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► [Is 24/7 Sobriety a good goal for repeat driving under the influence \(DUI\) offenders?](#)

Caulkins J.P., DuPont R.L. [Request reprint](#)
Addiction: 2010, 105, p. 575–577.

South Dakota appears to have achieved impressive results not by treating repeat drink-driving offenders but by requiring abstinence and enforcing this via frequent testing and the threat of immediate brief imprisonment; perhaps intensive intervention can be reserved for the few who do not comply.

Original abstract Unusually the US state of South Dakota has required drink-driving offenders to stop drinking rather than to stop driving. The initiative has not been evaluated scientifically, but traffic fatalities involving alcohol impairment dropped from 71 in 2004 to 34 in 2008, and some have suggested there have been favourable effects on other alcohol-associated crimes such as domestic violence. [South Dakota's 24/7 Sobriety program](#) began in the 1980s when one rural county required repeat drink-driving arrestees to submit to twice-daily (7–9am and 7–9pm) breath testing as a condition of bail. Failed tests constituted a violation of bail bond terms and were punishable by immediate 24-hour imprisonment; missed tests led to an arrest warrant.

Legislation extended 24/7 Sobriety to include illegal drugs and, beyond impaired driving, to be a possible condition of pre-trial release, probation or parole, suspended sentence and returning abused or neglected children to their parents.

Four testing modalities are used:

- twice-daily breath testing for alcohol;
- ankle bracelets that monitor alcohol consumption continuously with daily remote electronic reporting;
- twice-weekly urine testing for drugs; and
- sweat patches for drug monitoring (worn for 7–10 days and mailed in).

Random drug testing was added to alcohol testing to discourage substitution.

Reported compliance rates are impressive. Roughly two thirds subject to twice-daily testing never had a single positive or missed test and 94% had just one or two. Similarly, 78% wearing ankle bracelets were fully compliant.

24/7 Sobriety's success is striking and may be seen as at odds with the dominant understanding of addiction as a chronic relapsing brain disorder. The programme is all sticks and no carrots. Participants were free to seek treatment, and presumably some did. However, the programme did not include treatment, treatment referral or any treatment requirement. Sanctions are modest but immediate and certain. Aggressive monitoring of the kind implemented by 24/7 Sobriety may achieve a kind of 'behavioural triage' in the criminal justice system: most offenders become abstinent when their environment becomes intolerant to continued use, while the minority who do not 'self-select' for more intensive interventions. Perhaps the objective should be intensive treatment for a few, rather than (inevitably somewhat mediocre) treatment for all.

FINDINGS

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- ▶ [Managing drug involved probationers with swift and certain sanctions: evaluating Hawaii's HOPE](#)
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