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Driving under the influence: DUI laws and enforcement in Illinois and the U.S.

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Since the early 1990s there has not been significant investigation of trends and issues related to offenses for driving under the influence of alcohol (DUI) in Illinois, although national attention to the issue is increasing again. While many legislative changes have taken place since 1990, limited formal analyses of these changes, rates of DUI offenses, and alcohol-related crashes have been done.

What is a DUI?

In Illinois, a DUI¹ may be determined in two manners. The first relates to Illinois' *per se* law.² This law sets a legal maximum blood alcohol content (BAC) limit. Any driver at or above this limit is considered *per se* to

be driving under the influence of alcohol (National Highway Traffic Safety Administration [NHTSA], 2000a). In Illinois, a .08 percent BAC level was passed into law in 1997. In 1998, a national initiative was introduced allowing incentive grants to states who lower *per se* BAC levels to .08 percent (National Council of State Legislatures). As of September 2003, 44 states, the District of Columbia, and Puerto Rico had these *per se* laws (National Conference of State Legislatures, 2003). Other states continue to maintain a .10 percent BAC (National Highway System Designation Act, 1995).

Under the Illinois Vehicle Code (625 ILCS 5/11-501), a DUI may also be issued if a person's ability to operate a motor vehicle appears to have been impaired by alcohol or by other intoxicating substances, including those covered under the Illinois Cannabis Control Act (720 ILCS 550/3), the Illinois Controlled Substances Act (720 ILCS 570/102), or a compound listed in the Illinois Use of Intoxicating Compounds Act (720 ILCS 690/1). Any of these compounds, either alone or in



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¹ For the purposes of this publication, only charges included under ILCS 625-5/11-501 will be examined. These charges include zero tolerance violations, refusing a breath test, DUI/Drug, DUI/Alcohol, DUI license suspended/revoked, aggravated DUI, and DUI great bodily harm charges.

² A glossary of terms is included at the end of this report with definitions of those words or phrases in bold.

combination with alcohol, can result in an arrest for DUI (625 ILCS 5/11-501; Secretary of State 1998).

A person may be asked to submit to a field sobriety test. If the individual refuses a field sobriety test he may be transported to the police department for administrative processing. If a person refuses to submit to a requested chemical test, or test of blood, breath, or urine to determine the presence of alcohol or other substances, he may be subjected to an Administrative License Revocation (ALR). In this situation, the person's license shall automatically be suspended, effective immediately (625 ILCS 5/11-501.1).

Police officers use guidelines to determine if an arrest is necessary when a person has a BAC level below .08 percent. If a person's BAC falls below .05 percent an officer can assume the person's ability to operate a motor vehicle has not been impaired enough to make an arrest. If the BAC falls between .05 percent and .08 percent further tests may be requested to determine if the person's ability to operate a motor vehicle has been impaired (625 ILCS 5/11-501.2).

Driving while under the influence of drugs (DUID)

While this report largely focuses on DUI in relation to alcohol, driving under the influence of drugs (DUID) is also a problem. According to the National Household Survey on Drug Abuse: "In 2001, over 8 million persons aged 12 or older, or 3.6 percent of the U. S. population, reported driving under the influence of illegal drugs during the past year" (Substance Abuse Policy Research Program 2002, p. 24). In the same vein, a Substance Abuse Policy Research Program report on the feasibility of DUID per se laws indicates "drugged drivers are less frequently detected, prosecuted, or referred to treatment when compared with drunk drivers" (Substance Abuse Policy Research Program, 2002b, p.2).

There are several difficulties in detecting drugged driving. These difficulties include limited availability of

If a person refuses to submit to a requested chemical test, or test of blood, breath, or urine to determine the presence of alcohol or other substances, they are subjected to an Administrative License Revocation (ALR).

drug detection devices in roadside stops, the need for highly specialized labs to determine the presence of drugs in samples, and the need to know the dose of the drug, method of administration, and other details of the drug use and substance in order to determine its effects on a driver's ability to operate a motor vehicle (Substance Abuse Policy Research Program, 2002b).

Although DUID offenses have not received the same attention as alcohol-related DUI offenses, some states are addressing the

issue, including Illinois. Illinois has a per se law regarding drugged driving, which makes it a criminal offense *per se* for a person to be driving with a drug or metabolite in their system (Substance Abuse Policy Research Program, 2002a).

Data issues

"It is impossible for police to detect every impaired driver on the road" (Fell, 2003, p. 28).

It is difficult to gauge actual rates of DUI because it requires us to either rely on self-report data and/or to estimate rates of drunk driving based on DUI arrest rates or reported accidents in which one or more of the drivers had a measurable BAC.

Official arrest data for drunk driving and/or fatal accident records can tell us how many people became formally involved in the criminal justice system as a result of DUI. However because it is impossible to measure exactly how many people consume alcoholic beverages, drive under the influence, and escape official consequence, self-report data might be used to fill in the gaps. But there are issues that arise when using self-report data.

One issue cited regarding self-report data is the possibility individuals may not believe a previous activity or behavior they have experienced is included under the activity or behavior they are being asked about (Maxfield and Babbie, 1995). This misunderstanding could create underreporting of the activity being surveyed. Maxfield and Babbie (1995) also point

out that a general problem with self-report data is that people may not recall specific incidents, the number of times an incident occurred, or specific characteristics of an incident.

The possibility these issues may arise in data on DUI behavior is supported by research in the United States and internationally, indicating some people may not understand how many drinks, on average, can be consumed before reaching an actual or *per se* level of intoxication (Caetano & Clark, 2000; Baum, 2000). A misunderstanding in how DUI law relates to actual DUI behavior means people may not believe their behavior constitutes DUI. They also may not recall how often they have participated in DUI behavior or how intoxicated they were during these incidents, thus creating gaps in the self-report data.

