

# STATE OF IOWA

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## Impaired Driving Program Assessment

April 11 – April 15, 2022

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## **ACKNOWLEDGEMENTS**

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The team would like to thank the National Highway Traffic Safety Administration (NHTSA) for helping provide a national and regional perspective on impaired driving and for supporting the assessment. The assessment process was facilitated by Caroline Cash, NHTSA Highway Safety Specialist with support from NHTSA Region 7 Regional Program Manager, Robert Eichkorn. The team thanks Belinda Oh, Administrative Assistant, for supporting the team and managing production of this report.

The team thanks each of the assessment participants for the time and energy invested in preparing and delivering their remarks. Their candor and thoroughness in discussing their activities to address impaired driving in Iowa greatly assisted the team in completing the assessment.

This report is based on a review of the State's Impaired Driving Program. It is intended to assist Iowa's efforts to enhance the effectiveness of its impaired driving program by equipping the criminal justice community, prevention and treatment leaders and law enforcement officials with the knowledge and skills to protect the citizens of Iowa from those who drive impaired.

The team believes that this report will contribute to the State's efforts to enhance the effectiveness of its impaired driving program in preventing injuries, saving lives, and reducing economic costs of motor vehicle crashes on Iowa roadways, and commends all who are involved in the day-to-day efforts to reduce impaired driving in Iowa.

## INTRODUCTION

The mission of the National Highway Traffic Safety Administration (NHTSA) is to reduce deaths, injuries, and economic and property losses resulting from motor vehicle crashes. In its ongoing pursuit to reduce impaired driving traffic crashes and subsequent fatalities and injuries, NHTSA offers Highway Safety Program Assessments to the States.

The Highway Safety Program Assessment process is an assistance tool that enables management to review various highway safety and emergency medical services (EMS) programs. Program assessments are provided for impaired driving, occupant protection, traffic records, EMS, motorcycle safety, standardized field sobriety testing, driver education, and pedestrian and bicycle safety.

The purpose of an assessment is to review all components of a given highway safety or EMS program, note the program's strengths and accomplishments, and note where improvements can be made. The assessment can be used as a management tool for planning purposes and for making decisions about how to best use available resources. The highway safety and EMS program assessments provide an organized approach, along with well-defined procedures, that states can use to meet their objectives. Assessments are cooperative efforts between state highway safety offices, state EMS offices, and NHTSA. In some instances, the private sector is also a partner in the effort.

Program assessments are based on the "Uniform Guidelines for State Highway Safety Programs," which are required by Congress and periodically updated through a public rulemaking process. For each highway safety program area, the criteria against which each state program is assessed have been developed through use of the uniform guidelines, augmented by current best practices.

NHTSA staff facilitates the assessment process by assembling a team of experts composed of individuals who have demonstrated competence in highway safety or EMS program development and evaluation, to review all components of a given highway safety or EMS program, note the program's strengths and accomplishments, and recommend where improvements can be made.

The state of Iowa requested NHTSA's assistance in assessing the State's impaired driving countermeasures program to comply with the Fixing America's Surface Transportation Act (FAST) Act to qualify for the Impaired Driving Countermeasures Grant.

Under the FAST Act, states that have an average impaired driving fatality rate per 100 million vehicle miles traveled (VMT) that is 0.60 or higher are considered high-range states. States are considered mid-range if their average impaired driving fatality rate is lower than 0.60 but higher than 0.30 and low-range state if it is 0.30 or lower. Iowa is considered a low-range state and requested to conduct a voluntary NHTSA-facilitated assessment of the State's impaired driving program.

The Iowa Impaired Driving Program Assessment was conducted at the FFA Enrichment Center, 1055 SW Prairie Trail Pkwy, in Ankeny, Iowa, from April 11-15, 2022. Under the direction of Governor's Traffic Safety Bureau Chief, Brett Tjepkes, arrangements were made for program experts (see Agenda) to deliver remarks and provide support materials to the assessment team on a wide range of impaired driving-related topics over a three-day period.

## STATE BACKGROUND

Iowa is geographically located in the Midwest region, and is the 26<sup>th</sup> largest state in the United States with 99 counties and 947 municipalities. Iowa reported a population of 3,167,974 in 2021. The most populous city in Iowa is Des Moines with over 210,000 residents, followed by Cedar Rapids (130,405), and Davenport (102,582). The largest county in Iowa by population is Polk County, with over 480,000 individuals.

Approximately 90 percent of the population is white, 3.7 percent is black or African American, 2.4 percent is Asian, 2.1 percent with two or more races, and the remaining population is spread between Native American (0.4%), Pacific Islander (0.1%) and other (1.3%). The State has, however, seen a significant increase in its population of Hispanics. Between 2000 and 2014, the Hispanic population increased by over 110 percent, and future growth is expected to continue so that the State will approach close to half a million Hispanic residents by 2050.

The median age of Iowans has increased from 30 years in 1980 to 38 years in 2016, and 15.5 percent of the population is older than 65. This suggests that Iowa's population is aging. Although the median age is increasing, Millennials (commonly defined as those born between 1981 and 2000) currently account for the majority of Iowa's population, followed by Baby Boomers (those born between 1946 and 1965).

Iowa's gender ratio is approximately 50.3 percent female and 49.7 percent male. Male drivers are overrepresented in fatal and serious injury crashes, often two to three times their female counterparts.

Iowa's transportation system includes a vast network of 114,510 miles of roadway and more than 24,000 bridges. This network is composed of a broad range of facility types, from multi-lane divided interstates to gravel roads. The table below summarizes Iowa's public roadway system:

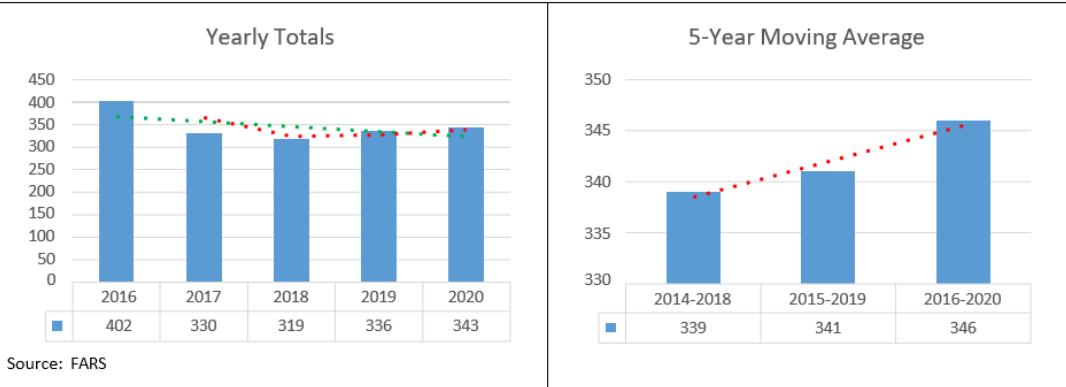
System	Mileage	Percent of total mileage	Number of bridges	Total VMT (millions)	Percent of total VMT
<b>Primary</b>	9,574	8%	4,101	20,645	61%
<b>Secondary</b>	89,834	79%	18,927	5,523	17%
<b>Municipal</b>	15,102	13%	1,151	7,095	21%
<b>Total</b>	114,510	100%	24,179	33,263	100%

As shown above, the majority of roadway mileage is classified as secondary or municipal. This mileage belongs to the county and city governments, respectively, throughout the State. While county and city governments bear the responsibility for over 90 percent of Iowa's public road miles, over 60 percent of the vehicle miles traveled (VMT) within the State occur on State-owned routes.

### Traffic Fatalities (C-1)

FFY 2021 Target:

Collaborative target consistent with the Highway Safety Improvement Program (HSIP) target = 336.8

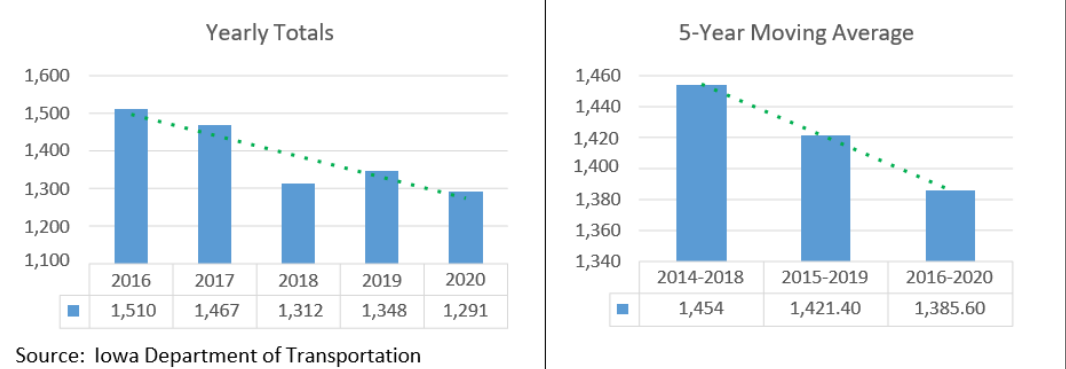


**There were 343 traffic fatalities recorded in 2020. The 5-year moving average (2016-2020) was 346.**

### Serious Injuries (C-2)

FFY 2021 Target:

Collaborative target consistent with the Highway Safety Improvement Program (HSIP) target = 336.8

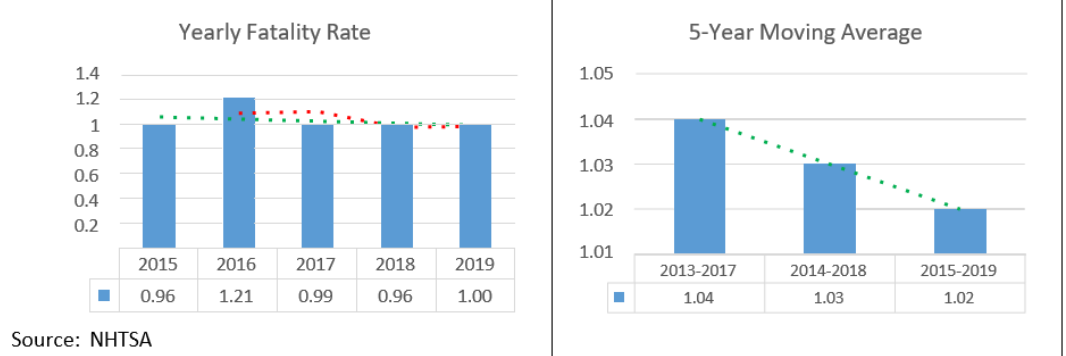


**There were 1,291 serious injuries in 2020. The 5-year moving average (2016-2020) was 1,385.60**

### Fatalities Per 100M Vehicle Miles Traveled (C-3)

FFY 2021 Target:

Collaborative target consistent with the Highway Safety Improvement Program (HSIP) target = 0.983



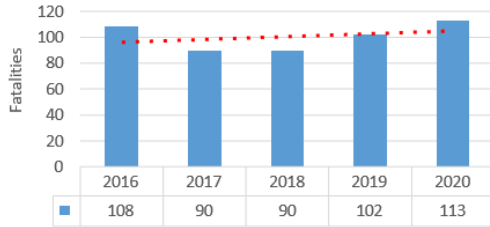
**Fatalities per 100M vehicle miles travelled (2019) was 1.00. 2020 FARS data was not available at the time this report was prepared; therefore 2019 data was used.**

## Alcohol-Impaired Driving Fatalities (C-5)

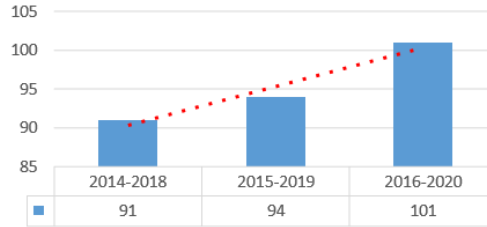
**FFY 2021 Target:**

Reduce alcohol-impaired fatalities 2.19% from the 2014-2018 average of 91 to 89 by December 31, 2021.

Yearly Totals



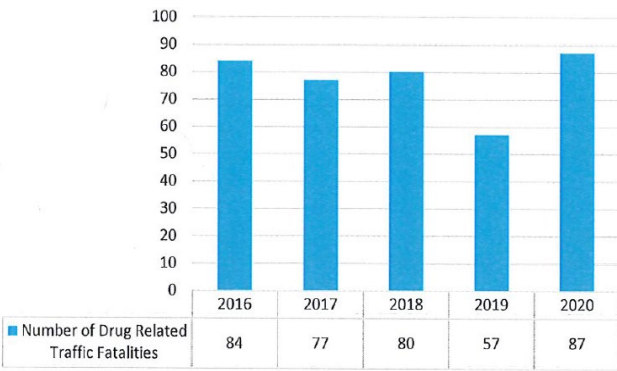
5-Year Moving Average



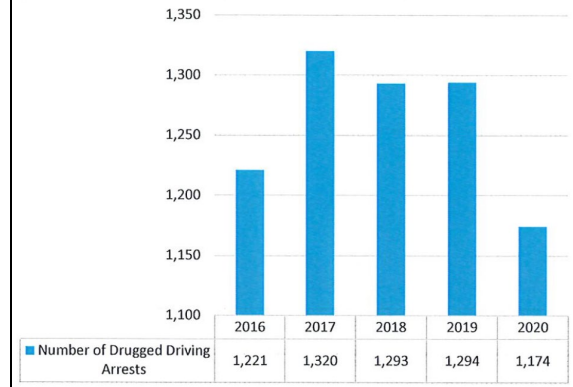
Source: FARS

**The FFY 2020 target to reduce alcohol-impaired driving fatalities 2.36% from the 2013-2017 average of 93.2 to 91 was not achieved. The 2016-2020 5-year moving average was 101.**

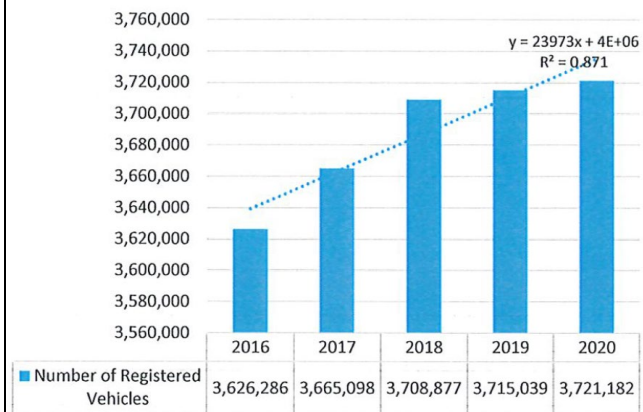
Number of Drug Related Traffic Fatalities



Number of Drugged Driving Arrests



Number of Registered Vehicles





## PRIORITY RECOMMENDATIONS

### I. Program Management and Strategic Planning

- Reestablish a statewide impaired driving task force or commission that will provide strong leadership, commitment, and coordination for impaired driving efforts across the State. Membership should include representatives of:
  - government – highway safety, enforcement, criminal justice, liquor law enforcement, public health, education, driver licensing, and education
  - business – employers and unions
  - military
  - medical, health care, and treatment
  - multi-cultural, faith-based, advocacy, tribal, and other community groups that have a stake in impaired driving
- Establish a dedicated staff position within the Governor’s Traffic Safety Bureau to serve as the Impaired Driving Program Coordinator with assigned duties to oversee and coordinate Iowa’s statewide impaired driving program.
- Procure the Traffic and Criminal Software (TraCS) electronic crash reporting software for law enforcement academies to uniformly train law enforcement officers on how to properly complete the electronic crash report.

### II. Prevention

- Increase the age for Social Host Law violations from under 18 to under 21.

### III. Criminal Justice System

- Adopt statewide use of electronic search warrants.
- Eliminate unsupervised agricultural and education-related driver license eligibility for 14.5-year-olds.
- Develop and create more problem-solving operating while intoxicated (OWI) Courts.
- Develop and implement a year-round impaired driving law enforcement plan that is supported by a strategic communication plan which includes:
  - periods of heightened enforcement, e.g., three consecutive weekends over a period of 16 days, and frequent sustained coverage throughout the year
  - high levels of participation and coordination among state, county, municipal, tribal, and liquor enforcement agencies, such as through law enforcement task forces

- Hire additional Law Enforcement Liaisons with law enforcement experience and use them strategically to promote traffic safety enforcement throughout the State.
- Make Iowa's ignition interlock law compliance-based, only allowing for removal of an ignition interlock device after successful completion of a required term without test failures.

#### IV. Communication Program

- None

#### V. Alcohol and Other Drug Misuse: Screening, Assessment, Treatment, and Rehabilitation

- Adopt the use of screening and assessment tools designed specifically to assess risk and needs of impaired drivers (American Probation and Parole Association Impaired Driving Assessment).

#### VI. Program Evaluation and Data

- Develop a functioning impaired driving tracking system using data from the Traffic and Criminal Software (TraCS), Archon Registration and Title Solution, and the Iowa Behavioral Health Reporting System.

## **I. Program Management and Strategic Planning**

*Effective impaired driving programs begin with strong leadership, sound policy development, effective and efficient program management, and coordinated planning, including strategic planning. Program efforts should be data-driven, focusing on populations and geographic areas that are most at risk; are evidence-based; and determined through independent evaluation as likely to achieve success. Programs and activities should be guided by problem identification, carefully managed and monitored for effectiveness, and have clear measurable outcomes. Adequate resources should be devoted to the problem, and the costs should be borne, to the extent possible, by impaired drivers. Strategic planning should provide policy guidance; include recommended goals and objectives; and identify clear measurable outcomes, resources, and ways to overcome barriers.*

### **A. State and Tribal DWI Task Forces or Commissions**

#### **Advisory**

*States and tribal governments should convene Driving While Impaired (DWI) task forces or commissions to foster leadership, commitment, and coordination among all parties interested in impaired driving issues. State-level and tribal task forces and commissions should:*

- Receive active support and participation from the highest levels of leadership, including the governor and/or governor's highway safety representative.*
- Include members that represent all interested parties, both traditional and non-traditional, such as representatives of: government – highway safety, enforcement, criminal justice, liquor law enforcement, public health, education, driver licensing and education; business – employers and unions; the military; medical, health care and treatment; multi-cultural, faith-based, advocacy, and other community groups; and others.*
- Recommend goals and objectives, provide policy guidance and identify available resources, based on a wide variety of interests and through leveraging opportunities.*
- Coordinate programs and activities to ensure that they complement rather than compete with each other.*
- Operate continuously, based on clear authority and direction.*

#### **Status**

Iowa currently qualifies for Section 405d funding as a "low-range state," as the average impaired driving fatality rate is 0.30 or lower. Since Iowa is a "low-range state," it is not required to establish a statewide impaired driving task force. However, being proactive in the realm of impaired driving, the State established a coalition to address impaired driving issues. Additionally, the State recognizes that in the last several years impaired driving has been trending in the wrong direction, which ultimately could result in Iowa migrating to "mid-range state" status due to a potential increase that would push the State above the 0.30 rate.

In February 2016, the Iowa Impaired Driving Coalition was formed to address the growing percentage of fatalities associated with impaired driving. The coalition, which was composed of a diverse representation of stakeholders, recognized the need to address impairments of all kinds and understood that impaired driving is a statewide problem requiring many strategies to make progress. With that understanding, the coalition developed the *Iowa Statewide Impaired Driving Plan* in September 2016, which was a comprehensive plan identifying strategies to reduce impaired driving fatalities within the State. Unfortunately, the Coalition was

dissolved following the retirement of a key staff member of the Governor's Traffic Safety Bureau (GTSB) that facilitated the Coalition.

Since Iowa is nearing the level that would push the state above the 0.30 impaired driving fatality rate reclassifying Iowa as a "mid-range state" and the fact that the Iowa Impaired Driving Coalition is no longer active, it is a prime time to revisit the need for an impaired driving task force. The formation of an active task force can be a very valuable tool to engage statewide partners, volunteer organizations, and non-traditional partners.

## **Recommendations**

- **Reestablish a statewide impaired driving task force or commission that will provide strong leadership, commitment, and coordination for impaired driving efforts across the State. Membership should include representatives of:**
  - **government – highway safety, enforcement, criminal justice, liquor law enforcement, public health, education, driver licensing, and education**
  - **business – employers and unions**
  - **military**
  - **medical, health care, and treatment**
  - **multi-cultural, faith-based, advocacy, tribal, and other community groups that have a stake in impaired driving**
- **Develop a comprehensive strategic impaired driving plan to address impaired driving injuries and fatalities once the task force is established.**

## **B. Strategic Planning**

### ***Advisory***

*States should develop and implement an overall plan for short- and long-term impaired driving activities. The plan and its implementation should:*

- *Define a vision for the state that is easily understood and supported by all partners.*
- *Utilize best practices in strategic planning.*
- *Be based on thorough problem identification that uses crash, arrest, conviction, driver record, and other available data to identify the populations and geographic areas most at risk.*
- *Allocate resources for countermeasures determined to be effective that will impact the populations and geographic areas most at risk.*
- *Include short-term objectives and long-range goals. Have clear measurable outcomes.*
- *Be an integral part of or coordinate with and support other state plans, including the Highway Safety Plan and Strategic Highway Safety Plan.*
- *Establish or adjust priorities based on recommendations provided to the state as a result of reviews and assessments, including this impaired driving assessment.*
- *Assign responsibility and accountability among the state's partners for the implementation of priority recommendations.*

### **Status**

An important part of traffic safety strategic planning efforts for Iowa is the Zero Fatalities network. The vision of the Zero Fatalities network is to ultimately achieve zero traffic fatalities in Iowa. The Zero Fatalities website provides visitors information on traffic safety statistics; background information on efforts to prevent crashes and the ensuing potential injuries and fatalities; a link to the Strategic Highway Safety Plan (SHSP); and information on partnerships between state government, private sector, and media outlets. There is also information on Iowa's Traffic Fatality Reduction Task Force, an effort created in 2021 to implement educational, enforcement, and legislative initiatives. These efforts are intended to help Iowa achieve the more immediate target of less than 300 traffic fatalities annually, with the ultimate goal of zero fatalities. The Task Force is led by the Governor's Traffic Safety Bureau (GTSB), Iowa Department of Transportation (Iowa DOT), and Iowa State Patrol.

The SHSP is intended to incorporate the Highway Safety Improvement Program (HSIP), Highway Safety Plan (HSP), and the Commercial Vehicle Safety Plan (CVSP) in order to provide an all-encompassing method for traffic safety planning. The SHSP utilizes a data-driven approach to identify key emphasis areas and strategies that have the greatest potential to reduce traffic fatalities and serious injuries. Performance goals within the plan must be consistent with other highway safety plans.

The SHSP is used to identify key safety needs and guide resource allocations. The development of the SHSP brings together a broad range of like-minded safety partners who rely on each other's expertise. These safety partners typically leverage agency resources to collectively address the diverse safety challenges within the State. The most important aspect of the SHSP is that the strategies developed to address traffic safety issues are comprehensive and coordinated.

The HSIP is a core federal-aid program with the purpose to achieve a significant reduction in traffic fatalities and serious injuries on all public roads, including non-State-owned roads and

roads on tribal land. The HSIP uses a data-driven, strategic approach to improving highway safety on all public roads with a focus on performance. It also focuses on engineering improvements to support and create a safer environment for roadway users.

The HSP uses a comprehensive driver behavior-based approach to addressing highway safety using data to identify the types of behavior that result in significant traffic crash injuries and fatalities on a state's roadways. Problem areas are prioritized, and states work to determine data-driven solutions to most effectively drive down injuries and fatalities. This plan considers geographic and demographic information, as well as driver behaviors that lead to crashes, to implement proven countermeasures to deal with the identified problems.

The CVSP is a federal grant program that provides financial assistance to states to help reduce the number and severity of crashes and hazardous materials incidents involving commercial motor vehicles (CMV). This program is structured under the Motor Carrier Safety Assistance Program (MCSAP). The goal of the MCSAP is to reduce CMV-involved crashes, fatalities, and injuries through consistent, uniform, and effective CMV safety programs.

The coordination of these plans and the processes to develop the plans should be done collaboratively, with the intent of minimizing duplication. The overriding plan that deals with all highway safety efforts is the SHSP process.

Iowa's SHSP was developed in consultation with the SHSP Implementation Team, which is composed of individuals representing the four E's of traffic safety (education, emergency medical services, enforcement, and engineering). These representatives provide updates on programs, policies, and educational campaigns. These efforts must be evaluated and updated every five years.

An important component of the SHSP update is the consultation with a broader group of traffic safety stakeholders. For the most recent update to the plan, consultation with stakeholders was completed through an extensive statewide input process.

The 2017 update of the SHSP prioritized eight safety emphasis areas. For each of the priority safety emphasis areas, the Implementation Team identified strategies that provide the greatest opportunity to reduce fatalities and serious injuries. One of the priority safety emphasis areas is impairment involvement.

The impairment involvement emphasis area establishes the following countermeasures:

- Educate drivers on the different types of impairments and their effects on driving.
- Employ screening and brief interventions in healthcare settings.
- Support trainings for 60 new drug recognition expert (DRE) officers and 500 new advanced roadside impaired driving enforcement (ARIDE) officers.
- Develop and implement a standardized approach for law enforcement to identify impaired drivers.
- Expand the 24/7 program, place of last drink program, and ignition interlock program.
- Enhance detection through special operating while intoxicated (OWI) patrols and related traffic enforcement.

- Implement countermeasures at access locations to reduce wrong-way driving on multi-lane divided highways.
- Designate a driver, call a cab, but don't risk driving impaired.

Iowa established a Partner's Pledge as an overriding guide for all partners of the SHSP. The partners include the Iowa Department of Transportation (Iowa DOT), Iowa Department of Public Safety (DPS), and the Iowa Department of Public Health (IDPH). In this pledge, traffic safety partners in the State formalize their support for the goals in Iowa's 2019-2023 SHSP and the overall vision of Zero Fatalities on Iowa's public roadways. More specifically, the Partner's Pledge commits the partners to:

- leading implementation of SHSP strategies that relate to the work of their individual agency,
- providing necessary support and resources to implement SHSP strategies,
- supporting partner agencies as they lead SHSP strategy implementation,
- actively participating in SHSP events and initiatives, and
- promoting the SHSP and its goals whenever reasonably possible.

Iowa has proven traffic safety programs that can reduce traffic fatalities and serious injuries. The State is committed to enhancing existing programs that work, seeking new proven countermeasures, and implementing the safety strategies outlined in the SHSP to decrease fatalities and serious injuries.

The GTSB understands data are a critical component to identifying traffic safety problems throughout Iowa. Data are considered the foundation for the development of performance measures and to evaluate programs; therefore, data must be timely and accurate. Efforts to improve state traffic records are continuous and are coordinated through the Statewide Traffic Records Coordinating Committee (STRCC). Iowa's traffic records system is one source of information used for highway safety planning. Other sources include statewide surveys and National Highway Traffic Safety Administration data and publications.

