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## A Simple Fix for Drunken Driving

Modest, immediate penalties can help get offenders to sobriety



Miami police officers conduct a sobriety test, 2013. PHOTO: JOE RAEDLE/GETTY IMAGES

By **KEITH HUMPHREYS**

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On Aug. 19, the U.S. National Highway Traffic Safety Administration begins its annual “Drive Sober or Get Pulled Over” campaign, running for three weeks through the Labor Day weekend—a time of year when drunken-driving fatalities typically surge. Over the past generation, we’ve made important progress against “driving under the influence,” but the numbers haven’t dropped much recently, and the problem still costs some 10,000 Americans their lives each year.

Members of Alcoholics Anonymous like to joke that when alcoholics get arrested for drunken driving enough times, it finally sinks in that they need to make a change in their life, so they quit...driving. The joke is directed at alcoholics themselves, but it also applies to the criminal justice system. Legislators and judges have responded to repeat drunken drivers by trying to eliminate their driving—through incarceration, license

suspension, ignition locks and vehicle impoundment. Their approach has been to separate the drivers from their vehicles, not from their drinking habits.

A decade ago, as attorney general of South Dakota, Larry Long saw the need for a more direct approach and launched a program called “24/7 Sobriety.” I first encountered 24/7 Sobriety five years ago, and it confounded much of what I had learned in my years as an addiction-treatment professional.

On a clear South Dakota morning, I found myself in a Sioux Falls police station, waiting for more than a hundred repeat offenders to appear for court-mandated appointments. They had to blow into a breathalyzer to prove that they had not been drinking. I expected that many wouldn’t show up; I felt sure that many of those who did show up would be intoxicated—and the rest would be surly.

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But  
every  
single

offender trooped peacefully by, chatted briefly with a friendly officer, blew a negative test and went on his or her way. This was remarkable and new to me, particularly because it was almost absurdly simple.

Offenders in 24/7 Sobriety can drive all they want to, but they are under a court order not to drink. Every morning and evening, for an average of five months, they visit a police facility to take a breathalyzer test. Unlike most consequences imposed by the criminal justice system, the penalties for noncompliance are swift, certain and modest. Drinking results in mandatory arrest, with a night or two in jail as the typical penalty.

The results have been stunning. Since 2005, the program has administered more than 7 million breathalyzer tests to over 30,000 participants. Offenders have both showed up and passed the test at a rate of over 99%.

Inevitably, a few offenders try to beat the program by drinking just after a successful breathalyzer test, with the idea of not drinking too much before their next one. But people with repeat convictions for driving under the influence don’t excel at limiting themselves to “just a few beers.” They quickly learn that the best way to succeed in 24/7

Sobriety is to avoid alcohol entirely.

The benefits of the program aren't just confined to road safety. In a 2013 paper in the *American Journal of Public Health*, Beau Kilmer of the Rand Corp. and colleagues found that counties using 24/7 Sobriety experienced not only a 12% drop in repeat drunken-driving arrests but also a 9% drop in domestic-violence arrests. Unlike interventions that only constrain drinking while driving, the removal of alcohol from an offender's life also reduces the incidence of other alcohol-related crimes.

Why do repeat offenders change their behavior in response to relatively modest incentives? Stephen Higgins of the University of Vermont addressed this question in his pioneering work on the treatment of drug addiction. In a widely cited 1991 paper in the *American Journal of Psychiatry*, he showed that, although his patients continued using cocaine in the face of great harm to their families, livelihoods and physical health, they could still be induced to refrain from it when promised a small reward, like \$10 for a negative urine test. The reward was relatively trivial, but it was unlike other potential consequences because it was both certain and immediate.

It turns out that people with drug and alcohol problems are just like the rest of us. Their behavior is affected much more by what is definitely going to happen today than by what might or might not happen far in the future, even if the potential future consequences are more serious.

The relative modesty of the penalties is also important for those imposing them: As a matter of due process, it is much simpler to hold a probationer overnight in the local jail than it is to send him or her to prison. From a practical viewpoint, states can't afford to put every violator in prison, and offenders know that. But states can certainly hold them overnight in a jail cell for drinking, and offenders know that too.

24/7 Sobriety now tests over 2,000 South Dakotans a day at sites all over the state and has become a statewide program in neighboring North Dakota and Montana. Other cities in the U.S. and in the U.K. are trying it out as well, and it has drawn praise from federal officials.

Why hasn't a program with such startling success been more widely adopted? Bureaucratic inertia is part of the problem, but I also suspect that 24/7 Sobriety faces resistance because it challenges some myths about drinking problems that my own field has done no small part to spread.

Among the most enduring of these myths is the idea that no one can recover from a

drinking problem without our help. Treatment professionals save many lives that would otherwise be lost to addiction, but we are not the sole pathway to recovery. National research surveys have shown repeatedly that most people who resolve a drinking problem never work with a professional.

Some members of the addiction field can also be faulted for spreading an extreme version of the theory that addiction is a “brain disease,” which rules out the possibility that rewards and penalties can change drinking behavior. Addiction is a legitimate disorder, in which the brain is centrally involved, but as Dr. Higgins notes, “it is not akin to a reflex or rigidity in a Parkinson’s patient.”

In their haste to ensure that people who suffer from substance-abuse disorders are not stigmatized, some well-meaning addiction professionals insist that their patients have no capacity for self-control. Most people with alcohol problems do indeed struggle to make good choices, but that just means they need an environment that more strongly reinforces a standard of abstinence. 24/7 Sobriety does that.

*—Dr. Humphreys is a professor of psychiatry at Stanford University and a former senior policy adviser in the White House Office of National Drug Control Policy. He has been an unpaid adviser to government officials interested in adopting 24/7 Sobriety*

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