For several other reasons, DUI data in Illinois and at the national level can be problematic. Similar and consistent data-keeping practices and reporting are not maintained across national and state-level agencies. How and what statistics are maintained over time has also changed, thus preventing long-term trend analysis of DUI involvement. In many cases, data on alcohol-related crashes, such as those kept by the National Highway and Traffic Safety Administration (NHTSA) and Mothers Against Drunk Driving (MADD), include motor vehicle accidents in which a driver or a *non-occupant* has a measurable BAC level. In essence, the driver in a traffic accident may not have a measurable BAC (i.e., they are sober) and the accident could still be designated as alcohol related.

Data on pedestrian fatalities in single vehicle crashes demonstrate why it might be important to begin making distinctions between an intoxicated driver and an intoxicated non-occupant when maintaining statistics on alcohol-related crashes and fatalities. According to a recent report by the NHTSA (2003a), alcohol involvement for a pedestrian or a driver was reported in 47 percent of crashes. Of the pedestrians involved, 33 percent had a BAC of .08 percent or

greater, while only 15 percent of drivers involved did. In only 6 percent of crashes did both the driver and the pedestrian have a BAC of .08 percent or greater. These statistics indicate care should be taken to distinguish whether the driver, non-occupant, or both had a measurable BAC in alcohol-related crash statistics.

Another issue relates to *per se* laws. Although many states have adopted the lowered BAC limit of .08 percent, some have not and much national level data may be measured using the higher level of .10 percent. According to the National Conference of State Legislatures, 44 states, the District of Columbia, and Puerto Rico have all implemented a .08 percent BAC level (2003b). In Illinois, the change to a .08 BAC level in the *per se* law occurred in 1997.

Yet another problem is the number of BAC values missing for both fatally injured drivers and survivors. In many cases a BAC level is not taken at the time of the accident and the driver's BAC is not actually known. In 2000 only 63 percent of fatally injured drivers and 25 percent of surviving drivers had a known BAC (NHTSA, 2002a).

DUI laws in some states, including Illinois, mandate hospital emergency rooms to report chemical test results to law enforcement officials upon request.

DUI laws in some states, including Illinois, mandate hospital emergency rooms to report chemical test results to law enforcement officials upon request (625 ILCS 5/11-501.4-1). Despite the importance of accurate and complete information on BAC levels among surviving and fatally injured drivers, such laws may also make

some emergency room personnel hesitant to order these tests in some circumstances.

Caution should also be used in examining statistics on DUIs because the number of DUI arrests and alcohol-related crashes or fatalities might depend on several factors aside from data keeping practices. Sometimes demographic factors, such as living in an urban or rural environment, can influence rates of DUI. NHTSA notes older and female drivers are less likely to have alcohol involvement when driving than younger and male drivers, while urban areas can often have higher levels of alcohol involvement with single and multiple vehicle crashes than rural areas (NHTSA, 2000c;

2002a). Variations in DUI behavior and rates may be masked by aggregate statistics such as those kept at the state and national levels.

Lastly, and perhaps most importantly, this report compares DUI data at various points in the criminal justice system in Illinois. While it is useful to understand any potential trends that may exist at each stage, it is also important to realize we do not have all the information needed on the total number of people who might have potentially been involved at a particular point in the system for DUI, nor do any of the points discussed compare with previous or future points in the system at specific periods of time (i.e., the population of people arrested for DUI in 2001 does not equate with the population of people on probation for DUI in 2001). More detailed information as to why comparisons between stages is difficult with currently existing data is included in the discussion of DUI offenses in the Illinois criminal justice system.

NATIONAL CONTEXT

Although actual rates of DUI incidents, long-term and/or comparative DUI data can be elusive, data from both national level agencies such as NHTSA and state level agencies such as the Illinois Department of Transportation and Secretary of State provide some information.

Alcohol-related crashes

In 1989, it was estimated someone in the United States was killed in an alcohol-related crash³ every 23 minutes and that four in 10 Americans would be involved in alcohol-related crashes at some time in their lives (NHTSA 1990). More recent estimates indicate someone in the United States is killed in an alcohol-related crash every 32 minutes and that three in 10 Americans will be involved in alcohol-related crashes at some time in their lives (NHTSA 2000b).

Motor vehicle crashes were the leading cause of death for persons age 1 to 34 in 1999 and 2000 (Centers for Disease Control and Prevention, 2002), with alcohol-related crashes making up a significant portion of these crashes. In 1990, 49.5 percent of crash fatalities were alcohol related. In 2000, 41 percent of crash

fatalities were alcohol related (Illinois Secretary of State, 2001; NHTSA, 2003a). In addition, nationally, alcohol-related crashes create financial costs of \$150 billion per year (NHTSA 2002c).

Demographics for drivers under the influence

According to NHTSA, in 2001, 24 percent of all male drivers involved in fatal crashes were intoxicated, as opposed to 13 percent of all female drivers involved in fatal crashes (NHTSA 2003a).

In 2000, drivers age 21-24 were the largest proportion of drivers with a BAC of .10 percent or greater, followed closely by drivers ages 25-29. These drivers also make up the largest percentage of drivers involved in fatal crashes (NHTSA, 2002a). One-third of drivers arrested for drunk driving are repeat offenders (Insurance Information Institute, 2002). One of every eight drivers involved in a fatal crash has been convicted of a previous DUI within the past three years (Insurance Information Institute, 1998). While drivers with a previous DUI conviction have a higher than average likelihood of additional arrests and crashes, drivers either without a previous DUI conviction or without a previous *recent* DUI conviction are more likely to be involved in fatal crashes (U. S. Department of Health and Human Services, 2000).

DUI and race

Although most government agencies do not maintain statistics regarding race and arrest rates or regarding race and alcohol-related crashes and fatalities, some work has been done in the area. This research reveals variations in rates of alcohol involvement and fatalities by race and ethnic group. According to Voas et al. (2000), Native American individuals have the highest proportion of alcohol-related fatalities within any racial or ethnic group, followed by Mexican Americans. African American and Caucasian American⁴ individuals have roughly equal rates of alcohol involvement, while Asian-Pacific Islander individuals have the lowest rates of alcohol involvement.