## **Recommendations**

- Continue the Strategic Highway Safety Plan (SHSP) process, assuring the engagement of partners to provide a continued ownership stake in traffic safety, specifically the very complex issue of impaired driving.
- Align the development of the Highway Safety Plan (HSP) within the SHSP process, utilizing as much of the problem identification process and strategies that overlap with the HSP.
- Strengthen the pursuit of Zero Fatalities and the development of the Zero Fatalities network to be a driving force in the efforts to eliminate impaired driving fatalities in Iowa.

- Build a more detailed plan for behavioral highway safety countermeasures in the State each year using the problems identified and strategies developed during the most recent Strategic Highway Safety Plan process.



## C. Program Management

### *Advisory*

*States should establish procedures and provide sufficient oversight to ensure that program activities are implemented as intended. The procedures should:*

- *Designate a lead agency that is responsible for overall program management and operations;*
- *Ensure that appropriate data are collected to assess program impact and conduct evaluations;*
- *Measure progress in achieving established goals and objectives;*
- *Detect and correct problems quickly;*
- *Identify the authority, roles, and responsibilities of the agencies and personnel for management of the impaired driving program and activities; and*
- *Ensure that the programs that are implemented follow evidence-based best practices.<sup>1</sup>*

### **Status**

The designated lead agency in Iowa for impaired driving program management and operations is the Governor's Traffic Safety Bureau (GTSB). The GTSB is located within the Iowa Department of Public Safety (DPS) with the GTSB Chief reporting to the Commissioner of DPS, who serves as the Governor's Representative (GR) of highway safety for Iowa. The GR is the direct link to the Governor's Office communicating traffic safety concerns, challenges, needs, and proposals. Likewise, this is the individual to whom the Governor would communicate directives concerning traffic safety.

It should be noted that the GTSB sought this National Highway Traffic Safety Administration sponsored assessment of Iowa's impaired driving program on a volunteer basis. Iowa, unlike many states, is not required to conduct an assessment, since it is categorized as a "low-range state" under the Section 405d funding. This in and of itself speaks volumes about the motivation and dedication of the State to address impaired driving injuries and fatalities.

Iowa has a rich history as a leader in traffic safety data collection. Iowa has been one of the nation's leaders in the organization of a Traffic Records Coordinating Committee. It is also a leader in the collection of electronic traffic crash data. Electronic collection and submission of data helps eliminate much of the human error that can occur in the collection of this data. This ensures traffic crash data are timely available to those that depend on the information to identify traffic safety problem areas and to act swiftly to address any issues.

As with most electronic data collection systems, personnel turnover necessitates continued emphasis on training. The electronic crash reporting system is no exception. Law enforcement officers must receive training on the Traffic and Criminal Software (TraCS), to assure data accuracy is maintained and improved upon. However, law enforcement candidates in the Iowa Law Enforcement Academy are not provided this training due to unavailability of the TraCS system at the academy. Impaired driving is one of the primary traffic safety problem areas that benefits from accurate electronic data collection and availability as it enables traffic safety funds to be directed to the areas with the most critical need.

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<sup>1</sup> See "Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Offices," Sixth Edition, 2011.

The number of traffic injuries related to alcohol impairment is very similar to the number of traffic injuries as a result of drug impairment in Iowa. Figure 1 shows a comparison of the two types of traffic injuries from 2016 to 2020.

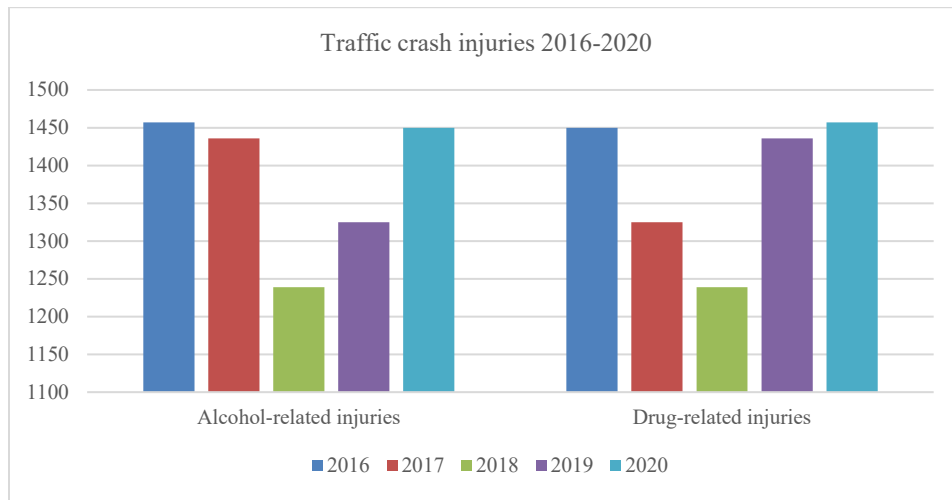


Figure 1. Impaired/Drug-related traffic injuries 2016-2020

In Figure 2, we see alcohol-impaired traffic fatalities decreased slightly from 2016 to 2020, while drug-related traffic fatalities increased slightly over the same five-year period.

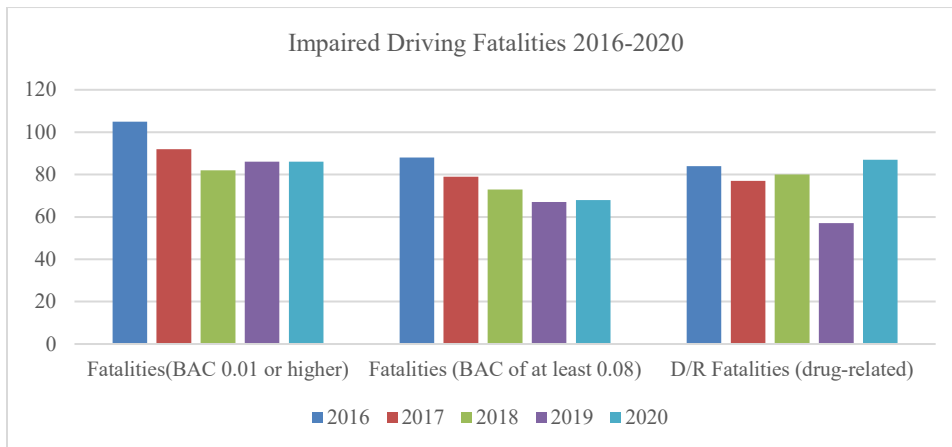


Figure 2. Impaired/Drug-related traffic fatalities 2016-2020

According to State data, the percentage of impaired driving fatalities at or above a blood alcohol concentration (BAC) of 0.01 or higher has remained below 28 percent of the total number of traffic fatalities for each of the five years from 2016 to 2020. Impaired driving fatalities at or above a BAC of 0.08 have remained below 24 percent of the total number of traffic fatalities for the same five-year period. Drug-related traffic fatalities during this five-year span have increased slightly in proportion to the overall traffic fatalities in Iowa, accounting for slightly over 25 percent of the total traffic fatalities in 2020 (Figure 3).

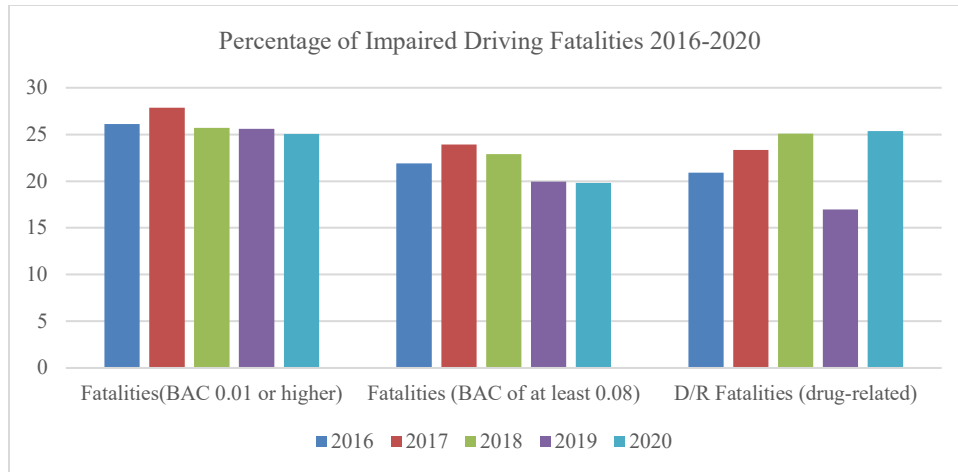


Figure 3. Percentage of impaired/drug-related traffic fatalities 2016-2020

During the same time period, 2016-2020, the average BAC at arrest has hovered between 0.163 and 0.166 (Figure 4). This indicates that the average BAC at time of arrest is more than twice the illegal alcohol impairment level of 0.08 BAC. At Iowa’s average BAC level (0.16), offenders are typically easily detected by officers on patrol. As such, law enforcement officers may benefit from additional training in the detection, apprehension, and arrest of those driving impaired in Iowa. Strict enforcement of existing impaired driving laws will assist Iowa in reducing the percentage of Iowans injured or killed at the hands of impaired drivers.

Year	Average BAC at Arrest	High BAC
2016	0.163	0.467
2017	0.163	0.426
2018	0.163	0.595
2019	0.164	0.485
2020	0.166	0.429

Figure 4. Average BAC at Time of Arrest

The GTSB uses various data sources during their planning, programming, and evaluation processes. The GTSB utilizes the Fatality and Injury Reporting System Tool (FIRST), allowing users to build custom queries of fatal/injury crashes in the form of tables, charts, or Geographic Information System (GIS) maps. The State Traffic Safety Information (STSI) system is an information portal for state or county specific data for the past 10 years providing data through tables, charts, and GIS crash location maps. The Fatality Analysis Reporting System (FARS) provides Iowa crash fatality information and provides comparisons to other states and to national averages.

Iowa utilizes its data sources to identify and verify motor vehicle crash, injury, and fatality emphasis areas for the selection of federally funded projects. The GTSB also uses *Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices Tenth Edition, 2020* to assure that funded projects align with project efforts that have been proven to be effective in addressing highway safety problem areas.

Within the GTSB, there are six program administrators with assigned highway safety program areas including the Drug Recognition Expert (DRE) program, Advanced Roadside Impaired Driving Enforcement (ARIDE) training program, youth programs, and other significant highway safety programs. There is also a program evaluator position that has traffic records, problem identification, and evaluation responsibilities. A Law Enforcement Liaison (LEL) was also recently hired, which is an invaluable position that has proven critical to traffic safety efforts in many states in the country.

The program administrators devote time to the impaired driving program area to varying degrees; however, there is no one in the GTSB that serves as a full-time Impaired Driving Program Coordinator. An Impaired Driving Program Coordinator would allow for a dedicated staff member within the GTSB to take the lead on impaired driving program efforts, coordinating with partners across the State, and expanding the opportunity to implement more impaired driving countermeasures. Training is available through the Transportation Safety Institute (TSI) to provide the foundation for a new employee hired and assigned to be the Impaired Driving Coordinator. There is an introductory course and more advanced courses that can be pursued.

With a few exceptions, most of the current GTSB staff have under five years' experience in a formal highway safety office dealing with highway safety projects and grants. There was an indication that some projects lacked adequate performance expectations, and there was no clear evidence of written policies and procedures on dealing with underperforming issues within projects. This could be an indication of the need for additional grants management training and assuring that there are policies and procedures in place to deal with any problems with project performance. Staff training is available through TSI, while model policies and procedures are available through the Governors Highway Safety Association website.

Despite using data in their overall problem identification process, the GTSB has not traditionally distributed federal traffic safety grant funding where the problem is identified. However, the GTSB has recently changed to using a data-driven approach to identify impaired driving problems and direct funds to the areas where the most significant problems exist. This will assure that future resources are targeted to areas most in need of addressing the rising incidences of impaired driving crashes in Iowa.

The GTSB holds an annual conference which can serve as an excellent venue to share information concerning the status of program priorities, funding opportunities, training opportunities, and develop partnerships. The GTSB can share data on various impaired driving issues, successes in Iowa and other states, challenges facing Iowa, communication plans, and enforcement strategies.

## **Recommendations**

- **Establish a dedicated staff position within the Governor's Traffic Safety Bureau to serve as the Impaired Driving Program Coordinator with assigned duties to oversee and coordinate Iowa's statewide impaired driving program.**

- **Procure the Traffic and Criminal Software (TraCS) electronic crash reporting software for law enforcement academies to uniformly train law enforcement officers on how to properly complete the electronic crash report.**
- Provide training to Governor's Traffic Safety Bureau staff members in impaired driving programming and traffic safety program management as appropriate.
- Finalize and implement the problem identification process using traffic records data to prioritize funding for impaired driving countermeasures and ensuring funded activities are in problem areas that can have the most impact on reducing impaired driving.
- Expand the audience for the annual Governor's Traffic Safety Bureau Conference to better engage non-traditional partners in impaired driving efforts statewide.

## D. Resources

### *Advisory*

*States should allocate sufficient funding, staffing, and other resources to support their impaired driving programs. Programs should aim for self-sufficiency and, to the extent possible, costs should be borne by impaired drivers. The ultimate goal is for impaired driving programs to be fully supported by impaired drivers and to avoid dependence on other funding sources. States should:*

- *Allocate funding, staffing, and other resources to impaired driving programs that are:*
  - *Adequate to meet program needs and proportional to the impaired driving problem;*
  - *Steady and derived from dedicated sources, which may include public or private funds; and*
  - *Financially self-sufficient, and to the extent possible paid by the impaired drivers themselves. Some States achieve financial self-sufficiency using fines, fees, assessments, surcharges, or taxes. Revenue collected from these sources should be used for impaired driving programs rather than returned to the State Treasury or General Fund.*
- *Meet criteria to enable access to additional funding through various incentive programs.*
- *Identify opportunities and leverage resources on behalf of impaired driving efforts.*
- *Determine the extent and types of resources available from all sources (local, state, and federal; public and private) that are dedicated to impaired driving efforts.*
- *Designate a position and support the individual in that position with sufficient resources to adequately serve as a focal point for impaired driving programs and issues.*

### Status

Fixing America’s Surface Transportation Act (FAST Act) was signed into law on December 4, 2015. It was the first law enacted in over 10 years that provided long-term highway safety funding. The FAST Act authorized funding for Section 402 Highway Safety Programs and Section 405 National Priority Safety Programs for fiscal years (FY) 2016 through 2020, and has continued to be the guiding authorization for these programs into at least FY 2022.

Iowa is fortunate to currently qualify for both Section 402 base and redistribution funding and Section 405d Impaired Driving Countermeasures funding. It is one of only six states to qualify for Section 405d Impaired Driving 24/7 funding. Iowa’s FY 2021 allocation of funding for these sections is shown in Figure 5. The monetary figures only represent the funding that was available in new funding for FY 2021. It does not include prior year funding that was unspent and is available for current expenditure.

<b>Funding Source</b>	<b>FY 2021 Allocation</b>
Section 402 Base	\$3,713,096
Section 402 Redistribution	\$189,790
Section 405d Impaired Driving Countermeasures	\$2,102,565
Section 405d Impaired Driving 24/7	\$63,315

Figure 5. FY 2021 Funding

According to the FY 2022 Highway Safety Plan Cost Summary, \$6,668,493 is programmed in Section 402 funds, \$7,123,474 is programmed in Section 405d Impaired Driving Low funds, and \$368,360 is programmed in Section 405d 24/7 Sobriety funds. There are additional funds for each Section programmed under a Supplemental Bill totaling \$5,000,000 in Section 402, \$4,500,000 in Section 405d Impaired Driving Low, and \$189,000 in Section 405d 24/7.

The Alcohol Safety Action Program is an enforcement effort that began in the 1970's in the Sioux City Police Department. A unit consisting of a sergeant and three patrol officers operates seven days per week, 365 days per year to patrol the streets of Sioux City to apprehend impaired motorists. The unit is funded locally for typical working hours and receives overtime funds from the Governor's Traffic Safety Bureau (GTSB) for additional impaired driving enforcement. This is the only known enforcement unit of its type in the State. It is an excellent example of how seed money can be utilized to start a project and the success of the effort secures local funding to sustain the program for the long term.

It appears that programs financially supported by impaired drivers to combat impaired driving are possibly non-existent in Iowa or limited at best. There is a victim's fee that is collected from convicted impaired drivers that goes to support victims; however, these funds can go to support victims of all types of crime, and not specifically victims of impaired drivers. There is no indication that there are any other fines, fees, or penalties that support the efforts to curb impaired driving in the State.

The only impaired driving incentive funding category for which Iowa does not currently qualify is Section 405d Impaired Driving Ignition Interlock. The State's ignition interlock program does not include a compliance-based removal component which would require a user to maintain a certain period of sober driving before completing the program.

## **Recommendations**

- Identify data-driven impaired driving countermeasures that need funding and support with Section 405d carryover funds.
- Use a data-driven approach to identify other agencies that would benefit from replicating the successful Alcohol Safety Action Program.
- Research the development of offender-based funding for impaired driving prevention efforts, identifying potential fees or fines that can support these efforts.
- **Make Iowa's ignition interlock law compliance-based, only allowing for removal of an ignition interlock device after successful completion of the required term without test failures.**

## II. Prevention

*Prevention programs are most effective when they utilize evidence-based strategies, that is, they implement programs and activities that have been evaluated and found to be effective or are at least rooted in evidence-based principles. Effective prevention programs are based on the interaction between the elements of the public health model: 1) using strategies to develop resilient hosts, e.g., increase knowledge and awareness or altering social norms; 2) reducing exposure to the dangerous agent (alcohol), e.g., alcohol control policies and; 3) creating safe environments, e.g., reducing access to alcohol at times and places that result in impaired driving. Prevention programs should employ communication strategies that emphasize and support specific policies and program activities.*

*Prevention programs include responsible alcohol service practices, transportation alternatives, and community-based programs carried out in schools, at work sites, in medical and health care facilities, and by community coalitions. Programs should prevent underage drinking or drinking and driving for persons under 21 years of age, and should prevent over-service and impaired driving by persons 21 or older.*

*Prevention efforts should be directed toward populations at greatest risk. Programs and activities should be evidence-based, determined to be effective, and include a communication component.*

### A. Responsible Alcohol Service

#### **Advisory**

*States should promote policies and practices that prevent underage drinking and over-service by anyone. States should:*

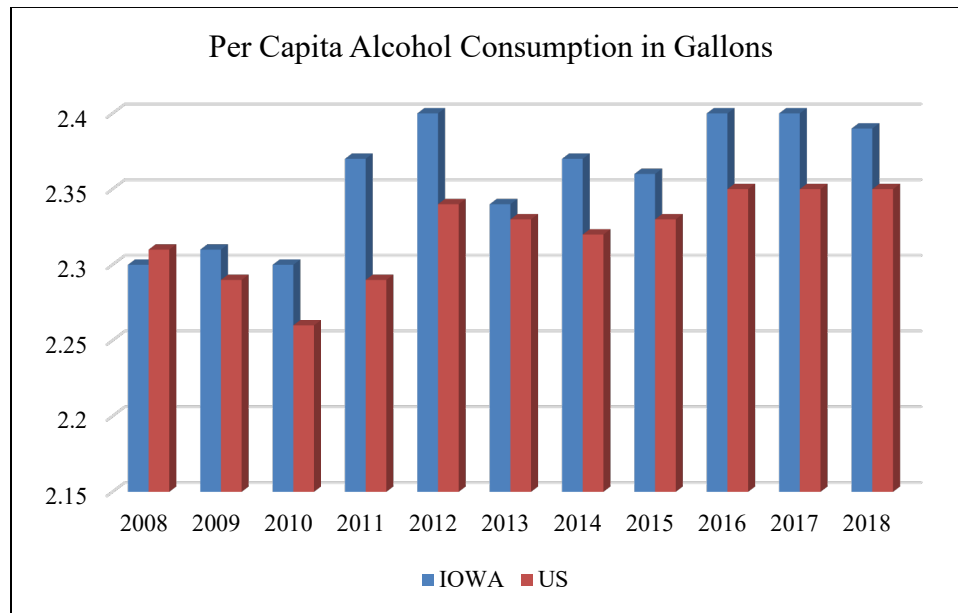
- *Adopt and enforce programs to prevent sales or service of alcoholic beverages to persons under the age of 21. Conduct compliance checks and “shoulder tap” activities and support the proper use of technology in alcohol retail establishments, particularly those catering to youth, to verify proper and recognize false identification.*
- *Adopt and enforce alcohol beverage control regulations to prevent over-service, service in high risk situations, and service to high-risk populations. Prohibit service to visibly intoxicated patrons; restrict alcohol sales promotions, such as “happy hours”; limit hours of sale; establish conditions on the number, density, and locations of establishments to limit impaired driving, e.g., zoning restrictions; and require beer keg registration.*
- *Provide adequate resources including funds, staff, and training to enforce alcohol beverage control regulations. Coordinate with state, county, municipal, and tribal law enforcement agencies to determine where impaired drivers had their last drink and use this information to monitor compliance with regulations.*
- *Promote responsible alcohol service programs, written policies, and training.*
- *Provide responsible alcohol service guidelines such as best practices tool kits to organizations that sponsor events at which alcohol is sold or provided.*
- *Encourage alcohol sales and service establishments to display educational information to discourage impaired driving and to actively promote designated driver and alternative transportation programs.*
- *Hold commercial establishments and social hosts responsible for damages caused by a patron or guest who was served alcohol when underage or visibly intoxicated.*

#### **Status**

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), per capita consumption of alcohol in Iowa in 2018—the last year for which complete data were available—



was the equivalent of 2.39 gallons of ethanol per capita, slightly above the national average of 2.35 gallons. Over the previous decade, Iowa’s per capita alcohol consumption tracked slightly above the U.S. average. Per capita consumption estimates are based on taxed sales of alcoholic beverages.<sup>2</sup>



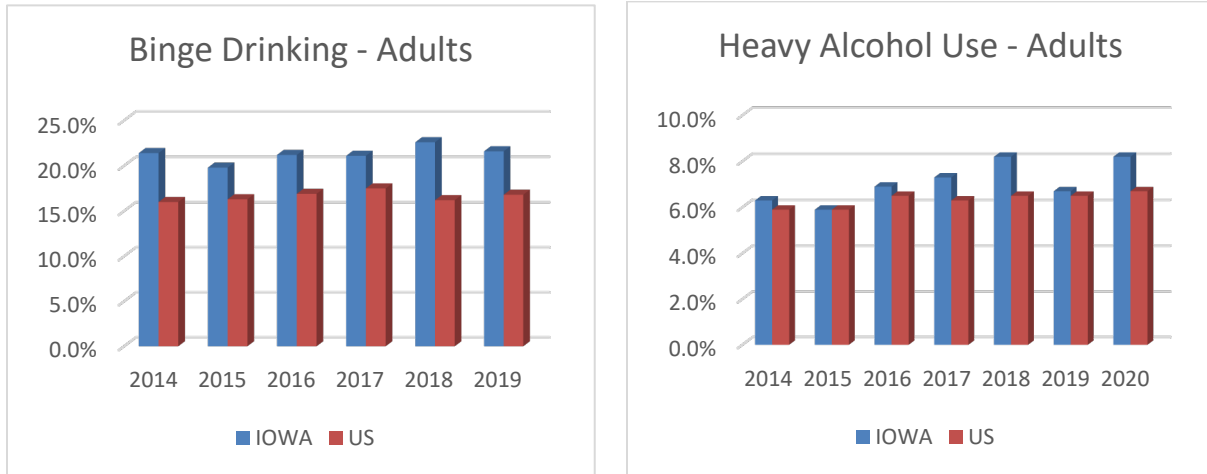
Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
<b>Iowa</b>	2.30	2.31	2.30	2.37	2.40	2.34	2.37	2.36	2.40	2.40	2.39
<b>U.S.</b>	2.31	2.29	2.26	2.29	2.34	2.33	2.32	2.33	2.35	2.35	2.35
<b>Difference</b>	-0.4%	0.9%	1.8%	3.5	2.5%	0.4%	2.2%	1.3%	2.1%	2.1%	1.7%

Per capita consumption data, which is based on resident population, must be viewed in light of the large number of colleges and universities in Iowa, and the potential impact of student populations on certain communities. The University of Iowa adds over 30,000 students to Iowa City’s population of 73,432, pushing the population over 100,000. Iowa State University’s 30,000 students make Ames their temporary home, raising that city’s population from 67,000 to nearly 100,000. Cedar Falls increases from 40,400 to an estimated 53,000 when the University of Northern Iowa is in session. Another population-based factor in alcohol and other drug (AOD) use is tourism, including recreation and vacation homes on Iowa’s many bodies of water.

The Iowa Department of Public Health (IDPH) conducts annual Behavioral Risk Factor Surveillance System (BRFSS) surveys. Self-reported binge drinking (i.e., five or more drinks on a single occasion) in the past 30 days among adults in Iowa has remained between 19 to 21 percent from 2014 to 2019, approximately five percentage points above the national average. Since 2014, self-reported heavy alcohol use (i.e., more than 14 drinks per week for males and more than seven drinks per week for females) among adults has fluctuated with a low of 5.9 percent in 2015 to a high of 8.2 percent in 2018 and 2020. Iowa’s rate often exceeds the national

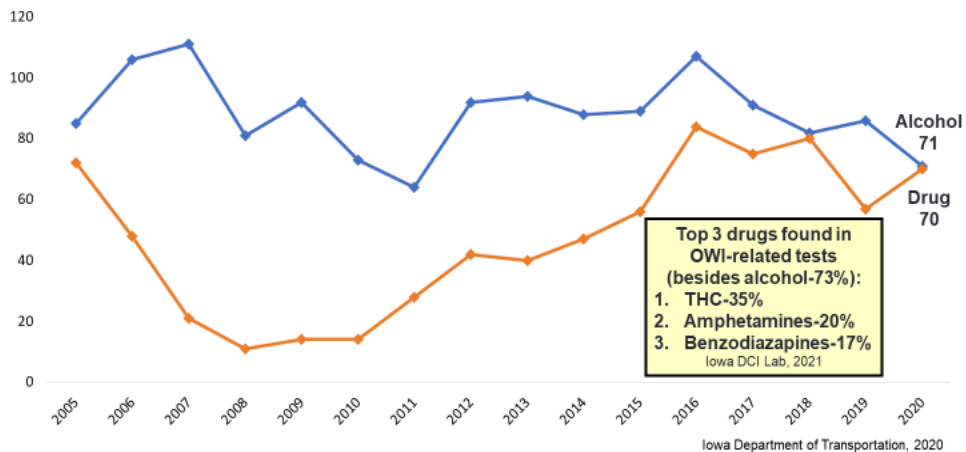
<sup>2</sup> <https://pubs.niaaa.nih.gov/publications/surveillance117/CONS19.htm>

rate. Most recently in 2020, Iowa’s rate of heavy drinking among adults was 8.2 percent, compared to 6.7 percent nationally.<sup>3</sup>



### Iowa Alcohol & Drug-Related Traffic Fatalities

Drug = # Drivers + for 1 or More Drugs (Some with Alcohol) Out of 466 Total Drivers



According to recent federal studies, Iowa ranks 6<sup>th</sup> lowest in the nation in the rate of total illicit drug use, and 5<sup>th</sup> lowest in the rate of drug overdose deaths. However, the new *Iowa Drug Control Strategy & Drug Use Profile Annual Report* states that alcohol-related and drug overdose deaths have risen to record levels amid the COVID-19 pandemic and prevalence of more potent substances and substance combinations. In 2020, alcohol-related deaths rose 26 percent to a record 836 and stimulant-related overdose deaths (159) are holding at record levels.<sup>4</sup>

Reports from behavioral health and law enforcement professionals indicate more Iowans are using multiple substances together or in succession (e.g., fentanyl and heroin). These accounts

<sup>3</sup> <https://nccd.cdc.gov/BRFSSPrevalence/>

<sup>4</sup> Iowa Drug Control Strategy and Drug Use Profile Annual Report 2022

are substantiated by a new report on *Methamphetamine Use in Iowa*, indicating a 13 percent increase in meth-related polysubstance use over a recent eight-year period. Whether intentional or accidental, polysubstance use raises concerns about elevated health risks.

