e., police, corrections, etc.) sponsored by OJP.
- Provide training and direction to law enforcement with the goal of effectively partnering with alcoholic beverage control agencies on enforcement issues.

Technical Assistance

The group offered two recommendations involving how technical assistance might be used to further OJP's activities in this area.

- Provide culturally sensitive technical assistance to communities who are working to reduce alcohol-related crime.
- Provide technical assistance to communities who are interested in promoting the closing of problem liquor outlets (or limit proliferation of outlets) and in banning liquor billboards that might be seen by young people.

Part VI: Research, Evaluation, and Knowledge Dissemination

Overview

A pervasive theme throughout the symposium and across all working groups was the need to develop and disseminate knowledge on the nature of alcohol abuse and crime and on effective policy and program responses. The beginning of this part of the report identifies recurrent, research related themes from across all four working groups. The remainder of this part highlights specific research needs and topics that arose within each working group.

Developing Knowledge on "What Works"

Each of the four groups identified as a priority the development of sound evaluation research on current interventions to create a more complete understanding of the approaches and programs which are most effective in addressing alcohol-related crime problems in diverse cultural settings.

Disseminating Existing Information on "What Works"

Each of the four groups asserted that existing research knowledge is not easily available or accessible to those who develop policy and programs to address these issues—particularly at the state and local level. There is a strong desire to understand "what works" with respect to domestic violence, offender interventions, underage alcohol use, and community initiatives. The four groups recommended that OJP:

- Promote and market research about what works and about best practices through the Internet, the use of video formats, and more extensive publications;
- Translate the results of research into "user-friendly" formats in addition to their publication in the research literature; and
- Develop a clearing house specifically on alcoholic beverage control issues.

Collaboration between Researchers and Practitioners

A third area of agreement that emerged across the groups was the need for researchers and practitioners to form partnerships. As researchers begin to understand more clearly the context of interventions, the needs that practitioners have for information, and the goals of interventions, their research efforts will become more targeted to practitioner needs and, hopefully, more useful to practitioners. Similarly, as practitioners communicate more directly with researchers, they will be able to provide better information for research purposes and will benefit from rigorous thinking about defining program outcomes.

All four groups recommended that OJP:

- Support research and evaluation that includes the collaboration between the researchers and practitioners as part of its design;
- Support research that specifically involves communities who are implementing the interventions to be studied or evaluated; and
- Collaborate with other federal agencies who fund research on different aspects of alcohol abuse and crime should, themselves, collaborate to develop a better understanding of this complex problem.

Research within Different Cultural Contexts

All of the groups identified knowledge gaps in their particular areas and recommended specific areas that need further investigation. Topics varied widely across all four groups, every one of the groups identified the need for knowledge development about alcohol-related crime within specific cultural contexts. Collectively, the four groups strongly conveyed the sense that whatever the limits of our existing knowledge about alcohol-related crime in the majority culture, they pale in comparison with our lack of knowledge about alcohol-related crime within Native American, Native American, and Hispanic cultures. In order to address these research needs, the four groups recommended that OJP:

- Conduct ethnographic and qualitative research to understand the variable impact which alcohol abuse and crime has in certain cultural contexts;
- Develop better research tools and methods to reach under-represented, immigrant, and other populations who are not being reached by current research methods;
- Pursue research specifically designed to assess the impact of alcohol policy on violence in communities generally, but especially within communities in Indian Country; and
- Develop research programs that examine the relationship of community contexts (i.e., racism, cultural discrimination, poverty, political and personal powerlessness) to alcohol-related crimes.

Research Methods

Participants at the symposium articulated a number of recommendations about research strategy and methods. Members of the working group of effective interventions for offender populations encouraged:

- The use of experimental designs; and
- The support of long-term studies to measure the impact of treatment among offender populations.

Research Recommendations from the Working Group on the Role of Alcohol in Domestic Violence and Its Implications for Criminal Justice Interventions

Participants emphasized that basic research is needed regarding the complex relationship between alcohol abuse and domestic violence, as well as the impact which both alcohol treatment and batterers interventions—alone and in combination—have upon victim safety. The positive impact of treatment on violent crime in general appears to be fairly well established through existing research. It is not clear, however, whether this research is generalizable to intimate violence.