Research seems to indicate the Hispanic population in the United States may be particularly at risk for a DUI arrest or involvement in an alcohol-related crash.

³ Keep in mind 'alcohol-related crash' refers to any crash in which a driver or non-occupant had a measurable BAC.

⁴ Race categories used in this discussion are those implemented by the authors of the original research.

Caetano and Clark's (2000) evaluation of national survey data on driving under the influence, which included Hispanics, blacks, and whites, found "In particular, Hispanics have been found to be overrepresented among drunk drivers in roadside surveys, fatal crashes, and arrests for DUI" (p. 57). Caetano and Clark are careful to note, as Voas et al (2000) did, that patterns of DUI may vary within Hispanic subgroups as rates of car ownership, patterns of consumption, and driving may vary.

The U.S. Department of Health and Human Services (2000) reports that roadside surveys in 1973, 1986, and 1996 found the proportion of white and black drivers with a positive BAC had decreased while the proportion of Hispanic drivers with a positive BAC had increased. A NHTSA report (2002b) indicated Hispanic males are more likely to have been arrested for DUI and to believe they can consume more alcoholic beverages before they reach the legal BAC limit than other drinkers. This same report indicated Hispanic children are also significantly more likely to be involved in alcohol-related crashes.

Other studies examining DUI law and behavior and different race groups also found a lack of awareness and understanding among some drivers, in particular Hispanics, about DUI laws and how they relate to rates of consumption, BAC levels, and alcohol-impaired driving (Caetano & Clark 2000; Ferguson et al 2002). Not all drivers were aware of legal BAC thresholds in their state, and many did not know how many drinks would need to be consumed to reach that level. Some individuals perceive the number of drinks needed to reach the legal BAC level to be lower (2-3 drinks) than official estimates (around 4-5 drinks⁵). Some people also overestimate the number of drinks they can consume before their own driving becomes impaired (assuming 8-10 drinks as opposed to the officially estimated 4-5 drinks) (Caetano and Clark, 2000; Ferguson et al, 2002).

These findings indicate some groups may be more at risk for DUI behavior and/or arrest than others and that DUI prevention efforts could be developed in a manner that better addresses populations most at risk.

⁵ The number of drinks is estimated for a 170 pound male. The number of drinks for a 137 pound female are slightly lower (Illinois Secretary of State, 2003).

Keeping better track of information such as race, geographic characteristics (i.e.; urban vs. rural areas), enforcement and prevention initiatives, and other demographics besides age and gender could be useful in these efforts.

Youth

Youth may participate in DUI behavior as well. According to the Centers for Disease Control's report "Youth Risk Behavior Surveillance—United States 2001," 78.2 percent of students nationwide have used alcohol one or more times in their lifetime, with white and Hispanic students being most likely to have done so.⁶ The survey also found that within the thirty days prior to the survey, 13.3 percent of students had driven a motor vehicle after drinking alcohol. Across the various race groups, white and Hispanic students were more likely to participate in this behavior than black students, and males were more likely than females to participate in this behavior.

During the last ten years, youth alcohol-related fatalities declined 34 percent (NHTSA, 2002d). However, as of 1998, "one third of all deaths among people ages 15-20 were caused by motor vehicle crashes. About 36 percent of those crashes were alcohol-related" (Illinois Secretary of State 2002, p. 21). Despite overall declines, youth alcohol-related fatalities have been on the rise since 1997.

In 1995, the U.S. Congress passed legislation to address the issue of loopholes in the law that might allow individuals under the age of 21 to legally drive after consuming alcohol. They created an amendment in the National Minimum Drinking Age Act that mandated the reduction of a state's highway funds if they failed to make it illegal for individuals under the age of 21 to drive after drinking alcohol (National Highway System Designation Act, 1995). These "**zero-tolerance**" laws have now been passed in all fifty states and the District

⁶ Youth included in survey were taken from a nationally representative sample of students in grades 9-12. This sample excludes students younger than the ninth grade who may be involved in the activities surveyed, as well as home-schooled youth and homeless youth, youth who may be absent for the day or truant, and youth who may be institutionalized and therefore not attending regular public school.

of Columbia (U.S. Department of Health and Human Services, 2000).

ILLINOIS

As with national level data on alcohol-related and fatal crashes, the data available on alcohol-related crashes for Illinois can be problematic. While Illinois does BAC testing on 89.3 percent of killed drivers in crashes (higher than the national average), only 23.6 percent of surviving drivers are tested (MADD, 2002). In 1997 the *per se* law in Illinois was reduced to .08 percent and statistics regarding fatal crashes at this BAC level were recorded beginning in 1998. It is reasonable to believe this change may have had an affect on DUI rates in Illinois. Although we include analyses of trends prior to 1998, it should be kept in mind that our analyses do not statistically account for any potential impact lowering the BAC level to .08 percent may have had on DUI rates.

General statistics

In Illinois, motor vehicle accidents were the leading cause of death from 1990-2000 for people ages 1-34 (Centers for Disease Control, 2000). Deaths from alcohol-related crashes represented a large proportion of these deaths. In 2001, there were 1,274 motor vehicle crashes involving fatalities, 11 percent fewer than the 1,430 motor vehicle crashes reported in 1990 (Illinois Department of Transportation, 2002). The proportion of alcohol-related crash fatalities also decreased from 1990 to 2000, declining 14 percent, from 50.5 percent to 44 percent (Illinois Secretary of State, 2002).

Demographics

Developing a DUI offender profile, both nationally and in Illinois, can be problematic given inconsistencies in data-keeping practices and because certain demographic characteristics, such as race, are not maintained by government agencies. However, a general profile can be developed based on the information that is kept:

- In 2001, 84 percent of DUI arrests were men. Males ages 21-24 had a DUI arrest rate more than four times greater than other groups (Illinois Secretary of State, 2003).

- In 2001, 58 percent of all DUI arrests were individuals under the age of 35 (Illinois Secretary of State, 2003).