Iowa’s comprehensive Drug Control Strategy identifies trends and prioritizes responses, including promising approaches for reducing substance misuse in Iowa. The report sets several broad goals for future progress:

- Reduce deaths related to the use of alcohol, tobacco, and other drugs
- Reduce injuries associated with the use of drugs, including from drug-impaired driving
- Reduce youth use of alcohol, nicotine, and marijuana (THC)
- Increase access to substance use disorder (SUD) services
- Increase employment among those in or completing SUD treatment
- Reduce incarcerations for drug-related offenses, and the disproportionate number of minorities referred to the justice system

A recent report on the impact of COVID-19 in Iowa’s small towns by Iowa State University<sup>5</sup> found nearly 40 percent of rural residents reported their mental health and relationships with close friends and family worsened during the pandemic. About 20 percent said signs of depression were evident, and 15 percent reported signs of anxiety. The 2020 National Survey on Drug Use and Health (NSDUH) reports a continued pandemic-effect on substance use and mental health across the U.S., finding 25.9 million past year users of alcohol and 10.9 million past year users of other drugs reported they used those substances “a little more or much more” than they did before the beginning of the pandemic.<sup>6</sup>

The annual Iowa Outcomes Monitoring System study by the University of Iowa’s Consortium for Substance Abuse Research and Evaluation showed that six months after Iowans completed SUD treatment, there was a decrease in substance use relapses for all substances, including a 26-point decline for those with a methamphetamine use disorder, a 46-point drop in re-arrests, and a 13-point improvement in employment.

IDPH’s *Your Life Iowa*<sup>7</sup> website provides information, resources, crisis support, and referrals for problem gambling, substance use, and mental health. *Your Life Iowa* is free and confidential and can be accessed 24/7.

## IOWA’S SUBSTANCE ABUSE PREVENTION STRATEGIC PLAN<sup>8</sup>

Iowa’s Bureau of Substance Abuse established a committee in the summer of 2017 to inform the strategic planning process. In addition to bureau staff, committee members included representatives from the Governor’s Office of Drug Control Policy, the Iowa Department of Education, the Iowa Department of Human Services, and the Iowa Department of Public Safety, along with community-based prevention and treatment service providers from across the State.

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<sup>5</sup> Peters, David. “Impact of COVID-19 on Iowa’s Small Towns.” *Iowa State University Extension & Outreach*, Sept. 2021. <https://store.extension.iastate.edu/product/Impact-of-COVID-19-in-Iowas-Small-Towns>

<sup>6</sup> “Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health.” *Substance Abuse and Mental Health Services Administration (SAMHSA)*, Oct. 2021.

<sup>7</sup> <https://yourlifeiowa.org/>

<sup>8</sup> IDPH, *Five-Year Substance Abuse Prevention Statewide Strategic Plan*.

The *Five-Year Substance Abuse Prevention Strategic Plan* follows the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework (SPF) model and is guided by the principles of cultural competence and sustainability throughout all five steps of the process. The plan focuses on strategies for evidence-based practices, continuous quality improvement, prevention education, and workforce development, and includes a special focus area on strategies to reduce Opioid Use Disorder.

Established performance indicators targeted by the plan include:

- Decrease underage drinking from 11 to seven percent or fewer youth reporting alcohol consumption, as measured by the Iowa Youth Survey (IYS).
- Decrease marijuana use from nine to seven percent or fewer youth reporting its use, as measured by the IYS.
- Decrease by five percent the number of eleventh grade youth reporting misuse of prescription medications on the IYS.
- Decrease binge drinking among adults from 28.6 percent (baseline 2008-09) to 20.3 percent (2019-20 reported data), as measured by the National Survey on Drug Use and Health (NSDUH).

#### UNDERAGE DRINKING PREVENTION POLICIES – BEST PRACTICES<sup>9</sup>

The following section describes best practices for preventing underage and excessive drinking, impaired driving and related consequences, and Iowa’s status in relation to these practices.

##### 1. Regulation of Alcoholic Beverages

Iowa is one of 18 states that directly controls the sale and distribution of alcoholic beverages. The Alcoholic Beverages Division (ABD) governs state and federal laws and regulations related to the sale and use of alcohol and tobacco products. Under Iowa’s three-tier license classification system, licenses issued under Iowa Code 123 are generally divided into the following categories:

- Retail Licenses that authorize the sale of alcoholic beverages to the public.
- Wholesale Licenses that authorize the purchase of alcoholic beverages from producers for resale to retailers.
- Manufacturing and Importing Licenses that authorize the production or importation of alcoholic beverages into the State.

##### 2. Dram Shop Liability

Iowa has a dram statute holding on-premise licensed establishments that serve intoxicated patrons responsible for resulting injury or harm to innocent third-parties. Dramshop insurance is a precondition to holding and maintaining an Iowa liquor license. The policy must remain in effect during the entire period of the license and be updated annually upon renewal of the liquor license. On-premise licensees are required to carry a minimum bodily injury or death coverage of \$50,000 per individual (\$100,000 cumulative) and loss of support coverage of at least \$25,000 per individual (\$50,000 cumulative). Policies cannot place an aggregate or cap on total settlements for the life of the policy. Dramshop insurance, like auto insurance, protects both the

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<sup>9</sup> From *STOP Act – State Performance and Best Practices: 2017*, and *State Performance and Best Practices: for Iowa: 2020*

public and the licensee. It does not protect the intoxicated individual who causes harm to others. No remedy is provided for the intoxicated person who suffers injury himself or herself, or his or her family members, or anyone who contributed to the intoxication. Only innocent third parties may recover damages. Iowa's statute limits who can be sued; retailers furnishing for off-premise use are exempt. The statute limits standards of proof—the retailer should have known the individual was intoxicated or was going to become intoxicated.

### 3. Alcohol Compliance Training

Alcohol compliance training, also known as Responsible Server Training (RST), informs trainees of all relevant state alcoholic beverage control laws and regulations, and is intended to prevent over-serving, sales to visibly intoxicated or persons under legal age, and other essential aspects of alcoholic beverage dispensing, sales, and liability. As of 2017, 19 states had mandatory RST.

Iowa encourages, but does not mandate, alcohol compliance training for alcohol licensees and their employees. Since 2012, ABD has had an online alcohol training program called the *Iowa Program for Alcohol Compliance Training* (I-PACT). This program allows employees and prospective employees to go through alcohol compliance training and receive a certificate upon completion. During fiscal year (FY) 2018, 21,614 individuals were certified. Establishments choosing to participate in I-PACT training are granted an affirmative defense, which may be used once in a four-year period. A business may avoid civil prosecution if an alcohol sale-to-minor violation occurs in their establishment. For the business to use the affirmative defense, the employee guilty of the violation must be I-PACT certified prior to the time the offense occurred. However, the affirmative defense cannot be used if the employee sold to a minor under the age of 18. Only the business is eligible to avoid a civil penalty. The guilty employee will be subject to a fine and the I-PACT certification for the employee will be revoked. Iowa has penalty guidelines, ranging from \$500 for the first offense to license revocation for the fourth offense.

### 4. Minimum Seller/Server Age

Iowa code states that the minimum age to sell beer or wine off-premises is 16; for distilled spirits it is 18. For on-premises beer, wine, and spirits the minimum age is 18, including bartending. However, the ABD website currently states that the minimum age is 16 to sell liquor, wine, or beer in original unopened containers for off-premises consumption (grocery stores, convenience stores, liquor stores, etc.). There is concern that this permits scenarios where 16-year-olds are selling liquor at 2 a.m. at gas stations, which may impact efforts to limit access to underaged individuals.

### 5. Minimum Age to be in Licensed Establishments

Iowa law does not prohibit minors from being in licensed establishments. Some localities may have ordinances prohibiting minors from being in such establishments.

### 6. Criminal Penalties and Administrative Sanctions for Sales-to-Minors Violations

It is against the law for any licensee (their employees and agents) to sell, give, or otherwise provide alcoholic beverages to anyone under the legal drinking age of 21. The fine for this simple misdemeanor is \$1,925 when committed by a licensee, or \$645 when committed by an employee or agent.

Administrative sanctions are separate from criminal penalties. Both may be imposed. When licensees (their employees and agents) sell, give, or otherwise supply liquor, wine, or beer to someone under the legal drinking age, the following administrative sanctions may be imposed against the alcoholic beverage licensee:

- First violation or first violation within two years: \$500 civil penalty or 14-day license suspension
- Second violation in two years: 30-day license suspension and \$1,500 civil penalty
- Third violation in three years: 60-day license suspension and \$1,500 civil penalty
- Fourth violation in three years: revocation of the license

Administrative sanctions are automatic (no administrative hearing is held) when there is a criminal conviction under Iowa Code 123.49(2)(h). When there is no criminal conviction, administrative sanctions are imposed through an administrative hearing.

#### 7. Seizure of False or Altered Identification Cards

Iowa Code 123.48 provides liquor, wine or beer permittees, or an employee thereof the right to retain the driver license or non-operator ID, if the permittee or employee has a reasonable belief based on factual evidence that the ID is altered, falsified, or belongs to another person.

Iowa provides both administrative and judicial sanctions for use of a false ID. There are no incentives for retailers to use scanners. There is a general affirmative defense for retailers who confiscate a valid ID believing it to be false.

#### 8. Keg Registration

Keg registration laws (also called keg tagging laws) require wholesalers or retailers to attach tags, stickers, or engravings with an identification number to kegs exceeding a specified capacity. These laws discourage purchasers from serving underage persons from the keg by allowing law enforcement officers to trace the keg to the purchaser even if they are not present at the location where the keg is consumed. As of January 1, 2017, the District of Columbia and 30 states require keg registration; 19 states do not. It is illegal to destroy the label.

Iowa Code 123.138 requires that retailers selling “keg” containers holding five or more gallons collect identification and affix an identification sticker. It is illegal for the purchaser to alter or remove the sticker (maximum fine of \$625 and/or 30 days in jail) or allow service to underaged individuals.

#### 9. Compliance Checks

For compliance checks, a young or young-looking person visits alcoholic beverage retail establishments attempting to buy alcohol (under the supervision of law enforcement).

Compliance checks have both educational and behavioral change goals. They are intended to:

- Change or reinforce social norms that underage drinking is not acceptable by publicizing and/or notifying noncompliant retailers
- Educate the community—including parents, educators, and policymakers—about the ready availability of alcohol to youth, which may not be considered a major issue

- Increase alcohol retailers' perception that violations of sales-to-minors laws will be detected and punished, creating a deterrent effect
- Decrease the likelihood that retailers will sell alcohol to minors, thereby reducing youth access to alcohol

It is unknown how many law enforcement agencies in Iowa do compliance checks, as funding for overtime is often required, and many police forces do not have the capacity to carry out these operations. In one Iowa community, compliance checks are run by a community service officer. Others have used local prevention grants. Retailers who pass a compliance check may be positively cited in a local newspaper; those who fail may receive a warning letter.

#### 10. Prohibition on Retailer Interstate Shipment of Alcoholic Beverages

Retailer interstate shipments may be a source of alcohol for underage drinkers. Iowa prohibits retailers from interstate shipment of all three types of alcoholic beverages: beer, wine, and distilled spirits. This policy applies to retailers who ship alcohol directly to consumers ordering across state lines, usually over the internet. It is related to, but distinct from both the direct shipment policy, which addresses alcohol shipments to consumers by alcohol producers, and the home delivery policy, which involves retailer deliveries to consumers within the same state.

#### 11. Regulation of Home Delivery

Like 43 other states, Iowa allows direct sales and shipments from producer/manufacturers, but requires age verification by the deliverer. The producer/manufacturer must have a state license or permit, and the deliverer must be approved by a state agency. The deliverer must record the recipient's name. The shipping label must state "Package contains alcohol" and "Recipient must be 21 years old."

On June 29, 2020, House File 2540 was signed into law, legalizing the sale of mixed drinks or "Cocktails to-go". Cocktails-to-go was implemented in several states as a revenue-generation strategy to help bars and restaurants stay in business during the COVID-19 pandemic. It does not seem likely that cocktails-to-go will be repealed. The law requires cocktails to have a seal, but it is believed that the law has led to a general flaunting of open-container laws.

#### 12. Regulation of High-Proof Grain Alcoholic Beverages

High-proof grain alcoholic beverages pose particular risks for young people. They have little or no taste, odor, or color and are often added to cocktails, soft drinks, and fruit punch. This can result in easy-to-consume concoctions with very high alcohol content that is difficult to detect, particularly for inexperienced drinkers, and can lead to dangerous over-consumption.

Although Iowa does not restrict high-proof grain alcoholic beverages, since it is a control state, it may impose additional restrictions that are not reflected in statute or regulation.

#### 13. Reducing Youth Exposure to Alcohol Advertising and Marketing

IDPH has funded local implementation of the "alcohol advertising restriction in public places" environmental strategy through the Partnerships for Success and Substance Abuse Block Grant.

Iowa Code 123.151 requiring posting of drunk driving laws was repealed. It is unknown why this was repealed.

#### 14. Parental and School Notification

Iowa Code 123.47B provides peace officers with the right to refer a person under 18 who is caught consuming or possessing alcohol to juvenile court. The court shall then notify the minor's parent or guardian and shall make a reasonable effort to notify the minor's school administration.

#### 15. Social Host Law

Social Host Laws are an evidence-based approach to changing norms about providing alcohol to underaged persons, and reducing access. The primary purpose of these laws is to deter underage drinking parties by raising the legal risk for individuals who allow underage drinking events on property they own, lease, or otherwise control. Social Host Laws are a valuable tool for law enforcement to hold individuals providing alcohol to underaged persons responsible, without necessarily charging them with a more serious violation.

While parents or guardians are still permitted to provide alcohol to their own child at their home, they are liable to a misdemeanor and/or fine for providing alcohol to other underaged persons. This challenges the belief of some adults that it is safe to provide alcohol to young persons "as long as they're under my roof." Research<sup>10</sup> demonstrates that providing this permission only increases the likelihood that the young persons will drink elsewhere as well.

A first offense is a simple misdemeanor punishable as a violation under section 805.8C, subsection 8. A second or subsequent offense is a simple misdemeanor punishable by a \$500 fine. The law does not apply to landlords or managers of a property, or an underage person who consumes or possesses alcohol as part of a religious observance, ceremony, or rite.

Hosts who allow underage drinking on their property *and* supply the alcohol consumed or possessed by the minors may be in violation of two distinct laws: (1) furnishing alcohol to a minor, and (2) allowing underage drinking to occur on property they control.

Iowa has a general prohibition, meaning it is not limited to liability for underage parties, but also applies to underage drinking on the property—residential, outdoor, or other. The guest is in violation for possession or consumption. The host must have knowledge of the party or alcohol use. Underage family member guests are exempt.

Iowa's social host statute only applies to possession or consumption by persons under the age of 18 versus 21. It is believed that this was a compromise made for the law to be passed. Communities may pass their own social host ordinances with stricter limits, that the State law cannot supersede.

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<sup>10</sup> Ovu Kaynak, Ph.D., Ken Winters, Ph.D. et al, "Providing Alcohol for Underage Youth: What Messages Should We Be Sending Parents?" [J Stud Alcohol Drugs](#). 2014 Jul; 75(4): 590–605.



Iowa Code 123.47 also includes a section on Criminal Penalties for Minors, aged 18-20, who purchase or attempt to purchase, control, or possess an alcoholic beverage. When the violation is committed by a minor under age 18, the matter is handled by the juvenile court. The penalties for 18- to 20-year-olds are:

- First violation - simple misdemeanor punishable by a \$100 fine
- Second violation - simple misdemeanor punishable by a \$500 fine. Additionally, the person in violation shall choose between either completing a substance abuse evaluation or the suspension of the person's motor vehicle operating privileges for a period not to exceed one year
- Third and subsequent violations - simple misdemeanor punishable by a \$500 fine and the suspension of the person's motor vehicle operating privileges for a period not to exceed one year.

#### 16. Graduated Driver Licensing

Iowa's graduated licensing begins with an Instruction Permit at age 14, followed by an optional Minor school license at 14.5, that allows an unaccompanied child to drive to and from school, school activities, or farm work. A youth can obtain an intermediate license at 16, and a full license at 17. From both a highway safety and a child development perspective, allowing a child aged 14.5 years to have a solo driver license for limited agricultural and school commuting purpose seems questionable.

#### 17. Loss of Driving Privileges for Alcohol Violations by Minors (Use/Lose Law)

Iowa has a 0.02 blood alcohol concentration (BAC) limit for underage individuals. Iowa suspends an 18- to 20-year-old's driving privileges for alcohol consumption (not mere possession). Suspension is discretionary through a judicial and administrative process, for a term of no more or less than one year.

#### 18. Outlet Siting Near Schools

Outlet density in general is positively related to increased alcohol consumption and consequences. Limiting the location of retail outlets near colleges and universities and their high concentrations of underage drinkers is one way to implement limits in a high-risk setting. Twelve states have some type of restriction on outlet density near colleges and universities. Limiting outlets near K-12 schools is another way to reduce outlet density, although research is not as conclusive as those tying reduced outlet density near post-secondary institutions to lower drinking. Thirty-one states have laws limiting outlet density near K-12 schools. Iowa has neither type of regulation statewide, though communities may implement their own zoning.

#### 19. Price of Alcohol

One of the most significant predictors of alcohol consumption is price. Surcharges on alcoholic beverages are a major component of price and one that can be directly regulated by policy or statute. Alcohol policy analysts have recently been promoting the concept of a fixed, per-drink health surcharge as a means of generating funds to reduce and treat the negative health and criminal justice consequences of alcohol abuse while reducing demand for alcohol.<sup>11</sup> Many

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<sup>11</sup> For details on the analysis of alcohol tax increases see Estimated Effects of Dime-a-Drink Added to New York State's Alcohol Excise Tax. Evalumetrics Research Report 2019-4-1. [www.evalumetrics.org](http://www.evalumetrics.org)

states are considering a per-drink tax or fees (e.g., dime-a-drink) to help reduce alcohol abuse and to provide increased revenues, some or all of which can be dedicated to prevention and treatment of alcohol-related problems including impaired driving.

The financial impact of this health surcharge for the average social drinker (i.e., five to seven drinks per week) would be a little over one dollar a week. Non-drinkers, who contribute nothing to the societal costs of alcohol abuse, would pay nothing. The bulk of the financial burden would be paid by those who abuse alcohol and who are responsible for the bulk of the health, criminal justice, and social costs of alcohol misuse.

Taxes are a major way that alcohol prices are manipulated by policymakers. The effects of price on reducing underage drinking, college drinking, and binge drinking (including drinking among youth who show signs of alcohol use disorders) are considerable. There are also significant effects on youth traffic crashes, violence on college campuses, and crime among people under 21.

Iowa's excise tax on beer is \$0.19/gallon, below the U.S. average of \$0.26. The wine tax, \$1.75/gallon, is more than twice the U.S. average. As a control state, Iowa does not have an excise tax on distilled spirits. There are grassroots efforts to raise the beer excise tax. Proponents cite a 2007 survey that showed 77 percent of Iowans supported this change.

#### 20. Restrictions on Low-price/High-volume Drink Specials

Restrictions on low-price, high-volume drink specials regulate on-premises retailers in their use of various price-related marketing tactics such as happy hours, two-for-one specials, or free drinks that encourage heavier consumption. These promotions are particularly prevalent in college communities where large numbers of underage students are present.

Iowa is among the majority of states that permit happy hours. There are no prohibitions on free beverages; multiple drinks for the same price; or at one time, pay-one-price, or increased volume without increase in price.

#### 21. Wholesaler Pricing Provisions

Research suggests that the specific wholesaler pricing restrictions described below increase the price of alcohol to consumers, and that underage consumption and problems are strongly influenced by alcohol prices. One study has suggested that restrictions on certain wholesale pricing practices may have as strong an effect on alcohol pricing as alcohol taxes (Chaloupka, 2010). In general, wholesaler pricing policies fall within four types: (1) restrictions on volume discounts; (2) restrictions on discounting practices; (3) price posting requirements; and (4) restrictions on the ability of wholesalers to provide credit extensions to retailers. Policy categories are closely interrelated but may operate independently of each other.

Iowa prohibits wholesalers from providing credit extensions to retailers for beer; however, it permits it for wine (30 days). There is also a 30-day "Post and Hold" pricing rule for wine.

#### 22. Allocations of Alcohol Beverage Sale Proceeds to Substance Abuse Programs

Iowa Code 123.17 provides for a special revenue account in the general fund, into which at least seven percent of the gross amount of alcohol sales but not more than nine million dollars will be

deposited. Of that, two million dollars, plus an additional amount determined by the general assembly, is appropriated to IDPH for use by staff who administer the comprehensive substance abuse program under chapter 125 for substance abuse treatment and prevention programs.

### 23. Enforcement

The impact of enforcement on compliance with alcohol policies is a function of both actual and perceived levels of enforcement. Iowa's 2019 Traffic Safety Survey showed that 53 percent of respondents considered it very likely that someone would get arrested if they drove after drinking. Thirty-eight percent said it was somewhat likely, and only eight percent said that it was unlikely or highly unlikely.

The Iowa State Patrol within the Iowa Department of Public Safety is the agency primarily responsible for statewide enforcement of underage drinking laws. The Iowa State Patrol periodically works with local law enforcement agencies to conduct projects involving underage drinking.

According to the 2020 Iowa State report mandated by the Sober Truth on Preventing Underage Drinking Act (STOP Act),

- Iowa collects data on the number of minors in possession, though these data were not available.
- Both state and local agencies conduct underage compliance checks/decoy operations to determine whether alcohol retailers (9,200 statewide) are complying with laws prohibiting sales to minors, though data were not available.

The State collects data on sanctions imposed on retail establishments that furnish to minors. During the 12 months ending in May 2019:

- Thirty-nine fines were collected by the State (not including those collected by local agencies), ranging from \$500 to \$1500, totaling \$20,000.
- The State imposed 83 30-day license suspensions on retail establishments for selling to underaged persons.

### **Recommendations**

- Restore the requirement to post signage referring to operating while intoxicated (OWI) laws, in all locations that sell alcoholic beverages.
- Mandate alcohol compliance training as a condition of liquor licensure.
- Require container seals with impaired driving prevention messages on Cocktails-to-go purchases.
- **Increase the age for Social Host Law violations from under 18 to under 21.**
- Raise the State excise tax on beer and use funds for substance abuse prevention and treatment.

## B. Community-Based Programs

### B-1. Schools

#### *Advisory*

*School-based prevention programs, beginning in elementary school and continuing through college and trade school, can play a critical role in preventing underage drinking and impaired driving. These programs should be developmentally appropriate, culturally relevant, and coordinated with drug prevention and health promotion programs. States should:*

- *Implement K-12 traffic safety education, with appropriate emphasis on underage drinking and impaired driving, as part of state learning standards and comprehensive health education programs;*
- *Promote alcohol-and drug-free events throughout the year, with particular emphasis on high-risk times, such as homecoming, spring break, prom, and graduation;*
- *Establish and enforce clear student alcohol and substance use policies including procedures for intervention with students identified as using alcohol or other substances, sanctions for students using at school, and additional sanctions for alcohol and substance use by students involved in athletics and other extra-curricular activities;*
- *Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI) to school personnel such as resource officers, health care providers, counselors, health educators, and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs;*
- *Encourage colleges, universities, and trade schools to establish and enforce policies to reduce alcohol, other drug, and traffic safety problems on campus, and to work with local businesses and law enforcement agencies to reduce such problems in neighboring communities;*
- *Provide training for alcohol and drug impaired driving, and Screening and Brief Intervention (SBI), to college personnel such as student affairs, student housing, health care providers, counselors, health educators, and coaches to enable them to provide information to students about traffic safety and responsible decisions, and identify students who may have used alcohol or other drugs; and*
- *Establish and support student organizations that promote traffic safety and responsible decisions; encourage statewide coordination among these groups.*

#### **Status**

The Iowa Youth Survey (IYS) and the Center for Disease Control's Youth Risk Behavior Survey (YRBS) were jointly administered in the Fall of 2021. These surveys collect valuable youth health behavior data that drives funding, programming, and policy decisions across Iowa.

The IYS has questions about substance use, perception of risk for use of various substances and related behaviors, peer and parental approval of substance use, access and availability of substances, and driving after drinking. The data below are from the 2018 survey. Fall 2021 data are due to be released by Summer 2022.

In addition to questions about substance use behaviors, norms, and attitudes, the YRBS asks about seat belt use, driving while drunk, riding in a car with someone who'd been drinking, and texting while driving.

