

Log H-430

NATIONAL TRANSPORTATION SAFETY BOARD  
WASHINGTON, D.C.

ISSUED: October 12, 1984

Forwarded to:

Honorable Harry N. Walters  
Administrator  
Veterans Administration  
810 Vermont Avenue, N. W.  
Washington, D. C. 20420

SAFETY RECOMMENDATION(S)

H-84-89

Drunk driving, and particularly repeat offense drunk driving, is one of the most difficult aspects of this country's highway safety problem. In 1983, there were about 38,000 fatal accidents, which killed 42,600 persons. A National Highway Traffic Safety Administration (NHTSA) study indicates that the alcohol involvement in these fatal accidents may be as high as 65 percent. NHTSA has estimated that 30 percent of the 773,000 drunk driving convictions each year are of "repeat offenders." 1/

Highway safety professionals have been concerned for decades about the highway fatalities and injuries due to drunk driving. Recently, grassroots organizations such as Mothers Against Drunk Driving (MADD), Remove Intoxicated Drivers (RID), and Students Against Drunk Driving (SADD) have heightened public attention to the problem. Many Governors have appointed task forces on drunk driving, and in 1982, President Ronald Reagan appointed a Commission on Drunk Driving to examine the problem. The Commission held hearings on drunk driving issues, and in November 1983, issued its final report to the President. The Surface Transportation Assistance Act of 1982 provided for incentive grants to the States to encourage improvements in traffic safety programs directed at drunk driving.

In September 1983, the National Transportation Safety Board began a Safety Study to document and highlight the flaws in the enforcement, judicial, and treatment systems which contribute to the persistence of this problem. It is based on a literature search, research, and accident investigations conducted by the Safety Board's Atlanta, Chicago, Denver, Fort Worth, Los Angeles, and Kansas City field offices. The Safety Board investigated 50 accidents involving drunk drivers as a part of this study. Of these, 45 were fatal accidents, involving 73 fatalities. The 56 drunk drivers in these accidents had accumulated 164 arrests for offenses involving alcohol, including 131 for driving while intoxicated (DWI); they also had at least 124 convictions for alcohol-related offenses, including at least 93 for drunk driving. 2/

1/ "Repeat offender" refers to a person arrested more than once for drunk driving.

2/ For more information read, "Safety Study: Deficiencies in Enforcement, Judicial, and Treatment Programs Related to Drunk Drivers" (NTSB/SS-84/04).

## Veterans Administration Hospitals As Treatment Providers

Because the drivers in several of the accidents investigated for this study were veterans and had previously sought treatment at Veterans Administration (VA) hospitals, Safety Board investigators reviewed the VA alcoholism treatment programs available at several hospitals and the relationship between these hospitals and local courts. According to the U.S. Department of Health and Human Services, the VA is the largest single provider of direct alcoholism treatment services. <sup>3/</sup> Alcoholism-related disorders are the second largest category of diagnosis among patients discharged from VA hospitals, next to heart disease. About one of every four hospitalized veterans in 1980 was defined as an alcoholic or problem drinker, an increase from one in five in 1970. <sup>4/</sup>

The Alcohol Dependence Treatment Programs (ADTP's) of the VA are part of the agency's Specialized Medical Service, designed to provide psychiatric care, rehabilitation, drug and alcohol dependence treatment, and readjustment assistance to veterans. The extent of cooperative interaction between the 102 VA hospitals with ADTP programs and the local courts seems to depend largely on the particular hospital administrators and court officials. Among the several VA hospitals reviewed by Safety Board investigators, this interaction ranged from virtually none to 90 percent of the treatment clients being in the program in response to court action. Officials at one VA hospital told the Safety Board that a counselor spends considerable time in court reporting various patients' treatment progress. The courts in Salt Lake City have been referring veterans to the local VA hospital alcohol treatment program for 10 years, and a large percentage of the program's clients are there in response to court action in connection with traffic and other violations. About 90 percent of the patients in the Pittsburgh hospital's ADTP unit are court referrals. However, in some areas there are virtually no such referrals.

Administrators of some VA hospitals argue that the facilities operate solely to serve and assist veterans, and not for use by a public agency for punishment, probation, or alternative sentencing of veterans. At these hospitals, only those veterans who voluntarily admit to a drinking problem and specifically ask for the assistance of the VA hospital system are accepted into the facility. Veterans must, at the initial stage of court appearance, request release to the VA hospital for treatment or, at sentencing, request that the sentence or probation terms include voluntary commitment to the hospital.