- In 2001, 82 percent of all DUI arrests were first time offenders, while 18 percent were repeat offenders (i.e., a DUI arrest within the past five years) (Illinois Secretary of State, 2003).

DUI and the criminal justice system in Illinois

To better understand DUI patterns in Illinois, several stages in the criminal justice system, from arrest to incarceration, for the years 1995-2001 were examined.

*DUI arrest rates*⁷

To determine the DUI arrest rate, the number of licensed drivers in each county was used as the base population. This population was determined to be more accurate than using the overall population because although individuals under the age 16 may drive while under the influence, they are not likely to significantly affect DUI arrest rates. Individuals under age 16 equaled less than one-tenth of one percent of all DUI arrests in Illinois from 1997-2001.

The number of licensed drivers was also used because rates of licensed drivers may vary depending on the county. For example, Cook County and the urban counties have a lower proportion of licensed drivers to their overall population than the rural and collar counties. The number of licensed drivers at the county level is only available since 1995, therefore examination of differences in DUI arrest rates by type of county are only available from this date forward.

To provide more useful comparisons, counties have been separated into four types; 1) Cook County, 2) collar counties, 3) urban counties (outside of Cook and the collar counties), and 4) rural counties. The collar counties are the five that border Cook County (DuPage, Lake, Kane, McHenry, and Will). Urban and rural counties are defined by whether or not they lay within a Metropolitan Statistical Area (MSA). A geographic area qualifies as a MSA in one of two ways, defined by the U. S. Census Bureau: if it includes a city with a population of at least 50,000 or if it includes an

⁷ Statistics used in this section are derived from Illinois Secretary of State data on licensed drivers and DUI arrests and from Illinois State Police Data on DUI arrests.

urbanized area with a population of at least 50,000 with a total metropolitan population of at least 100,000. In addition to the county containing the main city or urbanized area, a MSA may include counties having strong economic or social ties to the central county (U.S. Department of Commerce, Bureau of the Census). Based on this definition, there are 28 counties in Illinois that are part of a MSA (Cook, collar, and urban counties) and 74 counties that are not part of a MSA (in other words, rural).

Patterns in DUI arrest rates fluctuated during the period analyzed.⁸ Overall, the urban counties experienced the largest increase (19 percent), followed by the collar counties (16 percent), the rural counties (9 percent), and Cook County (6 percent).

From 1991 to 1995, Illinois experienced an 11 percent decrease in arrest rates. However, from 1995 to 1998, Illinois experienced a 12 percent increase in DUI arrest rates, with DUI arrest rates increasing in all four geographic regions. Since 1998, the DUI arrest rates have decreased across all regions with the exception of the collar county region, which did not experience a decrease until 2001. From 1998 to 2001, Illinois experienced a 10 percent decrease in DUI arrest rates. The Cook County DUI arrest rate decreased 17 percent, while the rates in the urban counties decreased 11

percent, and DUI arrest rates in the rural counties decreased 13 percent. Conversely, the DUI arrest rate in the collar county region continued to increase from 1998-2000, but decreased back to 1998 levels in 2001 (Figure 1).

An examination of DUI arrest rates in each of the collar counties between 1995 and 2001 reveals Lake County and to a lesser extent Will County are responsible for the continued increase (Table 1).

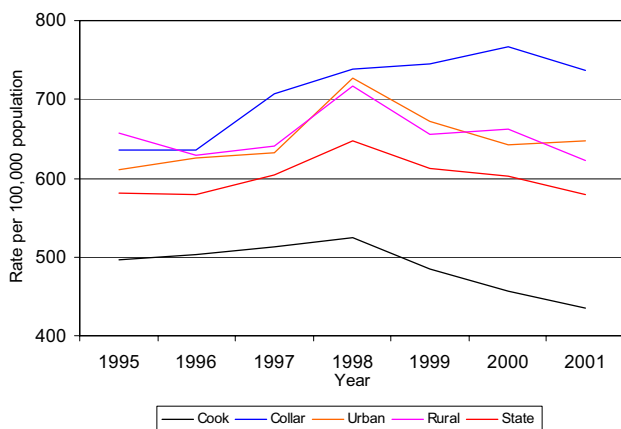
Although most counties experienced an increase in DUI arrests rates from 1995 to 1998, before rates began

Table 1
DUI arrest rates in the collar counties

	1995	2001	Percent Change
DuPage	655.09	735.78	12%
Kane	546.16	614.50	13%
Lake	804.88	1102.91	37%
McHenry	732.18	593.40	-19%
Will	372.77	452.50	21%
Collar total	636.19	736.89	16%
State total	580.92	579.99	0%