This particular recommendation is critical because of the anecdotal information which suggests that during the early stages of alcohol treatment for domestic violence offenders the risk of violence (physical and non-physical) and coercion may actually increase. This has obvious implications for victim safety.

Yet another dimension of this complex set of issues, is the degree to which alcohol treatment for the victims of domestic violence may actually increase their risk of re-victimization. Many chemically dependent victims leave substance abuse treatment in response to the increased danger or are otherwise unable to comply with treatment demands because of the obstacles constructed by their partners.

Other recommended research topics included:

- The epidemiology of violence against women in all forms through the life span;
- Pre-intervention and root problems as a pre-requisite to designing interventions;
- Effective assessment strategies;
- Domestic violence and substance abuse developmental issues relating to young women and teens;
- Differences and similarities between illicit drug use and domestic violence, and alcohol use and domestic violence;
- The impact of community involvement in domestic violence and alcohol intervention programs—both through process and outcome evaluations;
- The impact of managed care on services for both domestic violence and alcohol

abuse; and

- Prevention oriented research on the inter-generational nature of domestic violence and alcohol.

Research Recommendations from the Working Group on Effective Offender Interventions

Perhaps the most significant outcome of the discussion on offender interventions was a recognition of a lack of consensus about what constitutes acceptable treatment standards for this population. Specific recommendations for research topics which the group felt should be pursued in this area are:

- Scientifically-based assessment tools for alcohol abuse screening, risk assessment related to alcohol abuse, and diagnosis;
- Effective treatment and interventions, both short and long term, for drunk drivers;
- The effects of combining treatment and sanctions when intervening with offenders; and
- Alcohol abuse and crime in proportion to its importance as a drug of abuse-- which is significant, and greater than many drugs of abuse which we research extensively.

Research Recommendations from the Working Group on the Underage Use of Alcohol

The participants in this group asserted that OJP should support and promote research on:

- The impacts of all policies and initiatives developed and implemented at the state or local level to address the underage use of alcohol and its negative consequences (in the form of empirical evaluations);
- The use of the empirical evaluations to inform policy development;
- The effects of alcohol advertising on underage persons;
- Topics in both basic and applied studies over both the short and long term;
- The relationship between underage illicit drug use and the underage use of alcohol;

- The prevalence of alcohol-related victimization among youth;
- The determinants (including psychiatric comorbidity) of drinking patterns among youth;
- The effectiveness of all initiatives and policies on minority communities before broad implementation efforts occur;
- How alcohol problems lead to and develop from other social and psychological problems in underage persons;
- The forms of communication that influence the way that underage persons who use alcohol act; and
- Alcohol as a cause and correlate of delinquency.

Research Recommendations from the Working Group on Community-Based Responses and Initiatives

The participants in this group agreed that research and evaluation on alcohol abuse and crime should be vigorously pursued by the Office of Justice Programs. The group encouraged OJP to support and promote research which:

- Focuses on the evaluation of initiatives that involve community-based, collaborative approaches which link alcoholic beverage control agencies, law enforcement, community and neighborhood representatives, merchants, the hospitality industry, and others in crime prevention efforts;
- Identifies patterns of drinking that are most closely associated with crime and then work to effectively address that link;
- Focuses on communities that have already demonstrated some promise and that are being funded by OJP agencies;
- Focuses on the evaluation of initiatives in communities who have undertaken alcohol-related crime reduction strategies on their own, rather than ones created by outside intervention; and
- Focuses on cross-site evaluations of communities and on outcomes where possible.