Administrators of the Brentwood, California, VA hospital told Safety Board investigators they do not want any mandatory referrals from the courts. It is, in their opinion, only the self-motivated patient who can benefit at all from the treatment program, and patients there for reasons other than self-motivation will influence negatively the other patients. <sup>5/</sup>

Local court officials interviewed in Ventura County, which uses Brentwood's facility, told the Safety Board that a convicted drunk driver is referred to the Brentwood VA hospital only as a condition of probation, not as an alternative sentence, and only at the request of the patient, with the full cooperation and consent of the court. However, no formal reporting is requested or required from the hospital by the court. <sup>6/</sup>

<sup>3/</sup> U. S. Department of Health and Human Services, Alcohol and Health, Fourth Special Report to Congress, January 1981.

<sup>4/</sup> Veterans Administration, Office of Reports and Statistics, A Statistical Analysis of VA Hospital Patients (supplement to Alcoholism and Problem Drinking, 1970-1975), 1980.

<sup>5/</sup> Telephone conversation, April 27, 1984, with the Coordinator of the Alcohol Dependence Treatment Program of the Brentwood VA hospital.

<sup>6/</sup> Telephone conversation, April 27, 1984, with the Chief Criminal District Attorney of Ventura County, California.

Veterans are referred to the Dallas VA hospital ADTP unit from several sources, including local courts. Hospital officials told the Safety Board that they cooperate with court officers as much as possible, but this cooperation is limited by a requirement that patients must consent to release of information before any communication can take place between the VA hospital and the court. All treatment is voluntary and cannot be court-directed; the patients are free to leave the treatment program whenever they wish. 7/

At least some veterans seem to request VA alcohol treatment programs because they are covered by their veterans' benefits, whereas other programs charge a fee. In West Virginia, completion of an alcohol treatment program is part of the requirements for reinstatement of a license suspended for a DWI offense. In Charleston, veterans who must comply with this requirement are permitted to substitute the ADTP program at the local VA hospital for the DWI Safety and Treatment Program offered by the community mental health center under the auspices of the State DMV. A representative of the community center's program told Safety Board investigators that many veterans do take advantage of this opportunity, apparently because of the fee charged by the community center's program.

VA hospitals are rarely aware of the court sanction origins of veterans' entrance to the ADTP program until after the treatment has been completed. Only when the veteran asks for a satisfactory completion statement from the hospital, addressed to the court and/or the probation officer, does the hospital find out there has been any court involvement. Only if the veteran waives his or her right to confidentiality and permits the hospital to talk to the probation officer will periodic verbal confirmations of performance be exchanged.

One drawback to using the VA treatment programs in DWI sanctions is that because these programs are voluntary, there is no requirement that patients complete them, nor is there a system by which courts are made aware of noncompletion. As has been noted, there is no charge to the veteran for ADTP services, and some alcohol treatment experts believe that monetary investment by the patient in his or her treatment tends to increase its effectiveness.

The Safety Board is encouraged by the degree of cooperation between VA hospital ADTP units and local courts in some jurisdictions and, despite the flaws mentioned above, believes that such interaction should be increased in those areas where it is not taking place.

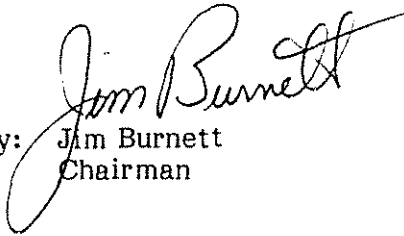
The National Transportation Safety Board recommends that the Veterans Administration:

Develop and implement a national policy making VA hospital alcohol dependence treatment programs more consistently available to local traffic court rehabilitation programs for convicted DWI defendants who are veterans. (Class II, Priority Action) (H-84-89)

7/ Telephone conversation, April 30, 1984, with Case Coordinator, Dallas, Texas, Veterans Administration Hospital.

The National Transportation Safety Board is an independent Federal agency with the statutory responsibility ". . .to promote transportation safety by conducting independent accident investigations and by formulating safety improvement recommendations" (P.L. 93-633). The Safety Board is vitally interested in any actions taken as a result of its safety recommendations and would appreciate a response from you regarding action taken or contemplated with respect to the recommendations in this letter.

BURNETT, Chairman, GOLDMAN, Vice Chairman, and BURSLEY, Member, concurred in this recommendation. GROSE, Member, did not participate.

  
By: Jim Burnett  
Chairman