Source: Illinois Secretary of State

Figure 1
Illinois DUI arrest rates by region



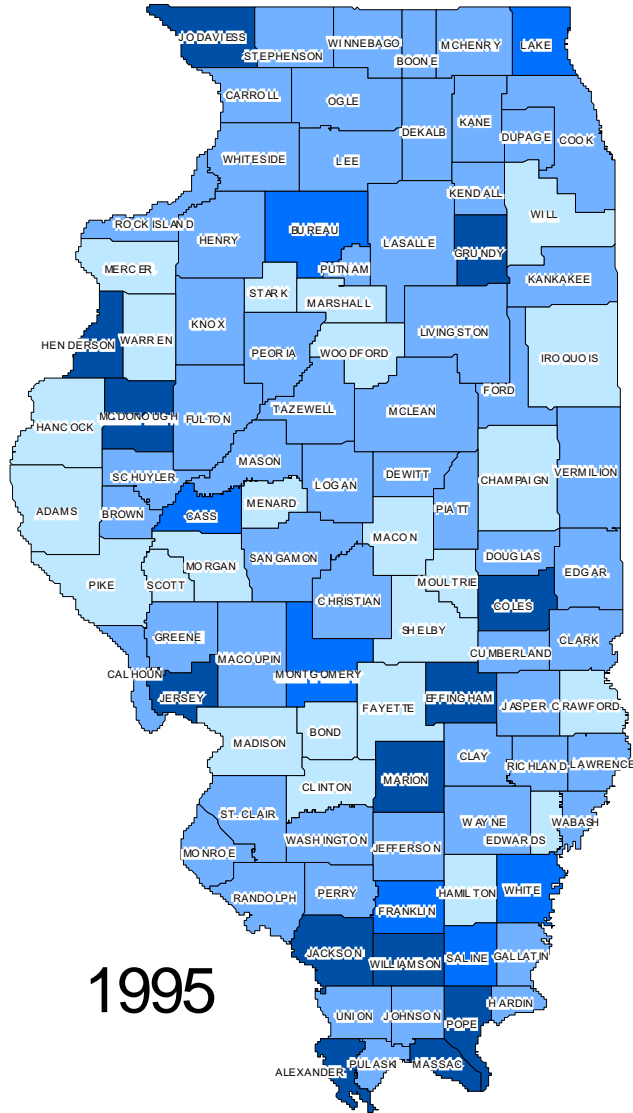
Source: Illinois Secretary of State

to decline again, a comparison between 1995 and 2001 shows that most Illinois counties did not have a significantly different DUI arrest rate in 2001 than in 1995. Six of the 14 counties that experienced a significant increase are clustered in and around the collar county region. In contrast, 19 counties experienced a decrease in DUI arrest rates while the rest of Illinois' counties experienced no significant change (See maps on page 8).

Examining DUI arrest data from the Illinois State Police for the years 1997-2001 reveals more information about the demographics of DUI offenders in Illinois.

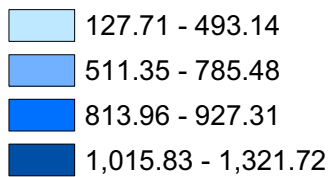
Of DUI arrests, 55.5 percent were charged with driving under the influence of alcohol alone, while 40.9 percent were charged with driving under the influence of drugs and/or alcohol, and 2.3 percent were charged with driving under the influence of drugs alone.

⁸ Statistics in this section were calculated using Illinois Secretary of State data. The number of licensed drivers used for Illinois includes all drivers with an Illinois driver's license, regardless of status (i.e.; active, suspended, or revoked).



1995

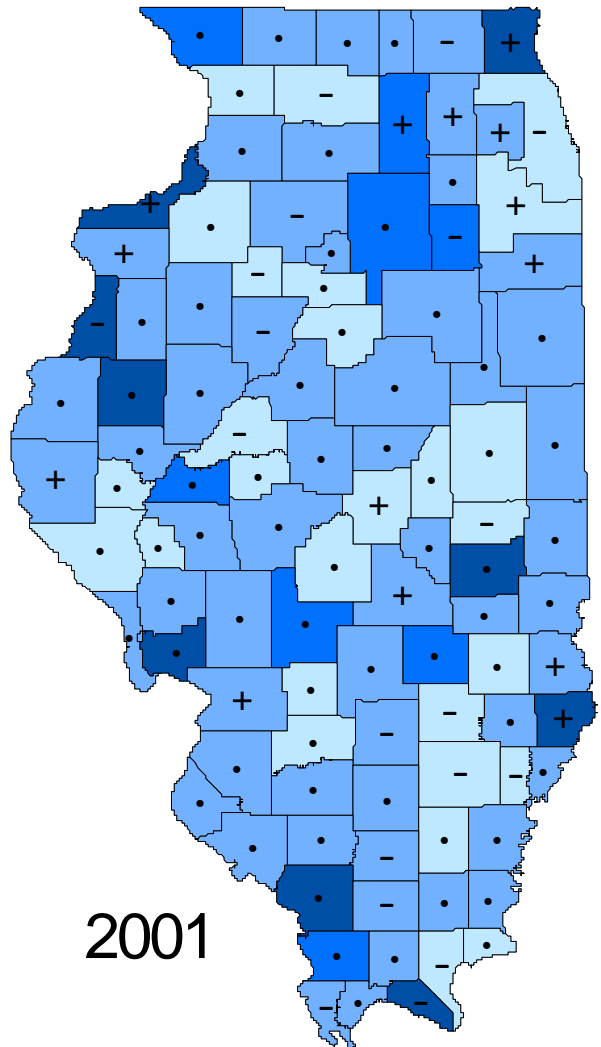
DUI Arrest Rates
(Rate per 100,000 licensed drivers)



Change in Rate

- No Significant Change
- Decrease
- + Increase

DUI Arrest Rates,
1995 and 2001



2001

Source: Illinois Secretary of State

In 2001, 83.8 percent of DUI arrestees were charged with driving under the influence of alcohol alone, a 51 percent increase from 1997, while 9.5 percent of DUI offenders were charged with driving under the influence of alcohol or drugs, and 4 percent with driving under the influence of drugs alone.

When examining DUI patterns by gender, race, and age, differences begin to emerge that are not visible from the aggregate statistics. In 1997, 87.2 percent of DUI offenders were male compared to 12.8 percent for females. Similarly, in 2001, 85.5 percent of DUI offenders were males, compared to 14.5 percent for females. The majority of DUI offenders during the years analyzed were white males. In both 1997 and 2001, the highest proportion of DUI arrests for white males were between the ages of 21 and 29. For minority males the highest proportion of DUI arrests fell between the ages of 21 and 44.⁹ For both white and minority females the largest proportion of DUI arrests were between the ages of 30-44 (Figures 2 and 3).

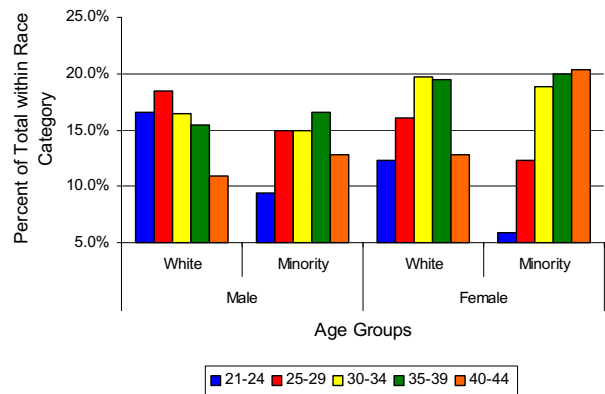
DUI and Probation

While aggregate information is available from the Administrative Office of the Illinois Courts (AOIC) on probation for the period examined here, it provides a limited analysis. Therefore, in order to better flesh out the probation stage of the criminal justice system, data from a study conducted by the Illinois Criminal Justice Information Authority with AOIC, on those persons exiting probation in Illinois during November 2000 was used (Adams, Olson, and Adkins, 2002).