Appendix 1

**NATIONAL SYMPOSIUM ON
ALCOHOL ABUSE AND CRIME**

**Convened by the
Office of Justice Programs
U.S. Department of Justice**

*Hyatt Regency Washington on Capitol Hill
April 5-7, 1998*

SYMPOSIUM AGENDA

Sunday, April 5, 1998

- 3:00 p.m. - 7:30 p.m. Registration
Ticonderoga Wall
- 4:00 p.m. - 4:15 p.m. Welcome and Opening
Yorktown
Assistant Attorney General Laurie Robinson
- 4:15 p.m. - 5:15 p.m. Plenary Session I: *Setting the Framework for Discussion*
Yorktown
Panel Moderator: **Shay Bilchik, Administrator, Office of
Juvenile Justice and Delinquency
Prevention, Office of Justice Programs,
U.S. Department of Justice**
- Speakers:
- ◆ **Enoch Gordis, M.D., Director,
National Institute on Alcohol Abuse and
Alcoholism, *Biological/Psychosocial
Perspective***

- ◆ **Robin G. W. Room, Ph.D.**, Vice President, Addiction Research Foundation, Ontario, Canada, *Cultural and Anthropological Perspective*
- ◆ **Susan Cameron, Ph.D.**, College of Education, University of New Mexico, *American Indian Perspective*

5:15 p.m. - 5:45 p.m. Interactive Discussion with Panelists
Yorktown

5:45 p.m. - 6:15 p.m. Working Groups: Introductions and Expectations
Yorktown
Symposium Moderator: **Honorable Joanne Smith**, Ramsey County Court, St. Paul, Minnesota

6:15 p.m. - 7:30 p.m. Reception
Congressional A

Monday, April 6, 1998

7:00 a.m. - 6:00 p.m. Registration
Ticonderoga Wall

8:00 a.m. - 8:30 a.m. Continental Breakfast
Yorktown

8:30 a.m. - 8:35 a.m. Call to Order
Review of Symposium Themes
Yorktown
Symposium Moderator: **Honorable Joanne Smith**

8:35 a.m. - 9:30 a.m. Plenary Session II: *Identifying the Issues—Crime and Alcohol Abuse*
Yorktown

Panel Moderator: **Jeremy Travis**, Director, National Institute of Justice, Office of Justice Programs, U.S. Department of Justice

Speakers:

- ◆ **Andrew McGuire**, Executive Director, The Trauma Foundation and Pacific Center for Violence Prevention, *Review of Prevention Issues and Initiatives*

- ◆ **Brenda Miller, Ph.D.** Acting Director
Research Institute on Addictions,
*Impact on Victims, Domestic Violence
Perspective*
- ◆ **Robert Nash Parker, Ph.D.**, Director,
Robert Presley Center for Crime and
Justice Studies, University of California,
*Review of What We Know About the
Relationship Between Crime and
Alcohol Abuse.*

9:30 a.m. - 9:55 a.m. Interactive Discussion with Panelists
Yorktown

9:55 a.m. - 10:00 a.m. Introduction to Working Groups
Yorktown
Symposium Moderator: **Honorable Joanne Smith**

- *The Role of Alcohol in Domestic Violence and Its
Implications for Criminal Justice Interventions*
Chair: **Katia Garrett**, Attorney Advisor, Violence
Against Women Grants Office, Office of Justice
Programs, U.S. Department of Justice
- *Effective Interventions for Offender Populations*
Chair: **Stephen Amos**, Deputy Director, Corrections
Program Office, Office of Justice Programs, U.S.
Department of Justice
- *Community Based Responses and Initiatives*
Chair: **Thomas Feucht**, Director, Crime Control
Division, National Institute of Justice, Office of Justice
Programs, U.S. Department of Justice
- *The Underage Use of Alcohol*
Chair: **Gina Wood**, Director, Concentration of
Federal Efforts Program, Office of Juvenile Justice
and Delinquency Prevention, Office of Justice
Programs, U.S. Department of Justice