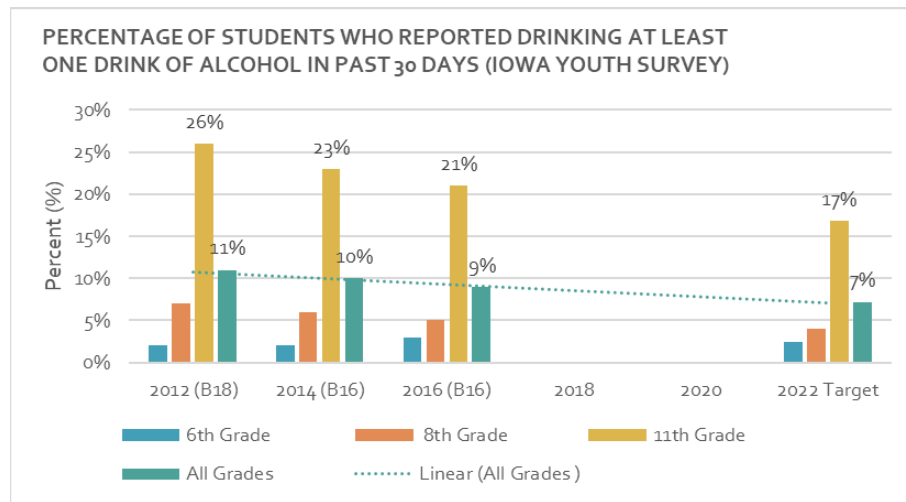
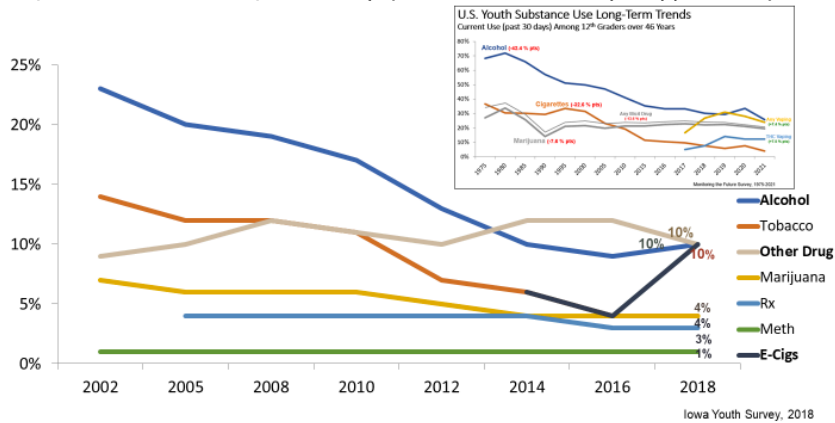
The 2019 Iowa YRBS showed declines in alcohol use rates since the previous survey in 2017. In 2019, 25.6 percent of Iowa high school students had had at least one drink containing alcohol on at least one of the thirty days prior to the survey. This was down from 27.6 percent in 2017, and less than the 29 percent reported nationally.<sup>12</sup> The average age for first drink in Iowa and nationally was 15, up from 14.7 in 2017, with female initiation at 13.6 in Iowa and 13 nationally, and at 16 for males in Iowa, and 16.9 nationally.

Binge drinking is defined as four drinks for a female and five for a male, within two hours. The YRBS reported that 11.2 percent or one in nine Iowa high school students had binged during the past 30 days. This is significantly down from 13.4 percent in 2017, and below the national average of 13.7 percent.

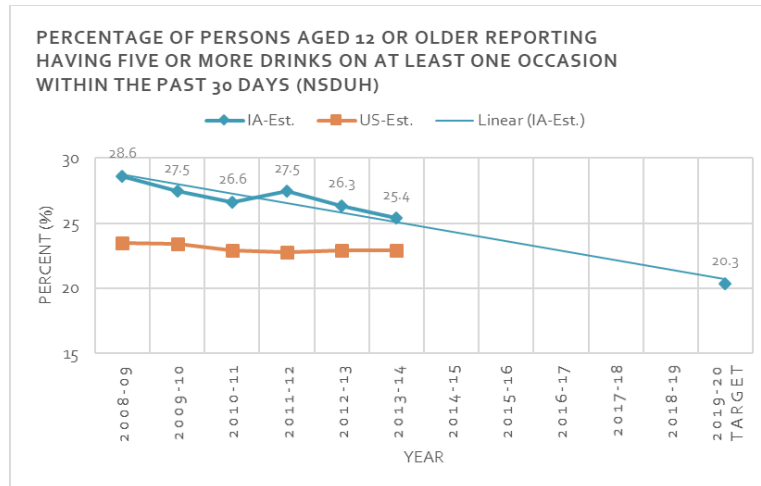
Four percent of students in Iowa reported driving under the influence of alcohol, compared to 5.9 percent nationally. Fifteen percent of Iowa high school students reported riding in a car with someone who had been drinking, compared to 16.7 percent of all U.S. high school students.

### Iowa Youth Substance Abuse

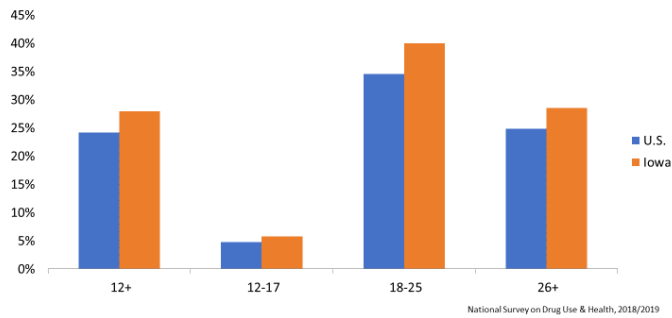
6<sup>th</sup>, 8<sup>th</sup> & 11<sup>th</sup> Grade Users, Last 30-Days (current Iowa data delayed by pandemic)



<sup>12</sup> Monitoring the Future (NIDA): <https://nida.nih.gov/drug-topics/trends-statistics/monitoring-future>



**Current Binge Drinking**  
Last 30-Days

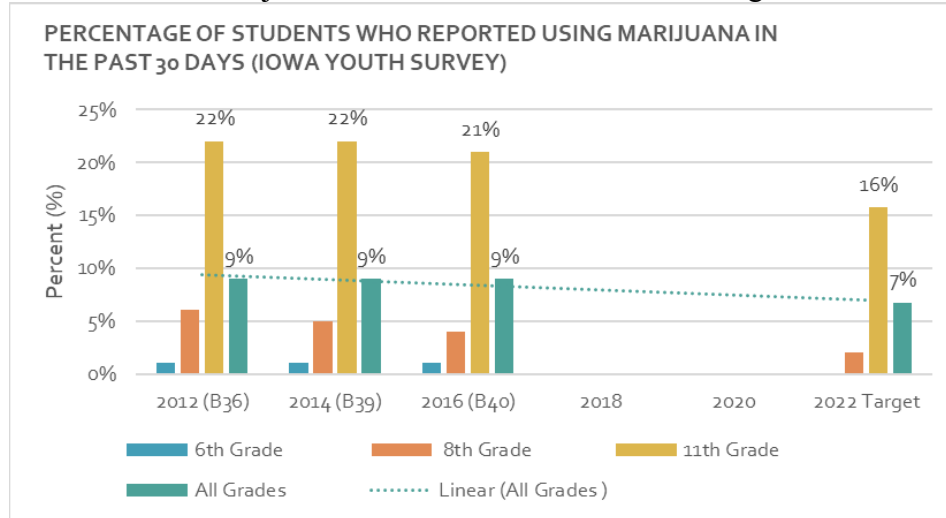


Measure	Iowa Average %	US Average %
1. Percentage of 12- to 20-year-olds who used alcohol in the last month.	19.02	19.83
2. Percentage of 12- to 20-year-olds who binge drank alcohol in the last month.	13.63	12.71
3. Percentage of 12- to 17-year-olds who perceive great risk from drinking five or more alcoholic beverages once or twice a week.	37.66 (statistically significant)	43.30
4. Percentage of 12- to 17-year-olds meeting the criteria for a DSM-IV alcohol use disorder in the past year.	2.46	2.23
5. Percentage of 12- to 17-year-olds needing but not receiving treatment for an alcohol use disorder at a specialty facility in the past year.	2.31	2.15
6. Percentage of traffic crash deaths involving a 15- to 20-year-old driver in which that driver had a blood alcohol content of 0.01 or higher.	15	20

Sources: Measures 1-5: 2015-2016 NSDUH: Model-Based Prevalence Estimates (50 States and District of Columbia), Table 24. Needing But Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year, Ages 12 to 17 by State: Percentages, Annual Averages Based on 2015 and 2016 NSDUHs. Measure 6: Persons Killed in Motor Vehicle Traffic Crashes Involving a 15-20-Year-Old Driver by Year, State, and the Highest 15-20 Year Old Driver's BAC in the Crash, 2016 Fatality Analysis Reporting System (FARS) – Final (2017 Special Analysis).

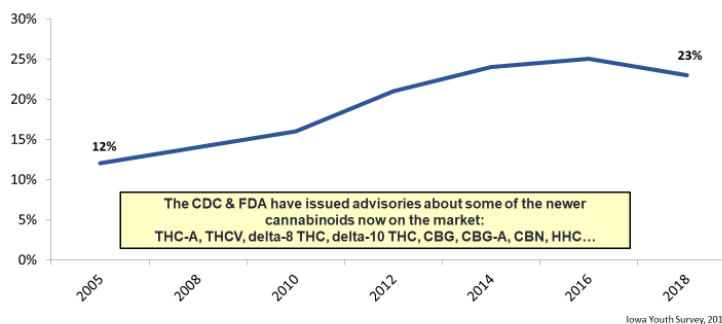
## MARIJUANA

After alcohol, marijuana is the most common drug associated with impaired driving, and trends are moving in the opposite direction of alcohol. Fifteen percent of Iowa high school students reported past-month use of marijuana in 2019, up from 13.2 percent in 2017. Slightly more males than females used the drug. Nationally, the past 30-day rate was 22 percent, up from 19.8 percent in 2017. As with alcohol, the majority of Iowa students who had used marijuana initiated their use between the ages of 13 and 16.<sup>13</sup>



Perception of risk is a major influence over a young person’s decision whether or not to engage in a risky behavior. As the chart below illustrates, nearly one in four Iowa 11<sup>th</sup> graders perceive *no risk* in smoking marijuana once or more a week, a view shared by 18 percent of Iowa 6<sup>th</sup> graders.

Iowa Youth Attitudes about Marijuana  
Lower Perceived Risk Coincides with Higher U.S. Rates of Use



Further,

- Thirty-three percent of U.S. teens think smoking marijuana & driving is legal.<sup>14</sup>

<sup>13</sup> <https://www.cdc.gov/healthyouth/data/yrbs/index.htm>

<sup>14</sup> Liberty Mutual Insurance & SADD, 2017

- U.S. high school seniors are now about three times as likely to report past month marijuana use (21.1%) vs. cigarettes (7.5%).<sup>15</sup>
- Teens are more likely than young adults to develop addiction to marijuana or prescription drugs within 12 months after first trying them.<sup>16</sup>

## EVIDENCE-BASED PREVENTION PROGRAMMING

There are universal programs for all students from pre-kindergarten through college, selective programs for specific groups, and programs for individuals who may be at particular risk.

### Learning Standards:

In recent decades, states have developed and adopted learning standards in all subject areas that indicate, with greater or lesser specificity, what needs to be taught and when. In 2019, Iowa adopted the National Health Education Standards (NHES) as the recommended Iowa Health Education Standards and performance indicators. The standards provide a common language and are a framework for student learning through eight anchor standards consistent across grades Pre-K to 12. However, they do not provide any specifics regarding alcohol and other substance use, impaired driving, or traffic safety. Iowa Administrative Code 281-12.5 does mention substance abuse and non-use, but provides no specific guidance in how or whether schools must implement prevention programming.

School-based prevention programs are provided in various Iowa communities by private non-profit agencies, funded by state and federal block grants. The number of students who receive evidence-based prevention programming appears to vary widely, depending on the availability and funding for the agencies tasked with providing such programs.

The Iowa Department of Public Health (IDPH) receives state appropriations to fund contracts to support 15 agencies focused on youth mentoring and youth development services. The Youth Substance Abuse Prevention Services Grant supports the State's goals of primary prevention of the use and abuse of alcohol, tobacco, and other drugs (ATOD). The mentoring component of the grant focuses on establishing or sustaining mentoring programs that promote relationship-building and social skills development, using elements of effective practice as established by the National Mentoring Partnership, and promoting a positive perception of caring adults in the community. The youth development component of the grant focuses on providing evidence-based substance abuse prevention programming for youth (ages 5–18) that includes out-of-school activities and opportunities for character and youth development, leadership, and community service. The youth development approach focuses on the developmental experiences shown to promote a healthy transition to adulthood. During fiscal year (FY) 2018, 1,772 youth were served.

Through a Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant, IDPH funds contracts that collectively cover all 99 counties in Iowa. One of

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<sup>15</sup> Monitoring the Future Survey, 2020

<sup>16</sup> National Institute on Drug Abuse (NIDA), 2021



the primary services provided is ATOD education programs in school and community settings. Many are small-group, recurring-service (multiple session), evidence-based universal prevention programs, including *Botvin's LifeSkills Training*, *Project ALERT*, *Project Towards No Drug Abuse*, *All Stars*, and *Too Good For Drugs*.

Drug Abuse Resistance Education (D.A.R.E.) Iowa has been in Iowa since 1988 and currently has about 72 agencies and approximately 95 instructors serving 136 school districts and 224 schools. The Governor's Office of Drug Control Policy provides student education materials for statewide use by certified D.A.R.E. instructors who teach substance abuse prevention techniques and resistance skills. During FY 2018, 11,000 youth were served.

IDPH has provided training and resources to the Meskwaki Nation (Sac and Fox Tribe of the Mississippi). The tribe has a small prevention team that has been able to access trainings hosted by IDPH, such as Substance Abuse Prevention Skills Training and Prevention Ethics. IDPH has also recommended the tribe receive a stipend from SAMHSA to host a town hall meeting on underage drinking.

State Adoption of Best Practice Standards for Underage Drinking Prevention Programs: The IDPH-sponsored Evidence-Based Practice Workgroup, a subcommittee of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) Advisory Council, recommended that the Council adopt the SAMHSA Center for Substance Abuse Prevention guidance document *Identifying and Selecting Evidence-Based Interventions* to define evidence-based interventions. The Council supported the recommendation. Now that the SPF-SIG project has been completed, IDPH has recognized the value of this guidance and is continuing with the same best practice standards description for all IDPH substance abuse prevention grants.

#### College Programming:

The Drug-Free Schools and Communities Act (DFSCA) and subsequent legislation require an institution of higher education (IHE) to provide a biennial program review of alcohol and other drug prevention programs to be eligible to receive funds or any other form of financial assistance under any Federal program, including participation in any federally funded or guaranteed student loan program. In addition to mandated substance use related policies and practices, many IHEs provide some measure of substance abuse prevention programs and services, including Screening, Brief Intervention and Referral to Treatment (SBIRT), and in many instances, on-campus substance use counseling and/or referral to community services.

Iowa State University (ISU) provides a stepped-up approach to substance use prevention and treatment, including:

- the use of self-help apps (Therapy Assistance Online, Wellbeing Screening, and eCheckup to Go)
- community-based prevention and outreach (safer partying education, substance-free programming, substance use outreach, bystander intervention education)

- Peer Support (Mutual Aid Meetings – All Recovery, SMART Recovery, Thrive@ISU, and social programming)
- face-to-face brief support (substance use screening, individual recovery coaching, BASICS alcohol and cannabis SBIRT, Substance Use & You workshops)
- referral (substance abuse assessment, individual and group substance abuse therapy, referral to community substance abuse treatment, and medication-assisted treatment)

ISU requires all incoming students to take AlcoholEDU, a highly-rated evidence-based online college prevention survey and educational program. BASICS is a two-session program, delivered at ISU by graduate students, and uses an empathetic, non-judgmental style to help meet students where they are at with their alcohol and/or cannabis use, and develop strategies and goals to make positive change. Other Iowa IHEs provide similar programming.

Both ISU and the University of Iowa sponsor Collegiate Recovery Programs (CRPs). CRPs facilitate support for students in recovery from substance misuse and mental health challenges through community building, social support, academic support, substance-free activities, advocacy, outreach, and access to resources and services available on and off-campus.

Collegiate traffic safety programs are less common, although there are centers of research and collaboration. The University of Iowa's Injury Prevention Research Center brings together teams of researchers and experts from the field to:

- identify high priority research activities in traffic safety and other areas
- develop curricula to train students and professionals
- identify opportunities for leveraged funding and collaborative projects
- provide expertise for State stakeholders and policymakers

ISU also has a Center for Transportation Research and Education.

Family and Caregivers:

Iowa prevention providers may use *Parents Who Host, Lose The Most*, a public awareness campaign that provides parents with accurate information about the health risks of underage drinking and the legal consequences of providing alcohol to youth. The campaign encourages parents and the community to send a unified message that teen alcohol consumption is not acceptable, that it is illegal, unsafe, and unhealthy for anyone under age 21 to drink alcohol.

Another resource is SAMHSA's *Talk. They Hear You* campaign, which aims to reduce underage drinking and other substance use among youths under the age of 21 by providing parents and caregivers with information and resources they need to address these issues with their children early and often. Mothers Against Drunk Driving (MADD) also provides current and helpful guides to assist caregivers in talking about alcohol and other drugs with their children.

SAMHSA provides guides to evidence-based programs for families and caregivers, or adults who are misusing substances. These programs may be provided by prevention agencies in the community, in residential substance misuse treatment facilities, or in correctional facilities.

Programming for School Personnel:

Drug Impairment Training for Educational Professionals (DITEP) provides school administrators, counselors, nurses, and other concerned staff with the tools they need to recognize and evaluate individuals in the school environment who may be abusing or are impaired by drugs. The intent of DITEP is to facilitate early recognition and intervention.

### **Recommendations**

- Investigate and adopt Learning Standards that specify evidence-based alcohol and other drug prevention programs for all grades, Pre-K to 12.
- Establish a college substance misuse and impaired driving prevention consortium.
- Implement Drug Impairment Training for Educational Professionals (DITEP) training for school personnel to identify students who may be under the influence of substances.
- Provide law enforcement with age-appropriate, evidence-based information and/or programming that they can provide to students, parents and community groups.

### **B-2. Employers**

#### ***Advisory***

*States should provide information and technical assistance to employers and encourage them to offer programs to reduce underage drinking and impaired driving by employees and their families. These programs can be provided through Employee Assistance Programs (EAP) or Drug Free Workplace programs. These programs should include:*

- *Model policies to address underage drinking, impaired driving, and other traffic safety issues, including seat belt use and speeding;*
- *Employee awareness and education programs;*
- *Management training to recognize alcohol and drug use and abuse, and appropriate responses;*
- *Screening and Brief Intervention, assessment and treatment programs for employees identified with alcohol or substance use problems (These services can be provided by internal or outside sources such as through an EAP with participation required by company policy.);*
- *Underage drinking and impaired driving prevention strategies for young employees and programs that address use of prescription or over-the-counter drugs that cause impairment.*

### **Status**

Iowa has a free and confidential Employee Assistance Program that provides assistance with many issues, including alcohol and other drug misuse.

The State also offers a Driver Improvement Program for individuals who are mandated to participate following violations to avoid suspension, for individuals who want a reduction in insurance, or for individuals meeting employer requirements, such as truckers needing safety education. The program helps participants to:

- Discover how attitudes affect driving behavior
- Understand how attitude and emotions influence whether the driver is in control
- Understand techniques that help drivers avoid crashes and promote safe driving
- Understand the effects that drugs/alcohol have on driving ability
- Develop a renewed awareness of driving responsibilities

The Iowa Department of Public Health considered providing the Distracted Reckless Impaired Visibility Enforcement (DRIVE) program, but faced barriers including cost and COVID-19. They are exploring pilot testing now that the pandemic is hopefully abating.

### **Recommendations**

- Provide the Distracted Reckless Impaired Visibility Enforcement (DRIVE) program to employers throughout the State.
- Increase capacity of agencies to make evidence-based family and caregiver support programs available to employees and their families.

### **B-3. Community Coalitions and Traffic Safety Programs**

#### ***Advisory***

*Community coalitions and traffic safety programs provide the opportunity to conduct prevention programs collaboratively with other interested parties at the local level. Coalitions should include representatives of: government; highway safety; enforcement; criminal justice; liquor law enforcement; public health; education; driver licensing and education; employers and unions; the military; medical, health care and treatment communities; multi-cultural, faith-based, advocacy and other community groups. States should:*

- *Encourage communities to establish community coalitions or traffic safety programs, comprised of a wide variety of community members and leaders;*
- *Ensure that representatives of local traffic safety programs participate in existing alcohol, substance abuse, injury control, and other related coalitions, (e.g., Drug Free Communities, SPF-SIG), to assure that impaired driving is a priority issue;*
- *Provide information and technical assistance to these groups, including data concerning the problem in the community and information identifying evidence-based underage drinking and impaired driving programs;*
- *Encourage these groups to provide support for local law enforcement and prevention efforts aimed at reducing underage drinking and impaired driving; and*
- *Encourage professionals, such as prosecutors, judges, nurses, doctors, emergency medical personnel, law enforcement officers, and treatment professionals, to serve as community spokespeople to educate the public about the consequences of underage drinking and impaired driving.*

## Status

Iowa's Office of Drug Control Policy partners with the Iowa Alliance of Coalitions for Change (AC4C) to provide support and guidance to local substance abuse coalitions. AC4C brings resources and expertise to community coalitions across the State. They advocate for evidence-based policies and practices including placing limits on outlet density and proximity to schools, requiring alcohol compliance training, increasing excise tax on beer, and increasing the age to sell distilled spirits. New funding from the Iowa Department of Public Health (IDPH), a Partnership for Success grant (see below), enabled AC4C to hire a coalition development coordinator for eight coalitions to work on preventing impaired driving.

Other grants supporting community coalitions in Iowa include:

**Drug Free Communities (DFC):** This competitive Federal grant is designed to reduce substance use among youth and adults by addressing community factors that increase the risk of substance abuse. As of fiscal year (FY) 2021, there were seven community coalitions still receiving DFC funding, although they are in the continuation phase (years 6-10). There are currently no new DFC-funded coalitions in Iowa. The FY 2021 DFC Continuation Grantees are:

- Prevention Means Progress Coalition – Council Bluffs
- Jackson Co. Prevention Coalition – Maquoketa
- North Fayette Valley Community Coalition – Elgin
- Camanche-Dewitt Coalition – Dewitt
- Community Action for Underage Substance Elimination (CAUSE) – Buffalo Center
- Iowa Alliance of Coalitions for Change (AC4C) – Algona
- Allies for Substance Abuse Prevention – Britt

**Community Coalition Grant:** This IDPH grant program funds community coalitions to provide environmental substance abuse prevention strategies to reduce underage use of alcohol in communities. Coalitions can receive up to \$10,000. Grant funds come from state appropriations and cover a one-year timeframe. In FY 2018, eight coalitions were funded by IDPH. No data on the number of youth or adults served were provided in the year-end report.

**Partnerships for Success (PFS) Grants:** The IDPH received a Substance Abuse and Mental Health Services Administration (SAMHSA) funded PFS grant in 2014. The five-year grant was designed to address two of the nation's top substance abuse prevention priorities which include underage drinking among persons ages 12-20 and prescription drug misuse and abuse among persons ages 12-25. The PFS grant was also intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. Iowa's two data-driven grant priorities include underage drinking and youth binge drinking. The implementation of environmental strategies (estimated to have reached 31,995 individuals) and individual strategies (1,246 served through programming) continued within the 12 highest need counties during FY 2018.

The Governor’s Traffic Safety Bureau (GTSB) administers federal highway safety programs funding for initiatives. Its nine priority areas are alcohol/impaired driving, occupant protection, speed, police traffic services, roadway safety, motorcycle safety, pedestrian/bicycle safety, EMS, and traffic records. The GTSB educates the public on current and emerging trends in highway safety. This is accomplished through digital, audio, and visual messaging throughout Iowa on local radio; TV; Over The Top (OTT) streaming; college, high school and professional sporting events; movie theaters, and more.

Websites, including DriveSmartIowa.com and TrafficSafetyMarketing.gov offer professional Public Service Announcement (PSA) videos, traffic safety data and campaign calendars. The impaired driving section of DriveSmartIowa.com includes a blood alcohol concentration (BAC) calculator and numerous PSA videos encouraging Iowans to call for a ride, stop a friend from driving impaired, and more.

### **Recommendations**

- Identify additional funding opportunities to support community coalitions that focus on substance misuse and impaired driving prevention.

#### **B-4. Transportation Alternatives**

##### ***Advisory***

*Alternative transportation describes methods by which people can get to and from places where they drink without having to drive. Alternative transportation includes normal public transportation provided by subways, buses, taxis, and other means. Designated driver programs are one example of these alternatives. States should:*

- *Actively promote the use of designated driver and safe ride programs, especially during high-risk times, such as holidays or special events;*
- *Encourage the formation of public and private partnerships to financially support these programs;*
- *Establish policies and procedures that ensure designated driver and alternative transportation programs do not enable over consumption by passengers or any consumption by drivers or anyone under 21 years old; and*
- *Evaluate alternative transportation programs to determine effectiveness.*

##### **Status**

The Governor’s Traffic Safety Bureau (GTSB) sponsors engaging, often humorous PSAs on multiple media platforms, encouraging alternative transportation under the tagline “It’s Time to End Drunk Driving.” The DriveSmartIowa.com website includes these PSAs, facts and statistics about impaired driving consequences, and information on other substances that cause impaired driving.

Other topics on DriveSmartIowa.com include seat belt use, distracted driving, drowsy driving, motorcycle safety, and child passenger safety. The GTSB webpage also links to the National Highway Traffic Safety Administration’s traffic safety marketing website.

The GTSB just launched a new multi-media campaign, “*The Power (to drive sober, to buckle up, to designate a driver)...is in Your Hands.*”

### **Recommendations**

- Ensure that both designated driver and safe ride messaging discourages consumption of alcohol by underage individuals and do not unintentionally promote over-consumption.

### **III. Criminal Justice System**

*Each State should use the various components of its criminal justice system – laws, enforcement, prosecution, adjudication, criminal penalties, administrative sanctions, and communications, to achieve both specific and general deterrence.*

*Specific deterrence focuses on individual offenders and seeks to ensure that impaired drivers will be detected, arrested, prosecuted, and subject to swift, sure, and appropriate criminal penalties and administrative sanctions. Using these measures, the criminal justice system seeks to reduce recidivism. General deterrence seeks to increase the perception that impaired drivers will face severe and certain consequences, discouraging individuals from driving impaired.*

*A data-driven, evidence-based, integrated, multidisciplinary approach and close coordination among all components of the criminal justice system are needed to make the system work effectively. In addition, coordination is needed among law enforcement agencies, on the State, county, municipal and tribal levels to create and sustain both specific and general deterrence.*

#### **A. Laws**

##### **Advisory**

*Each State should enact impaired driving laws that are sound, rigorous, and easy to enforce and administer. The laws should clearly: define the offenses; contain provisions that facilitate effective enforcement; and establish effective consequences. Monitoring requirements should be established by law to assure compliance with sanctions by offenders and responsiveness of the judicial system.*

*Noncompliant offenders should be adjudicated swiftly. The offenses should include:*

- Driving while impaired by alcohol or other drugs (whether illegal, prescription, or over-the-counter), and treating both offenses with similar consequences;*
- A Blood Alcohol Concentration (BAC) limit of .08, making it illegal per se to operate a vehicle at or above this level without having to prove impairment;*
- Zero Tolerance for underage drivers, making it illegal per se for persons under age 21 to drive with any measurable amount of alcohol;*
- High BAC (e.g., .15 or greater), with enhanced penalties above the standard impaired driving offense;*
- Repeat offender, with increasing penalties for each subsequent offense;*
- BAC test refusal, with administrative sanctions at least as strict as the state's highest BAC offense;*
- Driving with a license suspended or revoked for impaired driving (DWS), vehicular homicide or causing personal injury while driving impaired as separate offenses, with additional penalties;*
- Open container, which prohibits possession or consumption of any open alcoholic beverage in the passenger area of a motor vehicle located on a public highway or right-of-way; and*
- Primary seat belt provisions that do not require that officers observe or cite a driver for a separate offense other than a seat belt violation.*

*Facilitate effective enforcement by enacting laws that:*

- Authorize law enforcement to conduct sobriety checkpoints, in which vehicles are stopped on a nondiscriminatory basis to determine whether operators are driving while impaired by alcohol or other drugs;*
- Authorize law enforcement to use passive alcohol sensors to improve the detection of alcohol in drivers;*
- Authorize law enforcement to obtain more than one chemical test from an operator suspected of impaired driving, including preliminary breath tests, evidentiary breath tests and screening and confirmatory tests for alcohol or other impairing drugs;*



- Authorize law enforcement to collect blood sample by search warrant in any chemical test refusal situation, consistent with other provisions of criminal jurisprudence which allows body fluids to be collected as evidence of a crime; and
- Require mandatory BAC testing of drivers involved in fatal and serious injury producing crashes.