It is important to keep in mind that the people included in the probation data for the period analyzed do not equate with people arrested during the period analyzed. Some individuals may have been placed on probation one, two, or more years prior to the date they exit probation. Others may have been arrested at the end of one year and had their case conclude during the next year. Probation data also will not include

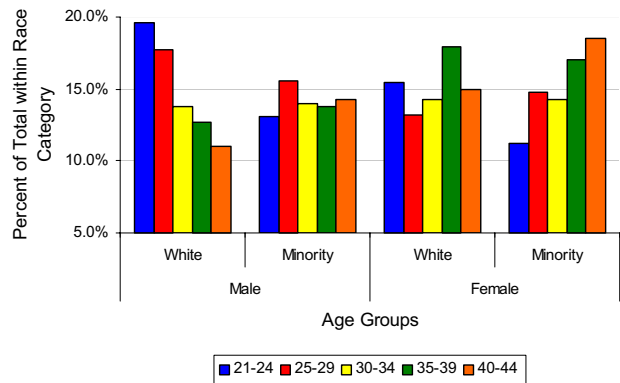
⁹ The statistics on race should be read with caution as Hispanic is not one of the race categories and there is no uniform way in which police select another race category for Hispanic or Latino arrestees. White and black arrestees comprise 97 percent of arrestees during the period analyzed so race groups have not been disaggregated beyond white and minority at this stage in the criminal justice system.

Figure 2
DUI arrests by age group, 1997



Source: Illinois State Police

Figure 3
DUI arrests by age group, 2001



Source: Illinois State Police

people placed under some sort of court or other supervision that is not considered formal probation. While the more detailed study from AOIC included all probationers exiting probation in November 2000, only those probationers on probation for DUI offenses are included in this analysis.

Of the 630 DUI probationers exiting probation in November 2000, nearly 85 percent were male. Nearly 62 percent of DUI probationers were white, while 24.8 percent were Hispanic, 11.4 percent were black, and 2 percent “other.” People ages 25-29 comprised the largest age category of DUI probationers (16.8 percent) followed by 35-39-year-olds (15.9 percent). Nearly one-third of DUI probationers had at least one prior DUI offense.

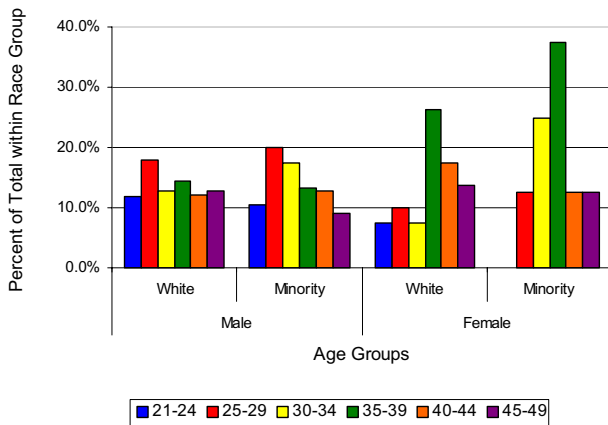
When examining probation patterns by gender, race, and age, there are some differences from the arrest level. The variable for race was recoded into a dichotomous white/minority variable to match the analysis done at the arrest level. Of white DUI probationers, 78.6 percent were male, while 95.7 percent of minority DUI probationers were male. People ages 25-29 comprised the largest portion of white male DUI arrestees with other age categories remaining fairly constant. The largest age category for minority males was also people ages 25-29. The largest age category for minority males was also people ages 25-29. The largest age category for both white and minority females exiting probation was people ages 35-39 (Figure 4).

Table 2
DUI sentences to IDOC

	1997 (n=280)	2001 (n=568)
Male	95.0%	93.8%
Female	5.0%	6.2%
White	79.6%	71.5%
Black	9.6%	14.1%
Hispanic	10.4%	14.1%
Other	0.4%	0.4%

Source: Illinois Department of Corrections

Figure 4
DUI offenders exiting probation by age category, 2000



Source: Administrative Office of the Illinois Courts

DUI and the Illinois Department of Corrections

We can also examine DUI offenders sentenced to the Illinois Department of Corrections (IDOC) from 1997 and 2001. Data from IDOC are reported according to the state fiscal year (SFY) and not the calendar year. For example, the data for individuals admitted to IDOC in fiscal year 2000 were individuals admitted from July 1, 1999 to June 30, 2000.

As with the probation data, it is important to keep in mind that individuals incarcerated for DUI offenses will not be the same population as those arrested for DUI, nor will they be the same population that may have been on probation for DUI. People incarcerated for a DUI offense have been processed through the criminal justice system and must have charges serious enough to warrant incarceration, or may have a prior

history of arrests and convictions, or have multiple charges that lead to incarceration.

According to IDOC data, 1,824 individuals were committed to IDOC for a DUI offense from 1997 to 2001, with 280 individuals admitted in 1997 and 568 individuals admitted in SFY 2001. The largest jump in admissions for DUI occurred between 1998 and 1999 (279 and 354 respectively) and between 2000 and 2001 (343 and 568, respectively). At the aggregate level, patterns emerge for people sentenced to IDOC similar to other stages analyzed in the criminal justice system (Table 2).