- 10:00 a.m. - 10:15 a.m. Break
Refreshments served in the *Hall of Battles*
- 10:15 a.m. - 12:30 p.m. Working Groups: Defining Problems and Issues
- The Working Group on *The Role of Alcohol in Domestic Violence and Its Implications for Criminal Justice Interventions* will meet in the *Columbia Foyer*.
- The Working Group on *Effective Interventions for Offender Populations* will meet in the *Regency Foyer*.
- The Working Group on *Community Based Responses and Initiatives* will meet in *Bunker Hill*.
- The Working Group on *The Underage Use of Alcohol* will meet in *Columbia C*.
- 12:30 p.m. - 12:45 p.m. Break
- 12:45 p.m. - 3:00 p.m. Lunch and Plenary Session III: *Current Criminal Justice Responses*
Yorktown
- 1:15 p.m. - 1:25 p.m. Associate Attorney General Raymond Fisher will provide welcoming remarks.
- 1:25 p.m. - 2:45 p.m. Panel Moderator: Nancy Gist, Director, Bureau of Justice Assistance, Office of Justice Programs, United States Department of Justice
- Speakers:
- ◆ Leo Hayden, Executive Director, Corrections Options Programs, TASC, Inc., *Interventions for Offenders within the Correctional System*
 - ◆ Harold Holder, Ph.D., Director, Prevention Research Center, Pacific Institute for Research and Evaluation, *Prevention and Intervention in the Community*
 - ◆ Honorable J. Michael Kavanaugh, Albuquerque Metropolitan Court, *Court*

- ◆ ***Interventions with DWI Offenders***
David J. Mactas, Vice President,
Hazelden Recovery Services of New
York, Alcohol and Substance Abuse
Treatment—Overview of Practice and
Effectiveness

2:45 p.m. - 3:00 p.m. Interactive Discussion with Panel Members
 Yorktown

3:00 p.m. - 3:15 p.m. Break
 Refreshments served in the *Hall of Battles*

3:15 p.m. - 5:00 p.m. Working Groups: Current Responses and their
 Effectiveness

The Working Group on ***The Role of Alcohol in Domestic Violence and Its Implications for Criminal Justice Interventions*** will meet in the *Columbia Foyer*.

The Working Group on ***Effective Interventions for Offender Populations*** will meet in the *Regency Foyer*.

The Working Group on ***Community Based Responses and Initiatives*** will meet in *Bunker Hill*.

The Working Group on ***The Underage Use of Alcohol*** will meet in *Columbia C*.

5:00 p.m. - 5:15 p.m. Break

5:15 p.m. - 6:00 p.m. Plenary Feedback
 Yorktown
 Symposium Moderator: Honorable Joanne Smith

Tuesday, April 7, 1998

7:30 a.m. - 11:00 a.m. Registration
 Ticonderoga Wall

8:00 a.m. - 8:30 a.m. Continental Breakfast
 Capitol Room Wall

8:30 a.m. - 9:00 a.m.

Plenary Session IV: *Charge to Working Groups-
Development of Recommendations*
Capitol Room
Symposium Moderator: **Honorable Joanne Smith**

9:00 a.m. - 10:55 a.m.

Working Groups: Development of Recommendations
(Please note that some locations for the working groups are
different on Tuesday than they were on Monday.)

The Working Group on *The Role of Alcohol in Domestic
Violence and Its Implications for Criminal Justice
Interventions* will meet in *Congressional A.*

The Working Group on *Effective Interventions for
Offender Populations* will meet in *Concord.*

The Working Group on *Community Based Responses
and Initiatives* will meet in *Bunker Hill.*

The Working Group on *The Underage Use of Alcohol* will
meet in *Lexington.*

11:00 a.m. - 1:00 p.m.

Registration
Capitol Room Wall

11:00 a.m. - 1:00 p.m.

Plenary Session V: *Report of Working Groups and Close*
Capitol Room
Symposium Moderator: **Honorable Joanne Smith**

Attorney General Janet Reno will attend a portion of the
closing Plenary session to hear the Working Groups'
preliminary recommendations.

**Karol Kumpfer, Director, Center for Substance Abuse
Prevention** will provide preliminary comments on the
recommendations.

Assistant Attorney General Laurie Robinson will close
the Symposium.

Appendix 2

**NATIONAL SYMPOSIUM ON
ALCOHOL ABUSE AND CRIME**

**Convened by the
Office of Justice Programs
U.S. Department of Justice**

*Hyatt Regency Washington on Capitol Hill
April 5-7, 1998*

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