*Effective criminal penalties and administrative sanctions should include:*

- Administrative license suspension or revocation (ALR), for failing or refusing to submit to a BAC or other drug test;
- Prompt and certain administrative license suspension of at least 90 days for first offenders determined by chemical test(s) to have a BAC at or above the State's per se level or of at least 15 days followed immediately by a restricted, provisional or conditional license for at least 75 days, if such license restricts the offender to operating only vehicles equipped with an ignition interlock;
- Enhanced penalties for test refusals, high BAC, repeat offenders, driving with a suspended or revoked license, driving impaired with a minor in the vehicle, vehicular homicide, or causing personal injury while driving impaired, including: longer license suspension or revocation; installation of ignition interlock devices; license plate confiscation; vehicle impoundment, immobilization or forfeiture; intensive supervision and electronic monitoring; and imprisonment;<sup>17</sup>
- Separate and distinct criminal penalties for alcohol- and drug-impaired driving to be applied individually or in combination to a single case;
- Assessment for alcohol or other drug abuse problems for all impaired driving offenders and, as appropriate, treatment, abstention from use of alcohol and other drugs, and frequent monitoring.

*Effective monitoring should include:*

- supervision of out-of-state offenders;
- proven technology (e.g., ignition interlock device, electronic confinement and monitoring) and its capability to produce reports on compliance;
- impaired driver tracking systems; and
- periodic reports on offender compliance with administrative or judicially imposed sanctions;
- Driver license suspension for persons under age 21 for any violation of law involving the use or possession of alcohol or illicit drugs; and
- Statutory and rule support for DWI Courts as a sentencing alternative for persistent DWI offenders.

## **Status**

Iowa has a comprehensive set of laws to address the impaired driving problem. The laws fall into several categories as follows:

- Offenses and other laws
- Mandatory penalties
- Enhanced charges and penalties for certain statuses
- Driving while suspended or revoked
- Youthful offenders
- Implied consent to alcohol concentration test and other evidence
- Administrative license revocation
- Special evidentiary qualifications

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<sup>17</sup> Limited exceptions are permitted under Federal statute and regulation, 23 U.S.C. 154 and 23 CFR Part 1270.

- Alcoholic beverage control
- Sentencing tools, including ignition interlock device (IID), vehicle forfeiture, and mandatory alcohol evaluation and treatment

## OFFENSES AND OTHER LAWS

The primary offense in Iowa's campaign against impaired driving is operating while under the influence of alcohol or a drug (OWI). Statutes also describe the offense or act as both "operating while intoxicated" and "drunk driving". The crime applies to a person who drives or is in actual physical control of a vehicle. It can be charged under one of five elemental burdens of proof:

- While under the influence of an alcoholic beverage (OWI)
- While under the influence of a drug (OWI/drugs)
- While under the influence of a combination of alcoholic beverage and drugs (OWI/drugs)
- While having any amount of a controlled substance present in one's blood or urine (drugs per se)
- With a blood alcohol concentration (BAC) of 0.08 or greater of one's blood, breath, or urine (alcohol per se)

"Under the influence" means that a person is not acting in one's full consciousness. Each of the OWI offenses carries this element of proof. Each of the OWI and per se offenses are an absolute liability offense which means that there is no element of intent. The per se offenses are distinguished from the OWI offenses by the absence of a proof element that the offender was under the influence.

The alcohol per se violation is independent from OWI. It carries a burden of proof element that the concentration is based upon grams of alcohol in 100 milliliters of blood or in 210 liters of breath or 67 milliliters of urine. Other per se standards apply to commercial motor vehicles (0.04 BAC) and minors (0.02 BAC).

The drugs per se violation is independent of OWI/drugs. The drugs per se law carries a burden of proof element that there is any amount of a drug in the person resulting from unlawful or lawful use or consumption of the drug.

There are two paths to enhance OWI severity. The charge can be enhanced based on aggravating elements of proof, or the sentence can be enhanced due to escalating facts. OWI begins as a misdemeanor offense. The charge can be elevated to a felony upon a third offense or more.

Additional factual elements that elevate the charge to aggravated OWI include:

- Third or subsequent OWI offense
- Involvement in a crash where the intoxication proximately results in serious bodily harm or death to another person
- Committing OWI while the driver license was revoked or suspended resulting from a prior OWI conviction

Sanctions grow incrementally with each subsequent offense. Sanction enhancements include:

- Increased fine
- Increased mandatory minimum jail sentence
- Temporary restricted license (TRL) ineligibility

- Mandatory ignition interlock device (IID)

There is no separate offense for an elevated BAC. An elevated BAC of 0.15 or greater only bars eligibility for deferred judgment and bars issuance of a TRL.

Post-OWI conviction criminal offenses include:

- Operating a vehicle in violation of an OWI-related suspension
- Operating a vehicle in violation of an IID, immobilization, or impoundment order
- Tampering with an IID
- Improperly assisting an OWI offender to bypass an IID

Youthful OWI offenders between ages 18 and 21 are prosecuted in adult court. Youthful OWI offenders under age 18 are prosecuted in juvenile court. Driver suspension penalties are enhanced for youthful offenders. Other laws aimed at youthful offenders include:

- Graduated driver licensing (GDL)
- Minor possessing or consuming alcohol
- False age information
- Unlawful sale to a minor
- Unlawful purchase on behalf of a minor
- Beer keg registration.

There is an odd deviation in the GDL design of age and experience progression. Iowa allows a child aged 14.5 years to have a driver license for limited agricultural or educational purposes. Traffic safety and child development professionals question the pragmatism of this exception. It places likely high-risk drivers in a position of precarious decision making.

A conviction for underage possession or consumption of alcohol is eligible for expungement as a matter of law if the person has no other offenses in the subsequent two years.

Iowa has an open container law that applies to all occupants of the passenger compartment of the vehicle. The law prohibits an open container of alcohol in the passenger compartment of the vehicle. A violation is a simple misdemeanor and is a moving violation. Sanctions for a violation are enhanced for underage offenders. The recent enactment of a food and alcohol to go law (“Cocktails-to-go”) is seen by many as a tacit rejection of the open container law.

Dram shop liability (applicable to alcohol licensee or permittee) exists in Iowa. A licensee or permittee who sold and served alcoholic beverages to a visibly intoxicated person is liable to a third person who suffered injury or damage resulting from the served person’s intoxication. Dram shop liability is restricted to a cap of \$250,000 unless a jury finds the limit would deprive a victim of just compensation for disfigurement, permanent loss, or impairment.

Social host liability (applicable to non-licensee or non-permittee) exists in Iowa. Liability is limited to damages or injury to a third person resulting from alcohol service by a social host to an underage person. Social host liability does not extend to service to an adult.

Iowa OWI offenses extend to watercraft, snowmobiles, golf carts, husbandry vehicles, all-terrain

vehicles, and utility task vehicles.

Iowa has a primary seat belt law. All front seat occupants, and back seat occupants under age 18 are required to be restrained.

Iowa does not have a motorcycle helmet law.

**PENALTIES AND SENTENCING TOOLS**

The penalties for OWI are:

<b>Charge/Offense Level</b>	<b>Fines</b>	<b>Jail</b>	<b>License Suspension</b>	<b>Treatment</b>	<b>Interlock</b>
<b>First OWI* Serious Misdemeanor</b>	\$625- \$1,250 or community service	2 days to 1 year	180 days to 1 year	Yes, and driving course and reality education	Yes, if temp. restricted license sought 180 days if failed test, 1 year if refusal
<b>Second OWI Aggravated Misdemeanor</b>	\$1,875- \$6,250	7 days to 2 yrs with possible inpatient treatment	1-2 years	Yes, and driving course and reality education	Yes, if temp restricted license sought. 1 year if failed test, 2 years if refusal
<b>Third OWI+** Class D Felony</b>	\$3,125- \$9,375	30 days to 5 yrs and possible habitual offender and inpatient treatment	6 years	Yes, and driving course and reality education	Yes, if temp restricted license sought. 6 years failed test or refusal
<b>OWI Serious Bodily Injury</b>	Based on charge	Based on charge	1 year in addition to revocation	Yes, and driving course and reality education	Yes, based on charge
<b>Underage OWI</b>	Based on charge	Based on charge	Longer of period for the charge or until 18	Yes, and driving course and reality education	Yes, based on charge

\*Deferred judgement eligible with probation and driver license revoked for 30 to 90 days

\*\*Alternative commitment to community treatment and 30 days to one year in county jail

Alcohol and drug evaluation is mandatory prior to sentencing for all OWI offenders.

Unfortunately, this requirement is often ignored. Mandatory treatment is a term of sentence if determined by the evaluator. Other awareness tools include a drinking driver course and a reality education substance abuse program. The drinking driver course is administered statewide through community colleges and other certified providers. Reality education substance abuse programs are reliant on some services, such as a morgue or emergency or trauma unit, that might have limited accessibility in a community. Many impaired driving partners are not aware of the concept of a reality education substance abuse program.

A jumble of systems exists statewide to oversee compliance with these required OWI sanctions such as probation, treatment providers, Motor Vehicle Division (MVD) records and data, in-

house court supervision, and private contracted supervision. Probation is administered by the Department of Corrections for felony offenders. Supervision of misdemeanor sentence conditions is not uniform across the State and is not probation in the traditional sense. Private contracted providers conducting sentence supervision might include treatment providers, United Way agencies, or local law enforcement. Accountability of misdemeanor sentence compliance is diminished by the lack of uniformity.

The problem-solving court model (OWI Court, Drug Court, Mental Health Court, Veterans Court) exists in Iowa in various components. There is only one known OWI Court in the State. Many impaired driving campaign partners believe that problem-solving courts are effective and need to have a stronger presence across Iowa.

Deferred judgment is available as a resolution of a first offense OWI case and is widely employed. A deferred judgment is considered a prior conviction for subsequent OWI offense dispositions. Deferred judgment is not permitted if the offender's BAC exceeds 0.15, the offender refused a chemical test, the offense involved serious bodily injury, or the offender has a prior out-of-state OWI deferred judgment. Impaired driving offenses are removed from the driving records after a period of 12 years.

IID is utilized and paired with a TRL. A TRL is permitted for all OWI offense levels subject to conditions. A TRL is available in an OWI/death conviction two years after the imposition of an offender's license revocation. A TRL is both a pre-conviction (administrative license revocation) and post-conviction (mandatory sentence) remedy for offenders. A reduction in challenges to administrative license revocation coincided with the passage of mandatory IID installation.

Vehicle immobilization, impoundment, and forfeiture are permitted as sanctions on second offense or greater OWI and on IID or OWI license revocation violations. IID installation is considered immobilization. Storage space, vehicle lien, vehicle condition, and judicial reluctance impact the confiscation and forfeiture decision. An OWI vehicle impoundment is held for a minimum of 12 hours from the time of the traffic stop.

## ADMINISTRATION AND EVIDENCE

### a) IMPLIED CONSENT AND ADMINISTRATIVE LICENSE REVOCATION

A person who operates a motor vehicle in Iowa under circumstances which give reasonable grounds to believe that the person has been operating a motor vehicle while intoxicated is deemed to have given consent to the withdrawal of specimens of the person's blood, breath, or urine. It further serves as the person's consent to a chemical test or tests of the specimens for the purpose of determining the alcohol concentration or presence of a controlled substance or other drug. A dead or unconscious person is deemed to have not waived implied consent.

A chemical test shall be administered at the written request of a peace officer who has reasonable grounds to believe that the person was operating a vehicle while intoxicated and one of the following elements exists:

- The person was placed under arrest

- The person refused to submit to a chemical test
- A preliminary breath test device showed a BAC of 0.08 or greater, 0.04 or greater if a commercial driver license holder, 0.02 or greater if the person is underage
- The officer has reasonable grounds to believe that the person is under the influence of controlled substances or drugs

Statutory implied consent advisements which a peace officer is required to inform a person suspected of OWI include:

- Sanctions if the person refuses a chemical test
- Sanctions if the person’s chemical test result is in excess of legal limits or shows the presence of a controlled substance or other drugs

The officer may, on behalf of the Iowa Department of Transportation (Iowa DOT), give revocation notice to the person, confiscate the person’s Iowa license, issue a receipt for the same, and immediately send it to the Iowa DOT along with a certification of the test result or refusal.

The civil sanctions for a chemical test for intoxication failure or refusal are:

<b>Charge</b>	<b>Test result DL revoke</b>	<b>Test refusal DL revoke</b>	<b>Temporary restricted license with test result</b>	<b>Temporary restricted license with test refusal</b>	<b>Civil Penalty</b>
<b>1<sup>st</sup> OWI*</b>	180 days	1 year	Yes, with IID on all vehicles	Yes, with IID on all vehicles	\$200
<b>2<sup>nd</sup> OWI or more*</b>	1 year	2 years	Yes, with IID on all vehicles	Yes, with IID on all vehicles + 1 year after reinstatement	\$200
<b>1<sup>st</sup> OWI underage*</b>	60 days	1 year	No	No	\$200
<b>2<sup>nd</sup> OWI or more underage*</b>	90 days	2 years	No	No	\$200
<b>CDL Holder</b>	CDL disqualified	CDL disqualified	No for CDL	No for CDL	N/A

\*Condition for reinstatement for offenses: Drinking driver course, substance abuse evaluation, and treatment or rehabilitation services.

A person who has been tested may choose to have a subsequent independent chemical test administered at their own cost and arrangement. The failure or inability to obtain an additional test by a person shall not preclude the admission of evidence derived from the test administered by the officer. The accused has no right to consult legal counsel before deciding whether to submit to an evidentiary alcohol test; however, there is a right to a phone call after the advisement of implied consent even though formal arrest has not occurred.

An involuntary blood draw pursuant to a search warrant is permitted in limited situations if the person refuses to submit to a chemical test. There must have been a vehicular crash resulting in

serious bodily injury or death, and there are reasonable grounds to believe that one or more of the persons driving may have been the proximate cause of the crash and may have been operating while intoxicated. Without the serious bodily injury or death qualifying conditions, a person who refuses a chemical test for intoxication can be compelled under a traditional non-OWI search warrant (known as an “808 warrant”) to submit a body fluid sample.

An involuntary blood draw upon test refusal *without* the authority of a search warrant is permitted where a crash has resulted in death, or where death is reasonably likely to occur. The officer must be reasonably confronted with an emergency situation in which the delay necessary to obtain a warrant threatens the destruction of the evidence.

All involuntary blood draws must be conducted by licensed or registered medical personnel. Medical personnel are cautiously protective to not draw blood unless there is patient consent or a search warrant.

#### b) OTHER EVIDENCE

Health care professionals using reasonable care and accepted medical practices in drawing blood pursuant to a search warrant have immunity from civil or criminal liability arising out of their role in assisting law enforcement. An OWI offender can be ordered to pay restitution to a public agency for emergency response services resulting from the OWI arrest.

It is an affirmative defense to OWI/drugs that the offender was under the influence of a validly prescribed drug and was operating within the recommended usage and dosage.

If the person's BAC is at least 0.05 but less than 0.08, it may be considered with other competent evidence to determine whether the person was under the influence of alcohol.

The results of a chemical test shall be admissible in a civil or criminal action or proceeding arising from an arrest for an impaired driving offense conditioned upon proper foundation protocols. Likewise, a person's refusal to submit to a chemical test for intoxication is admissible as evidence in any civil or criminal proceeding arising out of the person's act of operating while intoxicated.

The portable breath test (PBT) device is used as a roadside alcohol detection device. It is not a certified breath test instrument, and its test result is not admissible evidence in a criminal OWI proceeding.

Sobriety checkpoints are not permitted in Iowa; however, the State does allow for vehicle safety checkpoints which can lead to an OWI investigation.

Standardized Field Sobriety Tests are judicially accepted as admissible scientific evidence in an OWI proceeding conditioned upon proper foundational support.

#### **Recommendations**

- **Adopt statewide use of electronic search warrants.**
- Enact an OWI enhanced blood alcohol concentration offense.
- Amend the statutory phone call requirement so that its application is tied to arrest and not to implied consent warning.
- Organize statewide uniform multi-discipline interpretation of medical data sharing exceptions.
- **Eliminate unsupervised agricultural and education-related driver license eligibility for 14.5-year-olds.**
- Expand social host liability to service of alcohol to visibly intoxicated adults.
- **Develop and create more problem-solving operating while intoxicated (OWI) Courts.**



## **B. Enforcement**

### ***Advisory***

*States should conduct frequent, highly visible, well publicized, and fully coordinated impaired driving (including zero tolerance) law enforcement efforts throughout the State, utilizing data to focus on locations where alcohol-related fatalities most often occur. To maximize visibility, the State should conduct frequent sobriety checkpoints, periodic saturation patrols, and sustained efforts throughout the year. Both periodic and sustained efforts should be supported by a combination of paid and earned media. To maximize resources, the State should coordinate highly visible, multi-jurisdictional efforts among State, county, municipal, and tribal law enforcement agencies to include liquor control enforcement officers. To increase the probability of detection, arrest, and prosecution, participating officers should receive training in the latest law enforcement techniques. States should:*

- *Ensure that executive levels of law enforcement and State and local government make impaired driving enforcement a priority and provide adequate resources;*
- *Develop and implement a year-round impaired driving law enforcement plan supported by a strategic communication plan which includes:*
  - *periods of heightened enforcement, e.g., three consecutive weekends over a period of 16 days, and frequent sustained coverage throughout the year; and*
  - *high levels of participation and coordination among State, liquor enforcement, county, municipal, and tribal law enforcement agencies, such as through law enforcement task forces.*
- *Deploy enforcement resources based on problem identification, particularly at locations where alcohol-related fatal or other serious crashes most often occur;*
- *Conduct highly visible enforcement that maximizes contact between officers and drivers, including frequent, ongoing sobriety checkpoints and saturation patrols, and widely publicize these efforts - before, during, and after they occur;*
- *Use technology (e.g., video equipment, portable evidentiary breath tests, passive alcohol sensors, and mobile data terminals) to enhance law enforcement efforts;*
- *Require that law enforcement officers involved in traffic enforcement receive standardized state-of-the-art training in the latest law enforcement techniques such as Standardized Field Sobriety Testing (SFST), Advanced Roadside Impaired Driving Enforcement (ARIDE), emerging technologies for the detection of alcohol and other drugs; selected officers should receive training in media relations and Drug Evaluation and Classification (DEC);*
- *Ensure that officers involved in traffic enforcement receive ongoing refresher training in SFST;*
- *Evaluate the effectiveness of advanced training in the identification and apprehension of drug impaired drivers;*
- *Provide training to enhance law enforcement officers understanding of ignition interlock devices;*
- *Expedite the arrest process, e.g., by reducing paperwork and processing time from the time of arrest to booking and/or release;*
- *Evaluate program effectiveness and efficiency through the use of both output and outcome based performance measures including:*
  - *the level of effort, e.g., number of participating agencies, checkpoints conducted, arrests made;*
  - *public awareness;*
  - *reported changes in behavior, e.g., reported number of drinking driving trips; and*
  - *consequences including alcohol-related fatalities, injuries, and crashes.*
- *Use law enforcement professionals to serve as law enforcement liaisons within the State. Their activities would include:*
  - *Serving as a communication bridge between the highway safety office and law enforcement agencies;*
  - *Enhancing law enforcement agencies coordination in support of traffic safety activities;*

- *Encouraging participation in high visibility enforcement of impaired driving, occupant protection, and other traffic safety enforcement mobilizations; and*
- *Improving collaboration with local chapters of police groups and associations that represent state, county, municipal, and tribal law enforcement.*

## **Status**

Support for enforcement of Iowa’s impaired driving laws appears to vary across the State. The issue limiting enforcement in a number of jurisdictions is primarily staffing related.

There is no clearly articulated and uniform year-round impaired driving law enforcement plan in Iowa. The Governor’s Traffic Safety Bureau (GTSB) shares overall goals with those interested in applying for contracts, but this is generally done through word of mouth by different program administrators. Many contracts are issued that grant a great deal of flexibility to the contracting agency on how and when to use the funding awarded in the contract. The resulting enforcement may or may not correspond with national high visibility enforcement campaigns.

Approximately 194 of the 400 law enforcement agencies in Iowa have contracts with the GTSB that include funding for impaired driving enforcement. There is not a great deal of information available about the participation of law enforcement agencies who do not have GTSB contracts. There are currently no accountability measures to ensure agencies receiving funding are using the money to best achieve the goals for which it is allocated. The GTSB is developing accountability measures that will be used for all their FY 2023 contracts.

State and municipal law enforcement agencies and Sheriff’s Offices throughout Iowa occasionally collaborate on enforcement activities, primarily during designated high visibility enforcement waves. Each of the 13 Iowa State Patrol Districts is required to conduct an enforcement initiative each month. These may target impaired driving, especially during national campaigns to combat impaired driving. Each District is encouraged to collaborate with their local enforcement partners.

Iowa Code 321K.1 prohibits roadblocks for the purpose of a sobriety checkpoint but permits them for many other reasons, including for safety checkpoints which are checks to ensure compliance for license, registration, and equipment regulations. There is little evidence that safety checkpoints are conducted with any degree of regularity. Saturation patrols are the primary method used to conduct high visibility enforcement. The level of true saturation is usually dependent on staffing availability of the agency or agencies involved. There is no established minimum number of personnel required for a saturation patrol. Agencies can collaborate and share resources since Iowa grants statewide jurisdiction to any law enforcement officer certified in the State.

The breath testing program in Iowa is run by the Iowa Department of Public Safety and uses the DataMaster DMT as the approved evidential breath testing instrument. The use of portable breath test (PBT) devices is permitted for screening purposes, but test results are not admissible as evidence of blood alcohol concentration (BAC) in criminal cases. PBT results may be used in administrative hearings concerning driver license revocation. Most law enforcement agencies have access to mobile data terminals (MDTs) for crash reporting. These terminals also facilitate

the issuance of traffic citations and enable queries of motor vehicle and driver license record checks. The GTSB has provided funding to agencies to purchase equipment to aid in the detection, testing, and processing of impaired drivers as well as in the collection of data, such as through the use of MDTs.

The Iowa Department of Transportation (Iowa DOT) is responsible for motor vehicle crash data collected by law enforcement agencies. Over 99 percent of crash data is reported electronically using Iowa's Traffic and Criminal Software (TraCS). The TraCS program is an initiative by the Iowa DOT to collect data from law enforcement at the scene of a motor vehicle collision and send that data electronically to the DOT. TraCS software and support is provided by the Iowa DOT at no charge to qualifying Iowa public safety agencies. Each crash report filed through TraCS is geolocated. TraCS data interface with the Iowa Crash Analysis Tool (ICAT), providing a data rich resource that can be queried using many different criteria including severity of injury and whether the crash was alcohol or drug related. This resource is available on the open web for use by the general public, law enforcement, and other government agencies.

The GTSB expects all law enforcement contractors to use crash data to identify their problem areas, in applying for contracts, and in assigning their resources to mitigate the problems identified. They direct those interested in applying for a contract to ICAT for data to help support the application.

While TraCS is a robust data resource, and the software helps eliminate data entry errors, the completion of crash reports is hampered by the fact that the Iowa Law Enforcement Academy, responsible for training many of the State's law enforcement officers, does not have access to TraCS crash reporting software. They are, therefore, unable to train law enforcement officer candidates on how to complete a motor vehicle crash report. Officer candidates attending this academy must learn how to use TraCS to complete the report after they begin work at their employing agency. This can yield inconsistent training and contribute to faulty crash data.

Iowa's Criminalistics Laboratory, under the Department of Public Safety, Division of Criminal Investigation, is responsible for testing blood and urine samples, collected by law enforcement personnel, for the presence of alcohol and drugs. They are able to detect most of the more commonly encountered substances. They have experienced a significant increase in specimens submitted with over 3,000 being submitted in 2021.

Standardized Field Sobriety Testing (SFST) training is required for all law enforcement officers in Iowa and is provided as part of initial training in each police academy. While SFST training is required for all law enforcement officers, SFST in-service training is not offered except for SFST instructors who are required to attend SFST in-service training every three years.

Advanced Roadside Impaired Driving Enforcement (ARIDE) training classes are regularly offered and widely attended. COVID-19 restrictions in 2021 prevented classes from being offered, but 724 students were training between 2017 and 2020. In the first 10 weeks of 2022, 291 officers have been trained.

<b>ARIDE Training</b>						
	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020*</b>	<b>2021**</b>	<b>2022***</b>
# of Classes	12	7	11	3	0	10
# of Students	228	149	270	77	0	291

\* 2020 – classes were stopped with the onset of COVID-19 infections \*\*2021 – no classes instructed due to COVID-19 infections \*\*\*2022 – data for first 10 weeks of year

The GTSB employs a former Drug Recognition Expert (DRE) as the State DRE Coordinator who also coordinates ARIDE classes. One DRE school is conducted annually with 12 to 14 students. Students and instructors travel out of state (currently to Jacksonville, FL) for the certification phase of training. One school per year makes it difficult for the program to keep up with normal attrition and almost impossible for the program to grow.

<b>DRE Training</b>						
	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
# of Class	1	1	1	0	1	1
# of Students	12	12	12	0	13	14
Total DREs	152	129	125	105	106	**

\*\* Training in progress, new students not yet certified as DREs

There is significant interest in the DRE program with more applications being submitted for training than a single class can accommodate. Law enforcement agencies throughout the State are also interested in having more access to a DRE.

Iowa Code 321J.4 mandates the installation of an ignition interlock device on any vehicle operated by a driver convicted of certain impaired driving violations. Other than identifying the requirement to have an ignition interlock by a designation on a driver’s license, law enforcement officers have received little to no training on how an ignition interlock device works or how to recognize efforts to circumvent the proper use of the device.

The impaired driving arrest process is estimated to take, on average, about three hours, not including report writing. Officers in more populated jurisdictions may be able to complete the arrest process more quickly, primarily because of being more closely located to testing instrumentation. Officers who make more frequent impaired driving arrests may also be able to complete the arrest process more quickly because of greater familiarity with the process and paperwork. In more rural areas of the State, processing may take longer because of greater travel time to breath testing locations. It is common for the vehicle of an arrested person to be towed for storage, requiring a law enforcement officer to remain present until the tow service arrives. In jurisdictions with limited personnel, or in areas with great distances between personnel, the wait for a tow service can greatly extend the time spent processing the impaired driver.