Patterns by race, gender, and age were also examined at this stage in the criminal justice system. As with the probation data, the race variable was recoded into white and minority categories in order to provide a comparison to the arrest level. When recoding the race variable into white and minority categories, minorities combined comprise 20.4 percent of those admitted for DUI offenses in 1997, while whites comprised 79.6 percent. Males constituted 94.6 percent of white individuals admitted for a DUI offense in 1997 and females accounted for 5.4 percent. Of minorities, males constituted 96.5 percent and females 3.5 percent of individuals admitted for a DUI offense.

When recoding the race variable into white and minority categories in 2001, minorities comprised 28.5 percent of those admitted for DUI offenses. Males constituted 92.6 percent of whites admitted for a DUI offense and females 7.4 percent. Of minorities, males constituted 96.9 percent and females 3.1 percent of individuals admitted for a DUI offense.

Only 12 white females were admitted to IDOC for DUI offenses in 1997 and of those, six were ages 35-39. Only two minority females were admitted for a DUI offense in 1997, one in each of the 30-34 and 35-39 age groups. In 2001, only 30 white females and 5 minority females were sentenced to IDOC. Of those age categories in which white females were admitted in 2001, the largest two categories were 35-39 and 40-44 (23.3 percent each). The only age categories in which minority females were admitted for DUI in 2001 were between 30-34 (four people) and 35-39 (one person). Because so few females were sentenced to IDOC for DUI during the period analyzed, gender is aggregated in the admissions data presented in Figure 5.

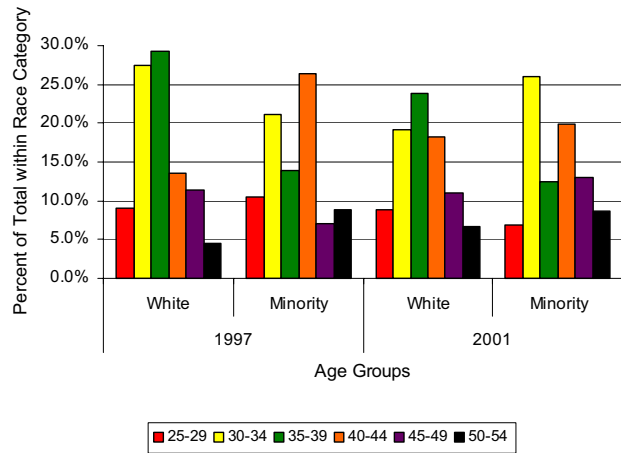
RECOMMENDATIONS

Data-keeping practices

One recommendation to better assess the extent and nature of the DUI problem at the national, state, and local levels is to implement more consistent data-keeping practices between agencies and across time. Due to measuring and reporting differences across agencies, different numbers might be reported for the same statistic. Sometimes how things are measured has changed over time, preventing long-term analyses of trends. Currently only 39 states have implemented a .08 BAC level, thus preventing national comparisons. At the national and local levels, it would also be useful to separate out accidents with drivers that have a measurable BAC from accidents in which other persons (passengers or pedestrians) may have a measurable BAC. This separation would allow us to determine actual rates of DUI versus rates for accidents where someone other than the driver had a measurable BAC.

Another recommendation to develop better DUI prevention efforts is to collect and make available more detailed statistics on the demographics of persons at risk for or involved in DUI behavior, as well as more detailed information on the DUI behavior itself. Age and sex, which are often easier characteristics to find in official publications about DUI, are important factors in understanding who is at risk for DUI behavior. However, other information might also be useful. Although government agencies that track DUI arrest and fatal accident statistics do not collect information on race, research has indicated race to be

Figure 5
Admissions to IDOC for DUI by age and race, SFY 2001



Source: Illinois Department of Corrections

a salient factor in determining who might be at risk for DUI behavior.

Scholars in other areas (Crenshaw 1995), have noted the collection and use of statistics such as race can sometimes create a backlash and greater criminalization of communities that may already be at risk of increased involvement in the criminal justice system, such as some low-income and minority communities. It is important to keep in mind that the suggestion that government agencies begin maintaining and publishing statistics on race is not made to promote the increased criminalization of communities that might be at risk for DUI behavior, but rather to point out the usefulness such information might have for developing prevention programs.

Geography, access to public transportation or cab service, as well as likelihood of driving in congested areas, and the circumstances and behavior that preceded involvement in DUI also could factor into the likelihood of coming to the attention of the criminal justice system for DUI behavior and, therefore, might be important information to collect.

DUI prevention efforts

Most state and national level reduction efforts focus on detecting and stopping motorists who are already on the road and driving while under the influence of alcohol.

Research has found there are a variety of tactics that have been moderately successful in reducing driving under the influence when implemented properly. Some of these tactics include sobriety checkpoints, zero tolerance laws for individuals under the age of 21, and Administrative License Revocation (ALR).

According to the U. S. Department of Health and Human Services (2000), research has found that sobriety checkpoints have been effective in deterring drunk driving as well as improving enforcement of existing laws. According to MADD, “High-visibility enforcement methods such as sobriety checkpoints and saturation patrols maximize the general deterrence needed to discourage impaired driving by the public at large” (MADD, 2002). Research has also indicated that highly publicized DUI/sobriety checkpoints that increase an impaired driver’s perceived risk of being caught can be an effective deterrent to DUI behavior (Fell, 2003).

Illinois operates a regional program for sobriety checkpoints over pre-designated periods such as the Labor Day holiday or New Year’s Eve. The program is called Operation Safe Passage and is based in the Village of Hoffman Estates Police Department. The program began in 1997 and as many as 89 police agencies have participated during operations. The first implementation of Operation Safe Passage resulted in 176 DUI arrests and 110 other alcohol-related violations. The program currently operates with predetermined dates and varying numbers of police agencies for each operation. For additional information on Operation Safe Passage, visit the Hoffman Estates Police Department website at <http://hoffmanestates.org/police/>.

Zero tolerance laws, such as the “**Use it and lose it**” policy in Illinois, have also resulted in a reduction of drunk driving among those under 21 years old. Zero tolerance laws make it illegal for anyone under the age of 21 to drive after consuming any alcohol.¹⁰ “Use it and lose it” type policies, or zero tolerance laws such as that in Illinois, establish that anyone under the age of 21 caught driving with any traces of alcohol in their systems will lose driving privileges for a specified period of time (Illinois Secretary of State, 1998; 2003).

Although zero tolerance laws can be effective, it is sometimes difficult to create widespread awareness of them, which may limit how successful they actually are.

Illinois passed a zero tolerance law in 1994, which became effective on Jan. 1, 1995. From 1995 to 2000, DUI violation rates for persons under the age of 21 decreased 8.9 percent, from 438.71 to 399.75 arrests per 100,000 persons under age 21. However, “Use it and lose it” violation rates had increased to 501.90 in 1999 before they declined significantly in 2000.¹¹

Administrative License Revocation (ALR), is a law that allows for a person’s license to be immediately suspended upon a DUI arrest for a BAC beyond the legal limit. Such laws have proven to help in DUI reduction efforts. Some feel because the consequence is immediate, it may increase effectiveness. However, the laws have been challenged in some cases on the grounds they may be unconstitutional because they impose “double jeopardy,” or more than one punishment for individuals who are then convicted of a DUI and may face additional restrictions and penalties (U.S. Department of Health and Human Services, 2000).

Suggestions for further research

A recommendation for developing prevention efforts in the future is to assess the extent and effectiveness of current DUI prevention messages and efforts that seek to eliminate DUI behavior *before* it occurs.

At the national level, the Community Anti-Drug Coalition of America has partnered with NHTSA to create the “Impaired Driving Prevention Toolkit,” which includes information on how to assess the impaired driving problem in your own community, suggestions as to how to draw attention and resources to the issue, how to develop media messages regarding the issue, and how to assess programs that have been implemented. The toolkit does not provide an actual program outline, but provides guidelines and suggestions as to how individuals or organizations might get involved in DUI prevention activities in their own communities.

¹⁰ BAC limits may vary between zero and .02 percent depending on the state.

¹¹ ICJIA calculations using Secretary of State data.

Mothers Against Drunk Driving (MADD) also lists several prevention programs on their website (<http://www.madd.org/home/>), particularly programs for youth such as their Youth in Action community-based programs and youth power camps to get youth involved in leadership roles regarding the DUI issue. Research on the long-term effectiveness of programs such as these could be useful in determining how prevention efforts should be developed in the future.

At the state level it might be useful to investigate awareness and understanding of public information campaigns like the Illinois Secretary of State's "You drink, you drive, you lose" campaign. It might also be useful to further develop and research programs using devices such as the installation of Breath Alcohol Ignition Interlock Devices (BAIIDs) in cars.

These devices use an electronic breath alcohol measurement to prevent previous repeat DUI offenders from driving under the influence. Such a program was implemented in Illinois in 1994. An evaluation of the program found BAIIDs are effective when installed. However, their overall impact on reducing driving under the influence is questionable given the low rates of usage found in voluntary programs and because the positive effects achieved by a BAIID when installed do not seem to carry over once it is removed (Raub, Lucke, & Wark 2001). Raub, Luck, & Wark (2001) suggest programs that make use of a BAIID compulsory for repeat offenders, or install the devices for longer, might yield better long-term results.

Another recommendation is to do more research investigating how different jurisdictions develop departmental policy regarding enforcement of DUI laws in the communities they serve. When variations are found at the regional level regarding DUI arrest rates, as was found in Illinois, a better understanding of how law enforcement agencies understand, target, and handle the DUI problem in their area is important.

Also recommended is to do research that provides a better understanding of the activities and circumstances leading up to participation in DUI behavior and enforcement in a particular area. If state-level and local government agencies, as well as community organizations, have better information about DUI activities in their area, they can develop programs that may help prevent DUI before it happens, rather than

Recent changes to DUI laws in Illinois

Since 1997, new laws in Illinois regarding DUI have included the lowering of the legal BAC limit to .08 on July 2, 1997. Legislation has also brought increases in fines and increases in license suspension, revocation, court supervision, and incarceration periods. The law now requires medical personnel to report the results of blood or urine testing. Legislation also made permanent the breath-alcohol ignition locking device program. For a complete history of DUI laws dating back to 1958, as well as current information and publications, such as the DUI Fact Book, visit the Illinois Secretary of State's website at: <http://www.sos.state.il.us/departments/drivers/trafficsafety/dui.html>

focusing only on increasing enforcement after DUI occurs.

Collecting more detailed information about who is at risk for involvement in DUI behavior in Illinois could better serve those persons and agencies involved in developing DUI prevention efforts and determining how to disseminate information on DUI laws nationally and in Illinois, without singling out specific communities for increased arrest. Efforts to prevent DUI behavior prior to its occurrence will likely be more useful and save more lives in the longer term than efforts that only seek to control the behavior after it has occurred.

Information on successful prevention programs that are currently operating is limited. It would be useful to compare the long-term effects of education and prevention campaigns to that of general deterrence measures such as sobriety checkpoints, and other programs focused on increased law enforcement to determine which methods are most effective in helping to reduce DUI.

GLOSSARY OF TERMS

BAC (Blood Alcohol Content) – The amount of alcohol in the body by weight (grams) compared with the total volume of blood (in deciliters); essentially it

measures the percent of alcohol in the blood (NHTSA 2002 Alcohol Involvement: 1).

Per Se laws – Laws implemented as part of a Presidential directive to promote a national legal limit of .08 BAC. Under these laws it would be illegal in and of itself (illegal per se) to drive a motor vehicle with a BAC at or above .08 percent (NHTSA 2000- Federal agency activity update; NHTSA 2002 Fact Sheet).

“Use it and lose it” law – A law in Illinois that addresses underage drinking and applies a penalty to drivers under the age of 21 with any trace of alcohol in their system or who refuse to submit to chemical testing for alcohol (Illinois Secretary of State 2002, p. 21).

“Zero tolerance” laws – Laws that make it illegal for individuals under the age of 21 to have a BAC of .02 percent or greater (U.S. Department of Health and Human Services 2000, p. 381).

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