Electronic search warrants are permitted in Iowa and 14 of the 99 counties are currently testing a system and process for law enforcement officers to obtain a search warrant by digital means without having to dedicate the time to personally visit a judge to have the warrant issued. Since search warrants may be sought when a suspected impaired driver refuses a chemical test and must be obtained when a suspected impaired driver is unable to give consent, the ability to obtain the warrant electronically is expected to dramatically speed up the process.

There are currently no established metrics by which to measure the effectiveness of the Iowa impaired driving enforcement efforts, by either output or outcome. While the number of high visibility enforcement operations, public awareness efforts, and other special operations can be counted, there is no baseline or level of expected performance against which to measure that information. The GTSB has started the process of establishing expectations for agencies receiving contracts and it is anticipated those measures will be in place for FY 2023.

The GTSB hired their first Law Enforcement Liaison (LEL) six weeks prior to this assessment. His performance and accomplishments will be evaluated for effectiveness to determine if additional LELs would be beneficial. The LEL is a former Major with the Iowa State Patrol who has a strong background in traffic safety.

## **Recommendations**

- **Develop and implement a year-round impaired driving law enforcement plan that is supported by a strategic communication plan which includes:**
  - **periods of heightened enforcement, e.g., three consecutive weekends over a period of 16 days, and frequent sustained coverage throughout the year**
  - **high levels of participation and coordination among state, county, municipal, tribal, and liquor enforcement agencies, such as through law enforcement task forces**
- **Procure the Traffic and Criminal Software (TraCS) electronic crash reporting software for law enforcement academies to uniformly train law enforcement officers on how to properly complete the electronic crash report.**
- Conduct additional Drug Recognition Expert (DRE) schools each year to certify more DREs.
- Provide training for law enforcement officers on how to detect drivers who are required to have ignition interlock devices installed and those who may be trying to circumvent the proper use of a device.
- **Adopt statewide use of electronic search warrants.**
- Establish performance measures by which Governor's Traffic Safety Bureau contracting agencies will be measured. Use these measures to guide expenditure reimbursement and future funding allocations.
- **Hire additional Law Enforcement Liaisons with law enforcement experience and use them strategically to promote traffic safety enforcement throughout the State.**

## C. Prosecution

### *Advisory*

*States should implement a comprehensive program to visibly, aggressively and effectively prosecute, and publicize impaired driving-related efforts, including use of experienced prosecutors, to help coordinate and deliver training and technical assistance to those prosecutors handling impaired driving cases throughout the State. Effective prosecution can include participation in a DWI Court program.*

*Prosecutors who handle impaired driving cases often have little experience, are responsible for hundreds of cases at a time, and receive insufficient training.<sup>18</sup> States should:*

- Make impaired driving cases a high priority for prosecution and assign these cases to knowledgeable and experienced prosecutors;*
- Encourage vigorous and consistent prosecution of impaired driving (including youthful offender) cases, particularly when they result in a fatality or injury, under both impaired driving and general criminal statutes;*
- Provide sufficient resources to prosecute impaired driving cases and develop programs to retain qualified prosecutors;*
- Employ experienced prosecutors, such as State Traffic Safety Resource Prosecutors, to help coordinate and deliver training and technical assistance to prosecutors handling impaired driving cases throughout the State;*
- Ensure that prosecutors who handle impaired driving cases receive state-of-the-art training, such as in Standardized Field Sobriety Test (SFST), Drug Recognition Expert (DRE), and emerging technologies for the detection of alcohol and other drugs. Prosecutors should learn about sentencing strategies for offenders who abuse these substances and participate in multi-disciplinary training with law enforcement personnel;*
- In drug-impaired driving cases, encourage close cooperation between prosecutors, state toxicologists, and arresting law enforcement officers (including DRE). Their combined expertise is needed to successfully prosecute these cases;*
- Establish and adhere to strict policies on plea negotiations and deferrals in impaired driving cases and require that plea negotiations to a lesser offense be made part of the record and count as a prior impaired driving offense; and*
- Encourage prosecutors' participation in DWI Courts as a sentencing alternative for persistent DWI offenders.*

### **Status**

The prosecution of criminal cases in Iowa is the role of the 99 elected county attorneys. Each county attorney can appoint assistant county attorneys to assist in the prosecution function. Prosecution of both misdemeanor and felony operating while intoxicated OWI cases occurs in the district courts of the counties.

OWI has a high priority within the county attorneys' offices which co-exists with their dedication to prosecution of all other crimes. However, it is common for a less experienced assistant county attorney to be assigned to the OWI docket. Traffic court is where new assistant county attorneys learn to be litigation lawyers. Turnover of assistant county attorneys prosecuting misdemeanor traffic offenses is a common occurrence.

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<sup>18</sup> Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution." Ottawa, Traffic Injury Research Foundation, 2002.

Statewide prosecutor training is conducted primarily by the Iowa Attorney General's Office of Prosecuting Attorneys Training Coordinator (PATC) and the Iowa County Attorneys Association (ICAA). Continuing education is regularly provided with OWI, and traffic law prosecution is frequently included in the curriculum. Advanced Roadside Impaired Driving Enforcement (ARIDE) training is not currently included.

The Governor's Traffic Safety Bureau provides funding for a traffic safety resource prosecutor (TSRP) housed at PATC. The TSRP brings in-house training to the county attorneys and serves as an immediately accessible resource to any prosecutor across the State. The current TSRP is a veteran prosecutor with extensive OWI trial experience and a keen understanding of the nuances of the complex Iowa OWI statutory structure. The TSRP can assist with OWI litigation support and assist with legislative agendas.

Impediments to effective OWI prosecution and education include:

- Search warrant restrictions tied to implied consent warning or reluctant judicial officers
- A perceived rise in chemical test refusals coinciding with search warrant restrictions and prevalent internet messaging
- Burdensome implied consent roadside warnings which include a right to a phone call
- An insufficient number of trained drug recognition experts (DRE) across the State
- A lack of OWI problem-solving courts

Search warrants for body fluid samples present a problem for OWI enforcement that does not exist in other crime enforcement situations. The implied consent statute creates a potential barrier to a search warrant if a person refuses to submit to a chemical test. However, traditional search warrant law for all other crimes (known as an "808 warrant") is still applicable if implied consent is avoided.

Electronic search warrants have been slow to emerge in Iowa. Fourteen counties currently participate in a pilot program for electronic search warrants. Statewide adoption can enhance effective and efficient use of resources while collecting body fluid samples from persons who refuse to comply with implied consent chemical testing.

OWI courts have not taken hold in Iowa as an effective disposition method to reduce impaired driving incidents and address the problem of chronic OWI offenders. Only one OWI court exists in Iowa. No moving force is taking hold to promote the expansion of OWI courts.

The Iowa judicial branch has embraced the problem-solving court model despite only having one court dedicated to repeat OWI offenders. There are approximately 39 problem-solving courts in 21 Iowa counties, of which 20 are drug courts. The Department of Public Health does not license or certify problem-solving courts in Iowa.

## **Recommendations**

- **Develop and create more problem-solving operating while intoxicated (OWI) Courts.**

- Amend the statutory phone call requirement so that its application is tied to arrest and not to implied consent warning.
- **Adopt statewide use of electronic search warrants.**
- Repeal the implied consent impediment to chemical test for intoxication refusal search warrants.
- Incentivize experienced assistant county attorneys to remain involved in operating while intoxicated (OWI) prosecutions.



## **D. Adjudication**

### **Advisory**

*States should impose effective, appropriate, and research-based sanctions, followed by close supervision, and the threat of harsher consequences for non-compliance when adjudicating cases. Specifically, DWI Courts should be used to reduce recidivism among repeat and high BAC offenders. DWI Courts involve all criminal justice stakeholders (prosecutors, defense attorneys, probation officers, and judges) along with alcohol and drug treatment professionals and use a cooperative approach to systematically change participant behavior. Where offender supervision<sup>19</sup> is housed within the judicial branch, the guidelines of Section V(A)(1) should be utilized by the judiciary.*

*The effectiveness of enforcement and prosecution efforts is strengthened by knowledgeable, impartial, and effective adjudication. Each State should provide the latest state-of-the-art education to judges, covering Standardized Field Sobriety Testing (SFST), Drug Recognition Expert (DRE), alternative sanctions, and emerging technologies, such as ignition interlock devices (IID).*

*Each State should utilize DWI Courts to help improve case management and to provide access to specialized personnel, speeding up disposition and adjudication. DWI Courts also improve access to assessment, treatment, and sentence monitoring. Each State should provide adequate staffing and training for community supervision programs with the necessary resources, including technology, such as IID, to monitor and guide offender behavior. States should:*

- *Involve the State's highest court in taking a leadership role and engaging judges in effectively adjudicating impaired driving cases and ensuring that these cases are assigned to knowledgeable and experienced judges;*
- *Encourage consistency in the adjudication of impaired driving (including youthful offender) cases, and the imposition of effective and appropriate sanctions, particularly when impaired driving resulted in a fatality or injury;*
- *Provide sufficient resources to adjudicate impaired driving cases in a timely manner and effectively manage dockets brought before judges;*
- *Ensure that judges who handle criminal or administrative impaired driving cases receive state-of-the-art education, such as in technical evidence presented in impaired driving cases, including SFST and DRE testimony, emerging technologies, such as IID, for the detection of alcohol and other drugs, and sentencing strategies for this class of offenders;*
- *Use court strategies to reduce recidivism through effective sentencing and close monitoring by either establishing DWI Courts, encouraging drug courts to hear impaired driving cases, or encouraging other courts to adopt DWI/Drug Court practice. These courts increase the use of drug or alcohol assessments; identify offenders with alcohol or drug use problems; apply effective and appropriate sentences to these offenders, including abstinence from alcohol and other drugs; and closely monitor compliance, leading to a reduction in recidivism;<sup>20</sup>*
- *Eliminate ethical obstacles, such as ex parte or commitment communications, by adopting the current Model Code of Judicial Conduct so that judges can participate more freely in DWI Court administration;*
- *Provide adequate staffing and training for community supervision programs with the necessary resources, including technology such as IID and electronic confinement, to monitor and guide offender behavior and produce periodic reports on offender compliance; and*

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<sup>19</sup> Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002.

<sup>20</sup> Freeman-Wilson, Karen and Michael P. Wikosz, "Drug Court Publications Resource Guide, Fourth Edition." Alexandria, VA: National Drug Court Institute, 2002.

- *Incorporate into judicial education and outreach administration the position of Judicial Outreach Liaison as a judicial educator and resource on highway traffic safety issues including impaired driving, and as an agent to create more DWI Courts.*

## **Status**

The Iowa court system consists of the Supreme Court, an intermediate appellate court, and general jurisdiction trial courts known as district courts. The State's 99 counties are assigned into 14 districts with each district having a presiding judge. There are 116 district court judges each of whom have general jurisdiction. Additionally, there are 73 district associate judges who have a limited jurisdiction for serious and aggravated misdemeanors, low level felonies, and juvenile cases. A third level of trial judges in the district courts are magistrate judges. There are 146 magistrates that have limited jurisdiction for misdemeanors, traffic violations, and small claims.

Most, if not all, operating while intoxicated (OWI) offenses are adjudicated before the district associate judges. It is believed that most, if not all, jurisdictions allow misdemeanor OWI to be disposed on paper without an in-person or virtual appearance before a judge. Additionally, a recent directive from the Iowa Supreme Court instructed courts to continue allowing defendant virtual appearances due to the limited number of available public defenders, especially in rural counties. It is perceived that the impact of a court sanction is diminished by the lack of an in-person judicial presence.

Pre-conviction administrative license revocation (ALR) is imposed upon a failure or refusal of a chemical test for intoxication. ALR is administered by the Motor Vehicle Division (MVD). ALR challenges are adjudicated by administrative law judges of the executive branch of government. The Attorney General's office represents the MVD in these proceedings. In 2020, approximately 2,200 ALR challenges were disposed with 96.6 percent of the revocations affirmed.

Alcohol evaluation and treatment are mandatory for all OWI offenders in three different stages of case administration:

- As a sentence criterion after conviction
- As a condition of receiving a temporary restricted license (TRL)
- As a condition of reinstatement of a revoked driver license

The MVD appears to be the hub for assuring offender compliance of evaluation and treatment requirements through its oversight of driver licensing. Reinstatement of driving privileges cannot occur until the treatment provider and the ignition interlock device (IID) provider certify to the MVD that the offender has complied with court sentence conditions related to treatment and monitoring.

Delivery of evaluation and treatment services is conducted by a variety of providers across the State. The providers must be licensed by the Substance Abuse Bureau of the Department of Public Health. The licensing process does not include continuous oversight or periodic evaluation of the treatment provider's performance. Treatment corresponds to the offenders' age and severity of infraction.

OWI courts have not taken hold in Iowa as an effective disposition method to reduce impaired driving incidents and address the problem of chronic OWI offenders. Only one OWI court exists in Iowa. No moving force is taking hold to promote the expansion of OWI courts in Iowa.

The Iowa judiciary has embraced the problem-solving court model despite only having one court dedicated to repeat OWI offenders. There are approximately 39 problem-solving courts in 21 Iowa counties, of which 20 are drug courts. The Department of Public Health does not license or certify problem-solving courts in Iowa.

Probation supervision is available as a means of monitoring felony OWI offenders but is not uniformly available for misdemeanor OWI supervision. Probation departments are administered by the Department of Corrections. Misdemeanor courts employ various methods of sentence supervision including in-house supervision, United Way agencies, and contracting with local law enforcement.

IID is both an ALR and sentencing tool. Its installation is mandatory as a condition of receiving a TRL. Like treatment supervision, monitoring IID compliance rests with the MVD by default. MVD will not issue a TRL until it receives certification of installation.

The Iowa State Court Administration office conducts regular judicial training for judges. OWI and traffic law training is provided periodically but not on a regular rotation. Iowa judges are known to attend traffic safety and faculty development courses at The National Judicial College. They are encouraged to continue to use this continuing education resource.

Iowa does not have a Judicial Outreach Liaison (JOL) and does not appear to be pursuing the establishment of one. A JOL can enhance judicial education on impaired driving and traffic safety in general. Other states that have created a JOL program, such as Missouri, can be used as a model.

Iowa has 14 counties currently participating in a pilot program for electronic search warrants. Statewide adoption can enhance effective and efficient use of resources while collecting body fluid samples from impaired drivers who refuse to comply with implied consent chemical testing for intoxication.

## **Recommendations**

- Eliminate paper only disposition of misdemeanor operating while intoxicated (OWI) cases.
- Create a statewide Judicial Outreach Liaison position.
- Include operating while intoxicated (OWI) traffic safety curricula on a periodic rotation for statewide judicial education.
- **Develop and create more problem-solving operating while intoxicated (OWI) Courts.**

- Create uniform statewide probation supervision for misdemeanor operating while intoxicated (OWI) offenders.
- **Adopt statewide use of electronic search warrants.**

## **E. Administrative Sanctions and Driver Licensing Programs**

### ***Advisory***

*States should use administrative sanctions, including the suspension or revocation of an offender's driver's license; the impoundment, immobilization, or forfeiture of a vehicle; the impoundment of a license plate or suspension of a vehicle registration; or the use of ignition interlock devices. These measures are among the most effective actions that can be taken to prevent repeat impaired driving offenses.<sup>21</sup>*

*In addition, other driver licensing activities can prove effective in preventing, deterring, and monitoring impaired driving, particularly among novice drivers.*

### **E-1. Administrative License Revocation and Vehicle Sanctions**

#### ***Advisory***

*Each state's Motor Vehicle Code should authorize the imposition of administrative penalties by the driver licensing agency upon arrest for violation of the state's impaired driving laws.*

*Administrative sanctions allow the licensing agency to maintain its authority to determine the safety and competence of the driver to whom it has issued a license and to determine whether, at any time, continued provision of driving privileges is warranted. Administrative sanctions provide for consistency and uniformity of both sanction and treatment of offenders, apart from the political or social viewpoints of the various judicial jurisdictions within a state. The code should provide for:*

- *Administrative suspension of the driver's license for alcohol and/or drug test failure or refusal;*
- *The period of suspension for a test refusal should be longer than for a test failure;*
- *Prompt suspension of the driver's license within 30 days of arrest, which should not be delayed, except when necessary, upon request of the State;*
- *Vehicle sanctions, including suspension of the vehicle registration, or impoundment, immobilization, or forfeiture of the vehicle(s) of repeat offenders and individuals who have driven with a license suspended or revoked for impaired driving; and*
- *Installation of ignition interlock device(s) on the offender's vehicle(s) until a qualified professional has determined that the licensee's alcohol and/or drug use problem will not interfere with their safe operation of a motor vehicle. Specific agencies within a State should be given responsibility and authority for oversight of the interlock program, including vendor selection, certification, and monitoring; review of data downloaded from the individual devices; and responsibility for administrative rules that guide sanctions for circumvention or other non-compliance with ignition interlock licensure. Licenses for drivers required to have ignition interlock devices installed on vehicles that they operate should be easily identifiable by law enforcement officers, either by virtue of a different colored background on the license or large print indicating that an ignition interlock device is required.*

#### **Status**

Iowa Code 321J governs the penalties associated with impaired driving in the State. In Iowa, impairment is defined as a blood alcohol concentration (BAC) of 0.08 for adults age 21 and older operating a private vehicle, 0.04 for operators of a commercial motor vehicle, and 0.02 for those between the ages of 18 and 20.

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<sup>21</sup> Robertson, Robyn D. and Herb M. Simpson "DWI System Improvement for Dealing with Hard Core Drinking Drivers: Prosecution. Ottawa, Traffic Injury Research Foundation, 2002

Iowa's implied consent law means that any person who operates a motor vehicle in the State agrees to have a blood, breath, and/or urine test performed to determine alcohol level or presence of drugs, whenever a law enforcement officer has reasonable grounds to believe the person is operating a motor vehicle while under the influence.

A motor vehicle operator receiving an operating while intoxicated (OWI) violation in Iowa will need to complete the following actions before their driver license can be reinstated. In some cases, additional penalties/requirements may be imposed by the court system and/or by the Iowa Department of Transportation (Iowa DOT).

- Complete a substance abuse evaluation and follow any treatment recommendations
- Successfully complete a State-approved drinking driver education program through an approved provider (\$180 fee applies)
- Pay any civil penalties, reinstatement fees, and/or pass any examinations as required by the court system and the Iowa DOT

In the case of an OWI, the following criminal sanctions may be imposed:

<b>Charge/Offense Level</b>	<b>Fines</b>	<b>Jail</b>	<b>License Suspension</b>	<b>Treatment</b>	<b>Interlock</b>
<b>First OWI* Serious Misdemeanor</b>	\$625- \$1,250 or community service	2 days to 1 year	180 days to 1 year	Yes, and driving course and reality education	Yes, if temp. restricted license sought 180 days if failed test, 1 year if refusal
<b>Second OWI Aggravated Misdemeanor</b>	\$1,875- \$6,250	7 days to 2 yrs with possible inpatient treatment	1-2 years	Yes, and driving course and reality education	Yes, if temp restricted license sought. 1 year if failed test, 2 years if refusal
<b>Third OWI+** Class D Felony</b>	\$3,125- \$9,375	30 days to 5 yrs and possible habitual offender and inpatient treatment	6 years	Yes, and driving course and reality education	Yes, if temp restricted license sought. 6 years failed test or refusal
<b>OWI Serious Bodily Injury</b>	Based on charge	Based on charge	1 year in addition to revocation	Yes, and driving course and reality education	Yes, based on charge
<b>Underage OWI</b>	Based on charge	Based on charge	Longer of period for the charge or until 18	Yes and driving course and reality education	Yes, based on charge

\*Deferred judgement eligible with probation and driver license revoked for 30 to 90 days

\*\*Alternative commitment to community treatment and 30 days to 1 year in county jail

In the case of an implied consent violation, the following sanctions may be imposed:

<b>Charge</b>	<b>Test result DL revoke</b>	<b>Test refusal DL revoke</b>	<b>Temporary restricted license with test result</b>	<b>Temporary restricted license with test refusal</b>	<b>Civil Penalty</b>
<b>1<sup>st</sup> OWI*</b>	180 days	1 year	Yes, with IID on all vehicles	Yes, with IID on all vehicles	\$200
<b>2<sup>nd</sup> OWI or more*</b>	1 year	2 years	Yes, with IID on all vehicles	Yes, with IID on all vehicles + 1 year after reinstatement	\$200
<b>1<sup>st</sup> OWI underage*</b>	60 days	1 year	No	No	\$200
<b>2<sup>nd</sup> OWI or more underage*</b>	90 days	2 years	No	No	\$200
<b>CDL Holder</b>	CDL disqualified	CDL disqualified	No for CDL	No for CDL	N/A

\*Condition for reinstatement for offenses: Drinking driver course, substance abuse evaluation, and treatment or rehabilitation services.

Administrative sanctions are usually posted to the driver record prior to adjudication of OWI through the court system. Impaired driving convictions stay on the driver record for 12 years. To determine the number of previous impaired driving offenses on a driver's record, a periodic snapshot of the driver record must be archived to accurately account for expungements. Driver license records are available to the judiciary and law enforcement through electronic queries.

Iowa's ignition interlock law went into effect on July 1, 2018. For any driver to operate a vehicle during an administrative suspension period, the driver must install an ignition interlock device for a minimum of six months. The State's ignition interlock program does not include a compliance-based removal component which would require a user to maintain a certain period of sober driving before completing the program.

### **Recommendations**

- **Make Iowa's ignition interlock law compliance-based, only allowing for removal of an ignition interlock device after successful completion of a required term without test failures.**

## E-2. Driver Licensing Programs

### **Advisory**

*Each state's driver licensing agency should conduct programs that reinforce and complement the state's overall program to deter and prevent impaired driving, including:*

- (1) Graduated Driver Licensing (GDL) for novice drivers. GDL programs have been widely evaluated and all studies, although results vary significantly, have shown a reduction in crash and fatality rates.*

*States' GDL program should involve a three-stage licensing system for beginning drivers (stage 1 = learner's permit; stage 2 = provisional license; and stage 3 = full license) that slowly introduces the young, novice driver to the driving task by controlling exposure to high risk driving situations (e.g., nighttime driving, driving with passengers, and driving after drinking any amount of alcohol). The three stages of the GDL system include specific components and restrictions to introduce driving privileges gradually to beginning drivers. Novice drivers are required to demonstrate responsible driving behavior during each stage of licensing before advancing to the next level.*

*Each stage includes recommended components and restrictions for States to consider when implementing a GDL system.*

#### *Stage 1: Learner's Permit*

- State sets minimum age for a learner's permit at no younger than 16 years of age;*
- Pass vision and knowledge tests, including rules of the road, signs, and signals;*
- Completion of basic driver training;*
- Licensed adult (who is at least 21 years old) required in the vehicle at all times;*
- All occupants must wear seat belts;*
- Zero alcohol while driving;*
- Learner's permit is visually distinctive from other driver licenses;*
- Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed, and other GDL provisions, for at least six consecutive months to advance to the next level;*
- Parental certification of 30 to 50 practice hours; and*
- No use of portable electronic communication and entertainment devices while driving.*

#### *Stage 2: Intermediate (Provisional) License*

- Completion of Stage 1;*
- State sets minimum age of 16.5 years of age;*
- Completion of intermediate driver education training (e.g., safe driving decision-making, risk education);*
- All occupants must wear seat belts;*
- Licensed adult required in the vehicle from 10 p.m. until 5 a.m. (e.g., nighttime driving restriction) with limited exceptions (i.e., religious, school, medical, or employment related driving);*
- Zero alcohol while driving;*
- Driver improvement actions are initiated at lower point level than for regular drivers;*
- Provisional license is visually distinctive from a regular license;*



- *Teenage passenger restrictions – not more than 1 teenage passenger for the first 12 months of Intermediate License. Afterward, limit the number of teenage passengers to 2 until age 18;*
- *Must remain crash and conviction free, including violations of the seat belt, zero tolerance, speed, and other GDL provisions, for at least six consecutive months to advance to the next level; and*
- *No use of portable electronic communication and entertainment devices while driving.*

#### *Stage 3: Full Licensure*

- *Completion of Stage 2;*
- *State sets minimum age of 18 for lifting of passenger and nighttime restrictions;*
- *Zero alcohol while driving; and*
- *Visually distinctive license for drivers under the age of 21.*

(2) *A program to prevent individuals from obtaining and using a fraudulently obtained, counterfeit, or altered driver's license including:*

- *Training for alcoholic beverage sellers to recognize fraudulent or altered licenses and IDs and what to do with these documents and the individuals attempting to use them;*
- *Training for license examiners to recognize fraudulent documents and individuals seeking to apply for them; and*
- *A means by which to ensure that individuals cannot obtain driver licenses using multiple identities.*

## **Status**

Individuals applying for an instruction permit must be at least 14 years of age and successfully complete a knowledge and vision test. The knowledge test may be taken at home (with a proctor application) or at school. While holding an instruction permit, the novice driver must be accompanied by a licensed parent, guardian, or other family member (age 21 or older), a driver education instructor, or a person at least 25 years of age with permission from a parent or guardian. Novice drivers may not drive without adult supervision, use an electronic communication device while driving, carry more passengers than can be secured by the vehicle's seat belts, or drive a commercial motor vehicle or motorcycle. A valid instruction permit must be held for a total of at least 12 months and the driver must maintain a clean driving record for six consecutive months before applying for the intermediate license. A permit may be suspended if the driver is convicted of a moving traffic violation or crash; either infraction will restart the six-month period.

The next step in the State's graduated driver licensing (GDL) process is the intermediate license. To obtain an intermediate license, the driver must be at least 16 years of age and have completed an Iowa-approved driver education course. Intermediate licensed drivers may drive without adult supervision between the hours of 5 a.m. and 12:30 a.m. or at any time with adult supervision. An intermediate license also comes with a passenger restriction that prohibits the driver from carrying more than one minor passenger that is not a relative without adult supervision. Both the nighttime driving and passenger restriction can be waived by the parent or guardian.

A full driver license may be obtained at age 17 provided all the conditions of the intermediate license have been met. The intermediate license must be kept for at least 12 consecutive months with a clean driving record during that time. Additionally, 10 hours of supervised driving must be completed with at least two of those hours completed at night. While a 17-year-old must have written parent or guardian consent, an Iowa resident can obtain a full driver license at age 18 without meeting the requirements of earlier license categories. With this license, the operator has full driving privileges with no restrictions.

There is an odd deviation in the GDL design of age and experience progression. Iowa allows a child aged 14.5 years to obtain a minor school license for limited school and agricultural purposes. The applicant must hold an instruction permit, maintain a clean driving record for six months, and live one mile or more from their school or live or work on a farm in Iowa. This license allows a 14.5-year-old to drive without supervision between 5 a.m. and 10 p.m. to and from school/farm activities and within a specified geographic boundary. Traffic safety and child development professionals question the pragmatism of this exception. It places likely high-risk drivers in a position of precarious decision making.

The Iowa Alcohol Beverage Division (ABD) has designed an alcohol compliance training program, the Iowa Program for Alcohol Compliance Training (I-PACT). This program allows employees to go through alcohol compliance training and receive a certificate upon completion.

An establishment that serves alcohol and participates in the I-PACT training is granted an affirmative defense, which may be used once in a four-year period. The affirmative defense allows the business to avoid civil prosecution if an alcohol sale-to-minor (age 18-20) violation occurs. I-PACT is offered free of charge from the ABD. The ABD also offers Training for Intervention Procedures (TIPS) and ServSafe programs and works with Iowa law enforcement agencies to conduct alcohol sale compliance checks at retailers licensed to sell alcoholic beverages.

The Iowa Department of Transportation has several mechanisms in place to prevent issuance of fraudulent identification cards or licenses, including staff training and database identity confirmation. The driver system also utilizes facial recognition software to identify and deter identity fraud, such as individuals obtaining multiple licenses using different identities. Facial recognition is completed in an overnight batch process. Discrepancies are handled by a manual investigation.

## **Recommendations**

- **Eliminate unsupervised agricultural and education-related driver license eligibility for 14.5-year-olds.**

## IV. Communication Program

*States should develop and implement a comprehensive communication program that supports priority policies and program efforts, including high visibility enforcement (HVE). Communication strategies should specifically support efforts to increase the public perception of the risks of detection, arrest, prosecution, and sentencing for impaired driving. Additional communication strategies should address underage drinking, impaired driving, and reducing the risk of injury, death, and the resulting medical, legal, social, and other costs if there are specific programs underway in the community. Communications should highlight and support specific program activities underway in the community and be culturally relevant and appropriate to the audience.*

### **Advisory**

*States should:*

- *Focus their publicity efforts on creating a perception of risk of detection, arrest, prosecution, and punishment for impaired driving;*
- *Use clear, concise enforcement messages to increase public awareness of enforcement activities and criminal justice messages that focus on penalties and direct costs to offenders such as loss of license, towing, fines, court costs, lawyer fees, and insurance;*
- *Employ a communications strategy that principally focuses on increasing knowledge and awareness, changing attitudes, and influencing and sustaining appropriate behavior;*
- *Develop a year-round, data-driven, strategic, and tactical communication plan that supports the state's priority policies and programs such as alcohol's effects on driving and consequences of being caught driving impaired or above the state's zero tolerance limit;*
- *Implement a communication program that:*
  - *Uses messages that are coordinated with National campaigns and messages that are culturally relevant and linguistically appropriate;*
  - *Considers special emphasis during holiday periods and other high risk times throughout the year, such as New Year's, 4th of July, Labor Day, Halloween, prom season, and graduation;*
  - *Uses paid, earned, and donated media coordinated with advertising, public affairs, news, and advocacy; and*
  - *Encourages communities, businesses, and others to financially support and participate in communication efforts.*
- *Direct communication efforts at populations and geographic areas at highest risk or with emerging problems such as youth, young adults, repeat and high BAC offenders, and drivers who use prescription or over-the-counter drugs that cause impairment;*
- *Use creativity to encourage earned media coverage, use of a variety of messages or "hooks" such as inviting reporters to "ride-along" with law enforcement officers, conducting "happy hour" checkpoints or observing under-cover liquor law enforcement operations, and use of social media;*
- *Monitor and evaluate the media efforts to measure public awareness and changes in attitudes and behavior; and*
- *Ensure that personnel who are responsible for communications management and media liaison are adequately trained in communication techniques that support impaired driving activities.*

### **Status**

The Governor's Traffic Safety Bureau (GTSB) relies upon traffic safety messaging from the National Highway Traffic Safety Administration (NHTSA) and messaging specific to Iowa that has been developed to address impaired driving and other traffic safety programs. The State utilizes creative materials and leverages NHTSA's annual media buys, purchasing additional

paid media with either retagged NHTSA-developed media spots or new creatives developed by the GTSB media contractor.

A new campaign was recently developed with new messaging to support impaired driving compliance putting a personal responsibility twist in the messaging. The tag lines include: “The Power to Drive Sober is in Your Hands,” “The Power to Get Home Safely is in Your Hands,” and “The Power to Designate a Driver is in Your Hands.” Each of these creatives have the same look and graphics to tie the messaging to the impaired driving message and to other traffic safety messaging.

The bulk of impaired driving media buys are done during the national crackdown periods for the “Drive Sober or Get Pulled Over” high visibility enforcement campaign. These enforcement periods surround the July 4<sup>th</sup>, Labor Day, and December/New Year’s holidays.

Media placement is done by the GTSB’s media contractor. Placement of either the NHTSA-provided media spots or those developed by the media contractor is based on data identifying the most appropriate time slots to reach the target audience and those most likely to be an impaired driving offender.

The GTSB utilizes a wide variety of sports marketing. Placement of impaired driving messaging is present at all high school varsity sports state championship venues. College football venues display signage with impaired driving messaging, which is supported with radio announcements during in-game coverage that compliments the in-venue messaging. Minor league baseball, hockey, and basketball venues also have signage and messaging. Hockey venues also offer a designated driver option with a free non-alcoholic beverage for persons signing a pledge to be a designated driver for the evening. Motorsport venues across the State are targeted with impaired driving messaging as the demographics for the race events correspond with the intended target audience.

The GTSB media contractor uses geofencing marketing techniques to direct impaired driving messaging in and around various venues that are receiving more traditional media efforts for impaired driving prevention. Geofencing allows the media contractor to connect with the target audience digitally, creating a virtual boundary around the specific geographic location surrounding the venues.

The GTSB relies heavily on social media to get messaging out across the State. Facebook, Twitter, and YouTube are utilized to communicate with motorists. Websites, both GTSB’s and those that various partners manage, are also relied upon as resources for online users to receive information and answers to traffic safety issues.

The Iowa Alcoholic Beverages Division (ABD) wholesales alcoholic liquor, regulates, and licenses establishments that sell alcoholic beverages in Iowa. During the wholesale of alcoholic liquor, delivery is handled by a fleet of tractor trailer vehicles consisting of five 53-foot trailers, one 48-foot trailer, and seven 45-foot trailers. The GTSB and ABD have reached an agreement to allow the GTSB to wrap the trailers with impaired driving messaging. All 13 trailers will be

wrapped with impaired driving messaging that will be highly visible on roadways throughout Iowa as the liquor travels to their intended destinations.



The GTSB works closely with the Department of Public Safety (DPS) Strategic Communications Bureau. The Strategic Communications Bureau has staff with expertise in digital marketing, public relations, website development, speech writing, and other resources that the GTSB does not currently possess.

A Social Media Playbook was developed in January 2022 by the Iowa Traffic Fatality Reduction Task Force, of which the DPS Strategic Communications Bureau is a partner. The Social Media Playbook is a document that outlines a year-long campaign to support the reduction of fatalities on Iowa's roadways. The Playbook includes shareable social media content for four different driving behaviors. One of the four key risk factor messages that is addressed is that of impairment due to alcohol and/or drugs. The graphics that are provided are sized for use on Facebook, Instagram, and Twitter. Each of the provided graphics can be personalized by the agency that is posting the messaging.

Many partners throughout the State have designated personnel that serve as public information officers, or contacts for media. There does not appear to be a coordinated network to distribute and coordinate media information. There is no public information officer within the GTSB that can establish a formal network to coordinate the distribution of traffic safety information, including impaired driving information to strengthen outreach efforts across Iowa.

Recently, the GTSB identified an additional one million dollars to support impaired driving media outreach efforts. This additional funding will allow the GTSB to conduct more targeted marketing with impaired driving messaging.

## **Recommendations**

- Establish a Public Information Officer/Social Media Specialist staff position within the Governor's Traffic Safety Bureau that can develop creative materials for a variety of media platforms to communicate impaired driving messages in a data-driven targeted fashion supporting education, enforcement, and legal issues regarding impaired driving.

- Establish a public information network to coordinate media plans and the distribution of impaired driving information and media materials to strengthen the reach of messaging to all areas of the State.

## **V. Alcohol and Other Drug Misuse: Screening, Assessment, Treatment, and Rehabilitation**

*Impaired driving frequently is a symptom of the larger problem of alcohol or other drug misuse. Many first-time impaired driving offenders and most repeat offenders have alcohol or other drug abuse or dependency problems. Without appropriate assessment and treatment, these offenders are more likely to repeat their crime. One-third of impaired driving arrests each year involve repeat offenders.<sup>22</sup> Moreover, on average, individuals with alcohol or other drug abuse problems, drive several hundred times within two hours of drinking before they are arrested for driving while impaired.<sup>23</sup>*

*States should have a system for identifying, referring, and monitoring convicted impaired drivers who are high risk for recidivism for impaired driving.*

*Nationally, the number and diversity of problem-solving courts has grown dramatically. One such problem-solving model is the DWI Court. These courts provide a dedicated docket, screening, referral, and treatment and intensive monitoring of impaired driving offenders. States and localities that implement DWI Courts should ensure that they are established and operated consistent with the Guiding Principles recommended by the National Center for DWI Courts.*

[www.dwicourts.org/sites/default/files/ncdc/Guiding\\_Principles\\_of\\_DWI\\_Court\\_0.pdf](http://www.dwicourts.org/sites/default/files/ncdc/Guiding_Principles_of_DWI_Court_0.pdf)

*In addition, alcohol use leads to other injuries and health care problems. Almost one in six vehicular crash victims treated in emergency departments are alcohol positive, and one third or more of crash victims admitted to trauma centers—those with the most serious injuries - test positive for alcohol. Studies report that 24-31 percent of all emergency department patients screen positive for alcohol use problems. Frequent visits to emergency departments present an opportunity for intervention, which might prevent these individuals from being arrested or involved in a motor vehicle crash, and result in decreased alcohol consumption and improved health.*

*Each State should encourage its employers, educators, and health care professionals to implement a system to identify, intervene, and refer individuals for appropriate substance abuse treatment.*

### **A. Screening and Assessment**

*Each State should ensure that all convicted impaired drivers are screened for alcohol or other substance abuse and dependency. The most immediate screening should take place in the criminal justice system. However, states should also encourage its health care professionals, employers, and educators to have a systematic program to screen and/or assess drivers to determine whether they have an alcohol or drug abuse problem and, as appropriate, briefly intervene or refer them for appropriate treatment. Many individuals who are drivers and who have alcohol or other drug abuse problems present themselves in a variety of settings, e.g., emergency departments, in which Screening and Brief Intervention (SBI) and referral are appropriate and serve to prevent the individual from being involved in a future impaired driving crash or arrest.*

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<sup>22</sup> Repeat DWI Offenders in the United States. “Washington, DC: NHTSA Technology Transfer Series, Traffic Tech No. 85, February 1995.

<sup>23</sup> On average, 772 such episodes, according to Zador, Paul, Sheila Krawchuck, and Brent Moore, “Drinking and Driving Trips, Stops by Police, and Arrests: Analyses of the 1995 National Survey of Drinking and Driving Attitudes and Behavior.” Washington, DC: U.S. Department of Transportation, NHTSA Technical Report No. DOT HS 809 184, December 2000.

## A-1. Criminal Justice System

### ***Advisory***

*Within the criminal justice system, people who have been convicted of an impaired driving offense should be assessed to determine whether they have an alcohol or drug abuse problem and to determine their need for treatment. The assessment should be required by law and completed prior to sentencing or reaching a plea agreement. The assessment should be:*

- *Conducted by a licensed counselor or other alcohol or other drug treatment professional or by a probation officer who has completed training in risk assessment and referral procedures;*
- *Used to decide whether a treatment and rehabilitation program should be part of the sanctions imposed and what type of treatment would be most appropriate;*
- *Based on standardized assessment criteria, including validated psychometric instruments, historical information (e.g., prior alcohol or drug-related arrests or convictions), and structured clinical interviews; and*
- *Appropriate for the offender's age and culture using specialized assessment instruments tailored to and validated for youth or multi-cultural groups.*

### **Status**

Under the auspices of a federal grant from 2012-2017, Iowa health care providers, substance abuse treatment providers, and the Iowa National Guard began working together to help Iowans who may be at risk for excessive alcohol and substance use. The program was called SBIRT Iowa. The Screening, Brief Intervention and Referral to Treatment (SBIRT) process continues across the State in most clinics and healthcare environments, and reportedly in most criminal justice settings.

Iowa does not currently utilize specific assessment and screening tools designed specifically to assess risk and needs of impaired drivers. Screenings are done using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), following American Society of Addiction Medicine (ASAM) criteria.

Alcohol evaluation and treatment are mandatory for all operating while intoxicated (OWI) offenders in three different stages of case administration:

- As a sentence criterion after conviction
- As a condition of receiving a temporary restricted license (TRL)
- As a condition of reinstatement of a revoked or suspended license

Systems are in place statewide to carry out compliance with evaluation and treatment requirements, including probation, treatment providers, the Motor Vehicle Division (MVD) records and data, in-house court supervision, and private contracted supervision. Probation is administered by the Department of Corrections for felony offenders, but supervision of misdemeanor sentence conditions is not uniform across the State and is not probation in the traditional sense. Contract providers conducting sentence supervision might include treatment providers, United Way agencies, or local law enforcement. Accountability of misdemeanor sentence compliance is diminished by the lack of uniformity.



The MVD appears to be the hub for insuring offender compliance of the evaluation and treatment requirements through its oversight of driver licensing. Reinstatement of driving privileges cannot occur until the treatment provider and the ignition interlock device (IID) provider certify to the MVD that the offender has complied with court sentence conditions related to treatment and monitoring.

Delivery of evaluation and treatment services is conducted by a variety of providers across the State. The providers must be licensed by the Substance Abuse Bureau of the Iowa Department of Public Health (IDPH). The licensing process does not include continuous oversight or periodic evaluation of the treatment provider's performance. Treatment processes correspond to the offenders' age and severity of infraction. It is unclear if specialized assessment instruments tailored to different cultures are utilized. A concentrated Native American population utilizes services in the central part of the State. A fast-growing population of Burmese immigrants are in need of culturally-tailored evaluation and treatment services that do not exist at this time.

Evaluations are statutorily required to occur prior to a court imposing sentence. It is believed that this requirement is often ignored due to perceived constitutional protection. Nevertheless, substance abuse evaluations do occur post-sentence and recommendations are likely followed due to evaluation and treatment being linked to the MVD driver record section.

There are approximately 39 problem-solving courts in 21 Iowa counties. One court is dedicated to repeat OWI offenders and 20 courts are drug courts. The IDPH does not license or certify problem-solving courts in Iowa.

### **Recommendations**

- **Adopt the use of screening and assessment tools designed specifically to assess risk and needs of impaired drivers (American Probation and Parole Association Impaired Driving Assessment).**
- Extend probation services to uniformly supervise misdemeanor evaluation treatment sentence conditions statewide.
- Provide evaluation and treatment services and supervision tailored to the cultural and linguistic needs of minority populations.

#### A-2. Medical and Other Settings

##### ***Advisory***

*Within medical or health care settings, any adults or adolescents seen by health care professionals should be screened to determine whether they have an alcohol or drug abuse problem. The American College of Surgeons mandates that all Level I trauma centers, and recommends that all Level II trauma centers, have the capacity to use Screening and Brief Intervention (SBI). SBI is based on the public health model which recognizes a continuum of*

*alcohol use from low risk, to high risk, to addiction. Research from the Centers for Disease Control and Prevention indicates that an estimated 25 percent of drinkers are at risk for some harm from alcohol including impaired driving crashes. These individuals' drinking can be significantly influenced by a brief intervention. An estimated four percent of the population has a serious problem with alcohol abuse or dependence. A brief intervention should be conducted and, if appropriate, the person should be referred for assessment and further treatment.*

*SBI can also be implemented in other settings including: Employee Assistance Programs (EAP), schools, correctional facilities, at underage drinking party dispersals, and any setting in which at-risk drinkers are likely to make contact with SBI providers. Screening and brief intervention should be:*

- *Conducted by trained professionals in hospitals, emergency departments, ambulatory care facilities, physicians' offices, health clinics, employee assistance programs, and other settings;*
- *Used to decide whether an assessment and further treatment is warranted;*
- *Based on standardized screening tools (e.g., CAGE, AUDIT or the AUDIT-C) and brief intervention strategies;<sup>24</sup> and*
- *Designed to result in referral to assessment and treatment when warranted.*

## **Status**

Iowa has two Level 1 Adult and one Level 1 Pediatric trauma facilities, two Level 2 adult and two Level 2 Pediatric facilities, 13 Level 3, and 104 Level 4 trauma facilities. Every hospital in the state has to be certified for trauma according to the American College of Surgeons (ACS) guidelines. Level 1 and 2 are required to be verified by the ACS. The State Department of Public Health's Emergency and Trauma Services verifies all Level 3 and 4 facilities. They are held to ACS criteria, which include having an injury prevention person at each hospital. In the smaller institutions these individuals often have several other duties.

The ACS checks with all Level 1 and 2 facilities to ensure that they have a Screening, Brief Intervention and Referral to Treatment (SBIRT) process in place for all intakes who screen positive for alcohol and other drugs. Smaller facilities are encouraged, though not required, to provide SBIRT.

There are four health care systems in the State, with a high level of data sharing and collaboration between the larger and smaller facilities. Many trauma victims are airlifted from Level 3 and 4 hospitals to the major medical centers where they are usually screened. The screening instruments most often used are the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST).

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<sup>24</sup> For a discussion of assessment instruments, see: Allen, John and M. Columbus (Eds.), NIAAA Handbook on Assessment Instruments for Alcohol Researchers (2nd edition). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 2003. For an overview of alcohol screening, see: "Screening for Alcohol Problems – An Update," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert No. 56, April 2002. For a primer on helping patients with alcohol problems, see: "Helping Patients with Alcohol Problems: A Health Practitioner's Guide," Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, NIH Publication No. 04-3769, Revised February 2004.

Most centers pull data on every emergency medical services (EMS) run if there is alcohol or other drug involvement, and provide universal screening when patients arrive under the influence. The State requires centers to screen at least 80 percent. Where possible, social workers provide a brief intervention and present the person with treatment options.

All trauma centers submit data to the State, and the State reports annually on what is happening with trauma centers across Iowa. Although much data are available, many facilities lack the capacity to use their data meaningfully. Many lack an epidemiologist on staff to determine how to use their data to inform trauma prevention. The University of Iowa medical center has more opportunities to do this kind of research.

Trauma centers do not report impaired individuals to law enforcement. In cases of fatalities and when suspects are unable to give informed consent, law enforcement must contact the Medical Examiner's office for personnel to obtain the necessary specimens for evidence in impaired driving cases.

Iowa is one of approximately 27 states that still have alcohol exclusion statutes. Under this insurance law, car insurance providers may refuse to pay medical and other expenses incurred by injured drivers who are impaired. This creates a disincentive for the medical facility to test and/or record the presence of alcohol in the medical record of an injured driver.

### **Recommendations**

- Provide funding to expand Screening, Brief Intervention and Referral to Treatment in Level 3 and 4 trauma centers
- Implement Screening, Brief Intervention and Referral to Treatment in all healthcare settings, as well as on college and high school campuses and through Employee Assistance Programs.
- Repeal alcohol exclusion statutes.

## **B. Treatment and Rehabilitation**

### ***Advisory***

*Each State should work with health care professionals, public health departments, and third party payers, to establish and maintain programs for persons referred through the criminal justice system, medical or health care professionals, and other sources. This will help ensure that offenders with alcohol or other drug dependencies begin appropriate treatment and complete recommended treatment before their licenses are reinstated. These programs should:*

- *Match treatment and rehabilitation to the diagnosis for each person based on a standardized assessment tool, such as the American Society on Addiction Medicine (ASAM) patient placement criteria;*
- *Provide assessment, treatment, and rehabilitation services designed specifically for youth;*
- *Provide culturally appropriate treatment and rehabilitation services;*
- *Ensure that offenders that have been determined to have an alcohol or other drug dependence or abuse problem begin appropriate treatment immediately after conviction, based on an assessment. Educational programs alone are inadequate and ineffective for these offenders;*
- *Provide treatment and rehabilitation services in addition to, and not as a substitute for, license restrictions and other sanctions; and*
- *Require that offenders, who either refused or failed a BAC test, and/or whose driver's license was revoked or suspended, complete recommended treatment, and that a qualified professional has determined the offender has met treatment goals before license reinstatement.*

### **Status**

Treatment is managed through the Iowa Department of Public Health (IDPH) Bureau of Behavioral Health, which has responsibility for setting and maintaining standards. There are eight to 10 treatment centers that receive block grant funding for longer-term inpatient treatment. A provider estimated that about 20 percent of treatment clients are there through probation.

Operating while intoxicated (OWI) offenders who are determined to have an alcohol or other drug dependence or abuse problem are said to be able to begin appropriate treatment immediately upon conviction. Offenders are supposed to have an evaluation before sentencing, but this is not enforced, causing judges to order evaluations within a given period of time post-sentence.

### **Youth Diversion Programs:**

The IDPH funds 18 community-based agencies for 23 service areas, which collectively cover all 99 Iowa counties. Contracts are funded by the prevention portion of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and some state appropriations. Among services provided are diversion programs in many of the 23 service areas. A diversion program is for youth who have received a minor-in-possession charge or other alcohol offense (except OWI). If the youth successfully completes the program, they may be diverted from the court system. These programs may use *PRIME for Life*, *Rethinking Drinking*, or Juvenile Education Group (JEG), and vary somewhat as to the number of sessions and whether a parent or guardian is required to attend. During fiscal year (FY) 2018, 218 youth and 24 caregivers participated in diversion programming.

#### Trauma Centers:

Trauma centers themselves do not have treatment facilities, but many have close relationships with treatment providers. There is at least one treatment facility located in a Level 1 trauma medical complex, which is beneficial for bringing in those screened as needing treatment. The disadvantage is not having adequate space. This treatment facility is unable to keep patients for more than two to three weeks. Insurance is another barrier to longer stays. Statewide, there is a shortage of inpatient treatment beds, with waitlists even for outpatient services.

#### Treatment Programs:

There is at least one outpatient substance misuse treatment facility whose program is integrated with mental health, medical, and problem gambling. They assess and place persons with an OWI in various levels of care, from educational programs to intensive outpatient. More educational programs that would prevent people from failing are necessary as well as removing barriers to treatment. Access to care has actually increased in recent years through the use of online platforms, although this can exclude persons without the availability of technology, and is not the preferred mode of treatment for some providers and clients.

Providers are trying to meet the needs of the Native American population by collaborating with Tribal providers as well as helping ethnic minorities such as the Burmese people who have come to Iowa in recent years. Many in the Burmese community are receiving OWIs and are in need of services. Minimal translation services are available.

#### Evidence-Based Programming:

*PRIME for Life* is an evidence-based alcohol and drug prevention curriculum developed by the Prevention Research Institute (PRI). The program has been extensively evaluated and is used in many states. It is designed to challenge common beliefs and attitudes that directly contribute to high-risk alcohol and other drug use. This state-mandated program is required for all individuals (regardless of age) convicted of OWI in Iowa. Program goals are to reduce the risk for health problems and impairment. *PRIME for Life's* intervention component focuses on a self-assessment to help people understand and accept the need for change. During FY 2018, 11,237 participants attended *PRIME for Life* courses at one of the 101 agencies in Iowa that offer the program. The program is for offenders only; parents and caregivers are not included.

#### Grants and Programs:

The Governor's Office of Drug Control Policy (ODCP) administers the following substance misuse-related federal grants:

- Byrne Justice Assistance Grant (JAG): (\$1,944,870) In Iowa, the JAG program primarily supports drug-related law enforcement, prosecution, corrections, substance use and mental health treatment and prevention programming.
- Residential Substance Abuse Treatment (RSAT): (\$291,874) The RSAT program provides evidence-based substance use disorder treatment to eligible offenders via a therapeutic community model.
- The Comprehensive Opioid Abuse Program (COAP) (\$464,433) is a competitive grant in which ODCP partnered with the Department of Public Safety, Department of Public Health, Pharmacy Board and others to bring stakeholders together to develop a data

sharing tool to collect and share opioid/drug specific data from various sectors in a manner that allows for more timely data driven decision making.

### **Recommendations**

- Maintain funding for a full array of treatment programs that meet the needs of an increasingly diverse population, and of persons with myriad and multiple substances of misuse.
- Improve communication between criminal and civil jurisdictions to facilitate entry to treatment.

## **VI. Program Evaluation and Data**

### **A. Evaluation**

#### ***Advisory***

*Each State should have access to and analyze reliable data sources for problem identification and program planning as well as to routinely evaluate impaired driving programs and activities in order to determine effectiveness. Development of a Strategic Highway Safety Plan and a Highway Safety Plan, are starting points for problem identification and evaluation efforts. Problem identification requires quantifying the problem, determining the causes, and identifying available solutions. Strategies should be evaluated for their cost effectiveness and potential for reducing crash risk. Evaluations should include measurement of activities and outputs (process evaluation) as well as the impact of these activities (outcome evaluation). Evaluations are central to the State's traffic safety endeavors and provide a guide to future projects and evaluations. Evaluations should:*

- Be planned before programs are initiated to ensure that appropriate data are available and adequate resources are allocated to the programs;*
- Identify the appropriate indicators to answer the question: What is to be accomplished by this project or program?*
- Be used to determine whether goals and objectives have been met and to guide future programs and activities;*
- Be organized and completed at the State and local level; and*
- Be reported regularly to project and program managers and policy makers.*

*The process for identifying problems to be addressed should be carefully outlined. A means for determining program/project priority should be agreed upon, and a list of proven methodologies and countermeasures should be compiled. Careful analysis of baseline data is necessary and should include historical information from the crash system. Other data that are useful for evaluation include data from other records systems as well as primary data sources such as surveys. Record systems data include state and driver demographics, driver histories, vehicle miles traveled, urban versus rural settings, weather, and seat belt use. Survey data can include attitudes knowledge and exposure to risk factors.*

*The Traffic Records Coordinating Committee can serve as a valuable resource to evaluators by providing information about and access to data that are available from various sources.*

#### **Status**

The Iowa Governor's Traffic Safety Bureau (GTSB) within the Iowa Department of Public Safety is responsible for administering federal traffic safety funds in the State. The GTSB utilizes available traffic safety data to support the development of Iowa's annual Highway Safety Plan and associated problem identification and program evaluation processes. These data also supported the Iowa Department of Transportation's (Iowa DOT) development of the State's Strategic Highway Safety Plan (SHSP) for 2019-2023.

Currently, crash report and citation data from the Iowa Traffic and Criminal Software (TraCS) are used as the primary data source to support Iowa's problem identification activities and to develop their highway safety plans. TraCS data are received by the Iowa DOT and shared with the GTSB and other partners. Over 99 percent of the State's crash reports, and 92 percent of the State's citations are collected and submitted electronically. Iowa DOT and the GTSB use the crash data for their problem identification process which includes the prioritization of program

areas, goal setting, and location-based analyses. Iowa's crash report is in line with version four of the Model Minimum Uniform Crash Criteria (MMUCC) guidelines and utilizes the 5-point injury severity scale. Serious injuries and total crashes are considered along with fatalities in their highway safety efforts. State law enforcement training academies provide training in crash reconstruction methods, but no specific training is provided in use of TraCS. Other data sources are also available, such as roadway segments, injury surveillance data, and behavioral surveys that may assist with project prioritization.

Evaluation of GTSB activities consist of:

- Law enforcement grantees who receive funds for impaired driving are required to report the number of arrests and citations issued during those funded hours.
- Process evaluations include documentation and tracking of milestones and deliverables for each grant funded project.
- Outcome evaluations consist of a review of crash report data to determine the number of crashes, injuries, fatalities, and their location of occurrence on Iowa roadways.
- Outreach and communication programs also conduct outcome evaluations in the form of media impressions, pre- and post-surveys, or other methods for collecting feedback.

Law enforcement activities are guided using crash report data and the identification of high crash corridors. Agencies have access to their own TraCS data through the Crash Assessment Tool, a password protected web-based application. Enforcement activities are directed, where feasible, towards identified high crash corridors and locations.

The current SHSP (2019-2023) uses recent crash data to identify realistic and achievable 2023 targets for each of the five required federal performance measures (overall fatalities, fatality rate, serious injuries, serious injury rate, and non-motorized fatalities and serious injuries) with an overarching goal of achieving fewer than 300 annual roadway fatalities. Sources of behavioral data include the Youth Risk Behavior Survey (YRBS), the Behavioral Risk Factor Surveillance System (BRFSS), and Iowa State's Annual Public Awareness Survey.

Overall, Iowa DOT's Strategic Highway Safety Plan and the GTSB's Highway Safety Plan reflect well thought out data-driven strategies that will help to reduce all crashes, fatalities, and serious injuries on Iowa roadways. The State is well positioned to take advantage of available data resources and partners to effectively use their traffic records data to improve programs and evaluation efforts.

## **Recommendations**

- Establish a plan to update the Traffic and Criminal Software (TraCS) to the upcoming Model Minimum Uniform Crash Criteria (MMUCC) Version 6.
- **Procure the Traffic and Criminal Software (TraCS) electronic crash reporting software for law enforcement academies to uniformly train law enforcement officers on how to properly complete the electronic crash report.**



## **B. Data and Records**

### ***Advisory***

*The impaired driving program should be supported by the State's traffic records system and use data from other sources, such as the U.S. Census, the Fatality Analysis Reporting System (FARS), and the Crash Outcome Data Evaluation System (CODES). The traffic records system should be guided by a statewide traffic records coordinating committee that represents the interests of all public and private sector stakeholders. The state traffic records system should:*

- *Permit the State to quantify:*
  - *the extent of the problem, e.g., alcohol-related crashes and fatalities;*
  - *the impact on various populations;*
  - *the level of effort dedicated to address the problem, e.g., level of enforcement activities, training, paid and earned media; and*
  - *the impact of the effort, e.g., crash reduction, public attitudes, awareness, and behavior change.*
- *Contain electronic records of crashes, arrests, dispositions, driver licensing actions, and other sanctions of DWI offenders;*
- *Permit offenders to be tracked from arrest through disposition and compliance with sanctions; and*
- *Be accurate, timely, linked, and readily accessible to persons authorized to receive the information, such as law enforcement, courts, licensing officials, and treatment providers.*

### **Status**

As described in the *2020 Traffic Records Assessment*, there is a Traffic Records Program Coordinator at the Governor's Traffic Safety Bureau (GTSB) who works closely with traffic records data owners and highway safety contractors to support data needs and is responsible for the Statewide Traffic Records Coordinating Committee (STRCC). The STRCC has representation from key data owners in the State and provides the structure to encourage improved use of traffic records data in the support of highway safety programs. The GTSB's Traffic Records Coordinator serves as a permanent co-chair of the STRCC. Despite the plethora of available statewide traffic records data, the GTSB and its partners rely primarily on crash, citation, and fatality data for problem identification and program evaluation activities. There appears to be other data sets available in the State that, if analyzed and applied, will greatly benefit the GTSB's ability to accurately identify emerging traffic safety challenges.

The Iowa Department of Transportation (Iowa DOT) collects and analyzes all traffic crash reports received from law enforcement agencies in the State. Iowa DOT analyzes and publishes, on a regular basis, statistical information based upon the crash reports. Additionally, Iowa DOT supports the online Iowa Crash Analysis Tool (ICAT), a public dashboard that provides access to the State's crash data and standard reports. Iowa law enforcement agencies report approximately 50,000 crashes per year, nearly all of which are submitted electronically to Iowa DOT through the Traffic and Criminal Software (TraCS) application. TraCS includes business rules and consistency checks that streamline the data entry process and improve data quality. The data used to support the State's major highway safety plans are based on crash information collected by law enforcement officers. ICAT provides the ability to query the crash data and create maps of crash locations using GPS coordinates. The dashboard is updated weekly and includes crash data back to 2011.

Iowa's Fatality Analysis Reporting System (FARS) contains data for all fatal traffic crashes occurring in the State. Alcohol and drug test results for drivers involved in a fatal crash and for persons fatally injured as the result of motor vehicle crashes are obtained from the investigating officer, the treating hospital facility, or the Department of Public Safety's toxicology unit as appropriate and available. Not all motor vehicle fatalities or drivers involved in a fatal crash are tested for the presence of alcohol or other drugs. In 2020, over 40 percent of fatally injured drivers did not have a toxicology test conducted. As a result, these missing values are imputed to determine the final impaired driving rate in the State.

Driver and vehicle data are managed by the Iowa DOT's Motor Vehicle Division (MVD). The system tracks over 1.1 million active registered vehicles and 2.3 million active licensed drivers. Convictions placed on the driving record are expunged after a set number of years provided all other obligations by the offender are met (e.g., fines paid, driver improvement classes attended). Expungement periods vary based on the offense. Impaired driving offenses are removed from the driving records after a period of 12 years. This policy can make identification of habitual offenders problematic unless copies of the driver record databases are archived periodically and made available for future research initiatives. General information from the driver and vehicle system is maintained indefinitely and can be used for developing trend analyses which are useful for problem identification and countermeasure development, although analysts need to account for active versus historic records. A bar code is present on the driver license and registration card to allow quick and accurate documentation of the contained information for the officers when completing a crash report.

As part of their Traffic Records Strategic Plan, the STRCC has identified several recent projects that provided opportunities for improvement in their component systems. These projects strengthen the attributes of several core system components. The project status is reported on a quarterly basis as part of the GTSB's regular monitoring. On occasion, especially with projects involving integration and data sharing agreements, projects cannot be completed on schedule and these projects are brought to the attention of the GTSB Program Administrator.

Iowa's TraCS is used to support the issuance of warnings and citations by the State's law enforcement officers. Presently, each agency can see the history of warnings/citations issued to drivers stopped by their agency. An upcoming system upgrade will allow agencies to see citations and warnings issued by partner agencies. This change will enable more consistent application of Iowa's highway safety laws by allowing officers to easily identify persons with multiple offenses. However, due to their internal database structure, Iowa State Patrol will not be able to share TraCS citation history with other local agencies.

Using available data from TraCS, the MVD's Archon Registration and Title Solution (ARTS), and the Iowa Behavioral Health Reporting System, the State has the components it needs to track an offender from the issuance of a citation through their adjudication and subsequent treatment. These components form the basis of an impaired driving tracking system that will give policy makers and researchers the ability to determine the effectiveness of sanctions on impaired driving and recidivism.

Iowa has a well-established statewide emergency medical services agency along with injury surveillance data available from the State's emergency departments, hospitals, and trauma centers. The use of these data sets, either individually or through integration with the TraCS system, will support better estimations on the severity and cost of motor vehicle crashes throughout the State. Additionally, because of their designation status, Iowa's Level 1 trauma centers routinely test admitted patients for alcohol. Through proper data sharing agreements, these test results may be available to the FARS analysts under the National Highway Traffic Safety Administration's designation as a public health entity.

The availability of multiple traffic records data sets and the State's performance in the Crash Outcome Data Evaluation System effort, which is currently conducted by the University of Iowa, should serve as a foundation to re-energize their use to improve the State's traffic safety programs.

### **Recommendations**

- Work with the State's Level 1 trauma centers to provide toxicology test results to the Iowa Fatality Analysis Reporting System (FARS) analyst using the National Highway Traffic Safety Administration's designation as a public health agency to alleviate HIPAA concerns.
- Empower the State's Traffic Records Coordinator to serve as the State Traffic Records Coordinating Committee (STRCC) facilitator and engage STRCC membership to rotate through the co-chair positions in one- to two-year terms. Engaging STRCC partners as co-chairs will provide fresh perspectives to the State's traffic records projects and activities.
- **Develop a functioning impaired driving tracking system using data from the Traffic and Criminal Software (TraCS), Archon Registration and Title Solution, and the Iowa Behavioral Health Reporting System.**
- Engage the University of Iowa's Crash Outcome Data Evaluation System (CODES) team to develop small scale projects to demonstrate the use of available traffic records data to supplement the information provided by the Traffic and Criminal Software (TraCS) system.

## C. Driver Records Systems

### *Advisory*

*Each State's driver licensing agency should maintain a system of records that enables the State to: (1) identify impaired drivers; (2) maintain a complete driving history of impaired drivers; (3) receive timely and accurate arrest and conviction data from law enforcement agencies and the courts, including data on operators as prescribed by the commercial driver licensing (CDL) regulations; and (4) provide timely and accurate driver history records to law enforcement and the courts. The driver license system should:*

- *Include communication protocols that permit real-time linkage and exchange of data between law enforcement, the courts, the State driver licensing and vehicle registration authorities, liquor law enforcement, and other parties with a need for this information;*
- *Provide enforcement officers with immediate on-the-road access to an individual's licensing status and driving record;*
- *Provide immediate and up-to-date driving records for use by the courts when adjudicating and sentencing drivers convicted of impaired driving;*
- *Provide for the timely entry of any administrative or judicially imposed license action and the electronic retrieval of conviction records from the courts; and*
- *Provide for the effective exchange of data with State, local, tribal, and military agencies, and with other governmental or sovereign entities.*

### **Status**

Iowa's driver data are managed by the Department of Transportation's Motor Vehicle Division. The Iowa driver system, the Archon Registration and Title Solution (ARTS), maintains basic data on all drivers who are licensed in the State. The dates of issuance for all permits, licensing, and endorsements are retained indefinitely. Both law enforcement and court personnel have access to the driver system and other states have access through queries of the National Law Enforcement Telecommunications System. All administrative sanctions and convictions from impaired driving offenses are transmitted to ARTS and are posted on the driver record.

The driver data system complies with national standards and systems in place to reduce identity fraud including the Social Security Online Verification databases, the Problem Driver Pointer System, and the Commercial Driver's Licensing Information System.

Driver license and history data are maintained on the mainframe system. Convictions placed on the driving record are expunged after a pre-determined number of years provided all other obligations by the offender are met (e.g., fines paid, driver improvement classes attended). Expungement periods vary based on the offense. Data may be extracted from this system for use by researchers and are regularly used by the State's universities and other partners. Extracting the data periodically will ensure a legacy system that will allow retrospective analysis not impacted by expunged records.

As evidenced in the most recent Traffic Records Assessment, the ARTS system is robust and meets the needs of its users. As with several of Iowa's traffic records data sets, the establishment of data quality measures will monitor the health of each data system.

### **Recommendations**

- Ensure regular snapshots of the driver record data are maintained for use in retrospective studies and other research efforts. Ensuring expunged records are preserved for highway safety studies will reduce bias and strengthen any evaluation efforts.

# AGENDA

## Iowa Impaired Driving Assessment

FFA Enrichment Center  
1055 SW Prairie Parkway  
Ankeny, IA

**Monday – April 11, 2022**

- 8:00 a.m. – 8:10 a.m. Welcome**
- Commissioner Stephan Bayens, Department of Public Safety
  - Brett Tjepkes, Governor’s Traffic Safety Bureau Chief
- 8:15 a.m. – 9:15 a.m. State Leadership Panel/Introduction**
- Brett Tjepkes, Bureau Chief, GTSB
  - Joanne Tinker, Program Evaluator, ID Countermeasures Program Coordinator
  - Crystal Young, Grants Administration Manager
  - Jan Laaser-Webb, Strategic Highway Safety Plan Manager
- 9:15 a.m. – 10:15 a.m. Traffic Records Data**
- Jenna Anderson, Traffic Records Manager
  - Hossein Naraghi, Traffic Records Data Analyst
  - Dennis Kleen, FARS Analyst
  - Staci Schmeiser, Forensic Toxicologist
- 10:15 a.m. – 10:30 a.m. BREAK**
- 10:30 a.m. – 12:00 p.m. Impaired Driving Legislation - \*Virtual\***
- Sarah Jennings, Law Enforcement Legislative Liaison
  - Kathleen Meradith-Eyers, Dept. of Transportation, Motor Vehicle Division
  - Molly Kottmeyer, Judicial Legislative Liaison
- 12:00 p.m. – 1:00 p.m. LUNCH**
- 1:00 p.m. – 2:00 p.m. Underage Drinking Prevention**
- Peggy Long, Iowa Department of Education – Drinking Driver Education
  - Trooper Bob Conrad, Law Enforcement Community Relations Officer
  - Lorelle Mueting, Iowa Alliance of Coalitions for Change (AC4C) Advocacy Group
  - Chief Michael Newton, Iowa State University Police Dept.

- 2:00 p.m. – 2:45 p.m. Impaired Driving Law Enforcement Training**
- Deputy Director Wes Breckenridge, Iowa Law Enforcement Academy
  - Keith Varner, Iowa Law Enforcement Academy, SFST Training Coordinator
  - Todd Olmstead, State DRE ARIDE Training Coordinator
- 2:45 p.m. – 3:00 p.m. BREAK**
- 3:00 p.m. – 4:00 p.m. Media/Outreach Efforts**
- Mick Mulhern, GTSB Program Administrator
  - Debbie McClung, DPS Strategic Communications Bureau Chief
  - Sgt. Jason Bryan, West Des Moines Police Department

**Tuesday, April 12, 2022**

- 8:00 a.m. – 9:30 a.m. Prevention/Treatment**
- Rebecca Curtiss, Iowa Dept. of Public Health – Emergency & Trauma Services
  - Dr. Carlos Pelaez, Unity Point Health Methodist Trauma Surgeon
  - Amy Oehlert, Unity Point Health – Powell Chemical Dependency Center
  - Margot McComas – IDPH BETS Trauma Program Manager
- 9:30 a.m. – 9:45 a.m. BREAK**
- 9:45 a.m. – 10:30 a.m. OWI Enforcement/Law Enforcement Executives**
- Colonel Nathan Fulk, Iowa State Patrol
  - Chief Rob Burdess, Iowa Police Chiefs Association President
  - Sheriff Tony Thompson, Iowa State Sheriffs' & Deputies' Association
- 10:30 a.m. – 12:05 p.m. OWI Enforcement**
- Randy Kunert, Law Enforcement Liaison
  - Sgt. Zach Lewis, Alcohol Safety Action Program – Sioux City P.D.
  - Sgt. Elizabeth Quinn, Story County Sheriff's Office
  - Trooper Kyle Ratzesberger, Iowa State Patrol
  - Sheriff Gary Anderson, Appanoose County Sheriff's Office
- 12:30 p.m. – 1:30 p.m. LUNCH**
- 1:30 p.m. – 2:30 p.m. OWI Prosecution**
- Jeremy Peterson, Traffic Safety Resource Prosecutor

- Eric Anderson, Assistant Warren County Attorney
- Jennifer Lerner, Assistant Washington County. Attorney
- Major Mark Stine, Iowa State Patrol

**2:30 p.m. – 2:45 p.m. BREAK**

**2:45 p.m. – 3:45 p.m. Impaired Driving Countermeasures Advocacy Groups**

- Mary Roche, Department of Corrections Victim Services and Restorative Justice
- Jennifer Husmann, Area Substance Abuse Council
- Linda Chapman, MADD Local Chapter President

**3:45 p.m. – 5:00 p.m. Adjudication of OWI Cases**

- James Malloy, District Associate Judge – Boone
- Korie Talkington, District Associate Judge – Muscatine

**Wednesday, April 13, 2022**

**8:00 a.m. – 8:55 a.m. Screening, Intervention, Treatment and Rehabilitation**

- Lori Hancock-Muck, Dept. of Public Health - Substance Abuse Bureau
- Theresa Coleman, UCS Healthcare Clinical Supervisor
- Chelsey Johnk, EFR Substance Abuse Counselor/Manager
- Shannon Chyma, SATUCI Prevention Services Director

**9:00 a.m. – 9:50 a.m. Driver Licensing/Ignition Interlock/Program Issues/Adjudication**

- Kathleen Meradith-Eyers, Motor Vehicle Division
- Jenna Anderson, Motor Vehicle Division
- Trista Hills, Motor Vehicle Division
- Alan Bailey, Attorney General’s Office, Compliance Officer

**9:50 a.m. – 10:15 a.m. BREAK**

**10:15 a.m. – 11:10 a.m. BAC Reporting**

- Steve Gent, Iowa DOT Bureau of Traffic and Safety, Director
- Dennis Kleen, FARS Analyst
- Josh Halterman, Iowa DOT, TraCS Program Manager

**11:15 a.m. – 12:10 p.m. State Leadership Panel (Questions/Answers)**

- Brett Tjepkes, Bureau Chief, GTSB
- Joanne Tinker, Program Evaluator/ID Countermeasures
- Crystal Young, Grants Administration Manager

**12:10 p.m. – 1:10 p.m. LUNCH**



**1:15 p.m. – on                      Assessment Team Member Discussion, Deliberation, and Report Preparation**

**Thursday, April 14, 2022**

**All Day                                      Assessment Team Member Discussion, Deliberation, and Report Preparation**

**Friday, April 15, 2022**

**9:00 a.m. – 11:00 a.m.      Assessment Team Report Out to State**

## ASSESSMENT TEAM CREDENTIALS

### **TIMOTHY J. KERNS, Ph.D**

[tkerns.pc@gmail.com](mailto:tkerns.pc@gmail.com)

Prior to becoming Director of Maryland's Highway Safety Office in December 2018, Timothy (Tim) Kerns spent 29 years at the University of Maryland's National Study Center for Trauma and EMS. While there, he helped to develop and monitor Maryland's Occupant Protection Survey and served as program manager for the development of the State's Crash Outcome Data Evaluation System (CODES) and project coordinator for the Crash Injury Research and Engineering Network (CIREN). He has served on a variety of highway safety program assessments covering areas such as traffic records, occupant protection, and pedestrian/bicycle safety.

During his career, Tim has gained considerable experience in the analysis and use of large datasets relating to motor vehicle crashes and injury. He has co-authored a number of journal articles on highway safety and has presented results from independent research projects at local and national health and injury conferences.

Tim has served as a member of the Board of Directors for the Mid-Atlantic Foundation for Safety and Education and the Maryland Division of the American Trauma Society, and is a past President of the Association of Transportation Safety Information Professionals (ATSIP).

Dr. Kerns received a Bachelor's Degree in Natural Science from The Johns Hopkins University in 1986, a Master's Degree in Epidemiology and Emergency Health Services from the University of Maryland in 1988, and a Ph.D in Epidemiology from the University of Maryland Baltimore in 2017.

## **ROB K. LEVY, MS, CPP**

[rlmeadowood@gmail.com](mailto:rlmeadowood@gmail.com)

Rob Levy currently serves as the Community and Campus Substance Abuse Prevention Coordinator for the State University of New York College at Geneseo, managing trainings in opiate overdose prevention and harm-reduction strategies to students, and providing Responsible Server Training to area alcohol retail establishments. Prior to this position, he worked as a community and school substance abuse prevention consultant in rural communities of upstate New York and Vermont, and as a community drug-prevention coalition consultant in the 12-county Finger Lakes region of New York, providing technical assistance in implementing Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework, with the goal of bringing about population-level change. Rob served as a national trainer and developer of substance abuse prevention and health education programs. He worked as a consultant with under-performing schools in New York City and Rochester, New York. While teaching high school in Rochester City Schools, he developed and ran a program to support at-risk students in completing their education, and coordinated a drug prevention program. Rob has served on the NHTSA impaired driving assessment for the State of Montana.

### **Education**

Rob received his BA at the University of Rochester in Interdisciplinary Studies: Education and Health in American Society, and his MS in Community Health from the University of Rochester School of Medicine and Dentistry. He holds a Credentialed Prevention Provider certificate from the New York State Office of Addiction Services and Supports.

## **DON NAIL**

[pitbull.nail@gmail.com](mailto:pitbull.nail@gmail.com)

### **Dunlap and Associates, Inc (2018-present)**

Don serves as a consultant for Dunlap and Associates on a variety of highway safety issues.

### **Safe States Alliance (2020-2021)**

Don served as a coach for a seed money grant program where four states utilized a shared risk and protective factors approach to address highway safety issues. This was done by bringing highway safety professionals and public health professional together to collaboratively work on solutions to the problems.

### **Governor's Highway Safety Program (1985-2017)**

Don served in several positions at the Governor's Highway Safety Program (GHSP) over the course of his 32-year career with GHSP. He began as a Highway Safety Specialist and was promoted in 1990 to the Manager of Planning, Programs, and Evaluation Section. In May 2001, Don was installed as the Acting Director and served in this capacity until November 2003. He was then designated as the Assistant Director for the agency and served in this position until his appointment as Director in June 2013.

Don served on the Board of the Governors' Highway Safety Association (GHSA) as the Region 3 Representative from 2013 to 2017. He also represented GHSA on the Standing Committee for Highway Traffic Safety (SCOHTS) of the American Association of State Highway and Transportation Officials (AASHTO). He served on the North Carolina Operation Lifesaver Board of Directors (2001-2017), North Carolina Driver Education Advisory Committee (2013-2017), and was appointed by Governor McCrory to serve on the Statewide Impaired Driving Task Force (2013-2017). In 2016, Don was awarded *The Order of the Long Leaf Pine*, one of North Carolina's highest honors, by Governor Pat McCrory.

### **Education**

Don graduated from Western Carolina University with a Bachelor of Science degree and earned his Master of Business Administration degree from the University of North Carolina at Greensboro.

## **HONORABLE G. MICHAEL WITTE**

[gmwitte@hotmail.com](mailto:gmwitte@hotmail.com)

G. Michael Witte retired in 2021 as the Executive Director of the Indiana Supreme Court Disciplinary Commission. He is the 2017 recipient of the Sen. Daniel Inouye Trailblazer Award, the highest award given by the National Asian Pacific American Bar Association. Additionally, the Asian Pacific American Bar Association of Indiana bestowed Witte with its first Trailblazer Award and named the award in his honor.

Witte was the first Asian American to serve as judge in the State of Indiana. His 25-year judicial career included service as Judge of the Dearborn County Court, Lawrenceburg, IN (1985-2000); Judge of the Dearborn Superior Court No. 1 (2000-2008); and Judge of the Wayne Superior Court No. 1, Richmond, IN (2009). He received both his B.A. and J.D. degrees from Indiana University, served as President of the IU McKinney Law School's Alumni Board in 2009, and was honored in 2008 by the IU Alumni Association as its Distinguished Asian Alumni. In 2011, he received the IUPUI Maynard K. Hine medal for significant contributions to campus and alumni programs. He also received from Equal Justice Works the law school's 2012 Public Interest Recognition.

He is a 1991 graduate of the Indiana Judicial College, the 2002 class of the Graduate Program for Indiana Judges, and a former member of the Indiana Commission on Courts. Witte served as Chair of the ABA Judicial Division in 2011 and served as Chair of the ABA National Conference of Specialized Court Judges in 2006. He currently serves on the ABA Standing Committee on Public Education.

From 2006-09, Witte served as Co-chair of the ABA Judicial Division's Standing Committee on Minorities in the Judiciary. He received his community's Dr. Martin Luther King, Jr. Memorial Award in 2009. In addition, Indiana Minority Business Magazine named Witte a 2010 Champion of Diversity. Witte has been a panelist at many national programs on diversifying the judiciary and improving diversity pipelines to a judicial career, including a 2009 program at the Harvard Law School.

Witte served as the National Highway Traffic Safety Administration (NHTSA) Region 5 Judicial Outreach Liaison in 2009-10, the NHTSA Judicial Fellow from 1995-98, and served on the U.S. Congressional Advisory Committee for Commercial Driver's License, 2007-08. Witte has served on NHTSA impaired driving assessments for Hawaii, Missouri, Montana, South Carolina, Rhode Island, Kansas, Maryland, Washington, Vermont, Idaho, New Mexico, Illinois, and Puerto Rico.

Witte joined The National Judicial College faculty in 1994. In addition, he served as faculty for programs presented by the American Bar Association, NHTSA, the National Center for State Courts, the National Criminal Justice Association, the Indiana Judicial Center, the Indiana State Bar Association and the Indiana Continuing Legal Education Forum, and Indiana University. Witte's teaching experience is primarily in the field of impaired driving, traffic court administration, and professional responsibility. His legal teaching assignments have occurred in more than 20 states.

## **THOMAS WOODWARD**

[twoodward1255@gmail.com](mailto:twoodward1255@gmail.com)

Thomas Woodward retired as a Lieutenant from the Maryland State Police on July 1, 2013, after a 36-year law enforcement career. At the time of his retirement, Mr. Woodward was the Commander of the Maryland State Police, Hagerstown Barrack. He previously served as the Commander of the Chemical Test for Alcohol Unit, a staff officer for the Chief of the Field Operations Bureau, and as the Executive Officer for the Commander of the Transportation Safety Division. He served as the Maryland Drug Recognition Expert (DRE) Coordinator for nine years during this time. He returned to the Maryland State Police, in a civilian capacity, in January 2014 and was appointed by the Governor's Highway Safety Representative to again serve as the DRE Coordinator.

Mr. Woodward has been a Standardized Field Sobriety Testing (SFST) Instructor, certified through the National Highway Traffic Safety Administration (NHTSA) since August 1989. He has also instructed the NHTSA SFST Instructor Development Course.

Mr. Woodward was certified as a DRE in July 1991. He was certified as a DRE Instructor in April 1992 and received instruction as a DRE Course Manager in June 1995. He served as the DRE Coordinator for the state of Maryland for a combined total of 16 years.

Mr. Woodward was recognized by the Maryland Highway Safety Office for innovation in the development of impaired driving and nighttime seatbelt enforcement programs.

Working as a private consultant, Mr. Woodward has assisted Johns Hopkins University School of Medicine with research projects related to drug impaired driving and has conducted highway safety program assessments for 19 states since his retirement.

### **Education**

Mr. Woodward received a Bachelor's Degree in Organizational Leadership and Development from Wheeling Jesuit University in May 2005. He is also a graduate of the Northwestern University School of Police Staff and Command.