



The Implications of High-Risk Impaired Drivers: Using Assessment & Supervision to Reduce Recidivism.

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Session Objectives

- Alcohol technology countermeasures and research-based practices to reduce the possibility of re-offense by high risk impaired drivers
- How the Impaired Driver Assessment can impact supervision strategies
- How DUI Courts can effectively reduce recidivism for high risk impaired drivers
- Research-based supervision strategies that are effective in the supervision of DWI offenders
- Evidence-based resources to increase effectiveness in the supervision of high risk impaired drivers



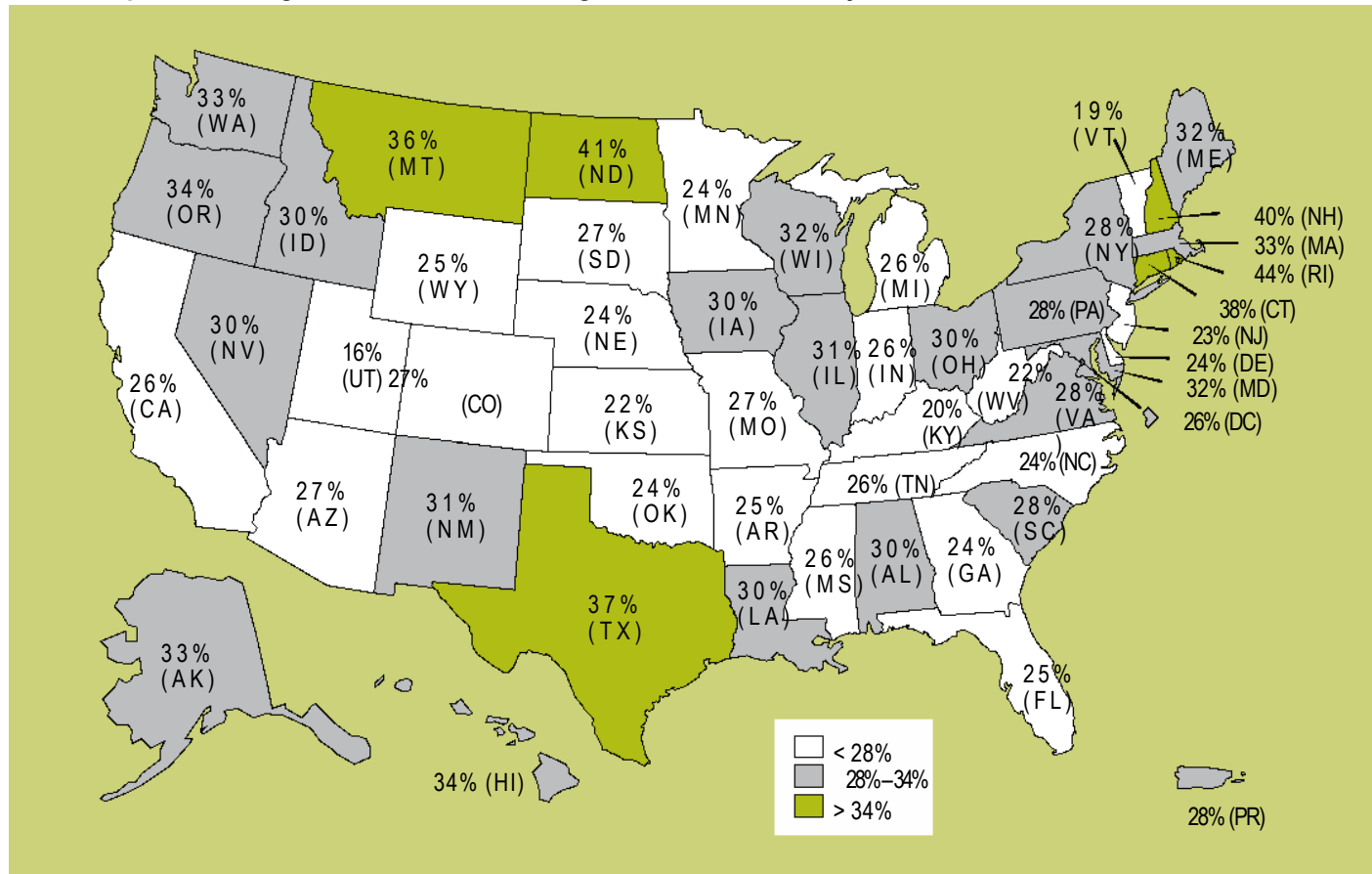
ALCOHOL-IMPAIRED DRIVING

Drunk Driving by the Numbers...

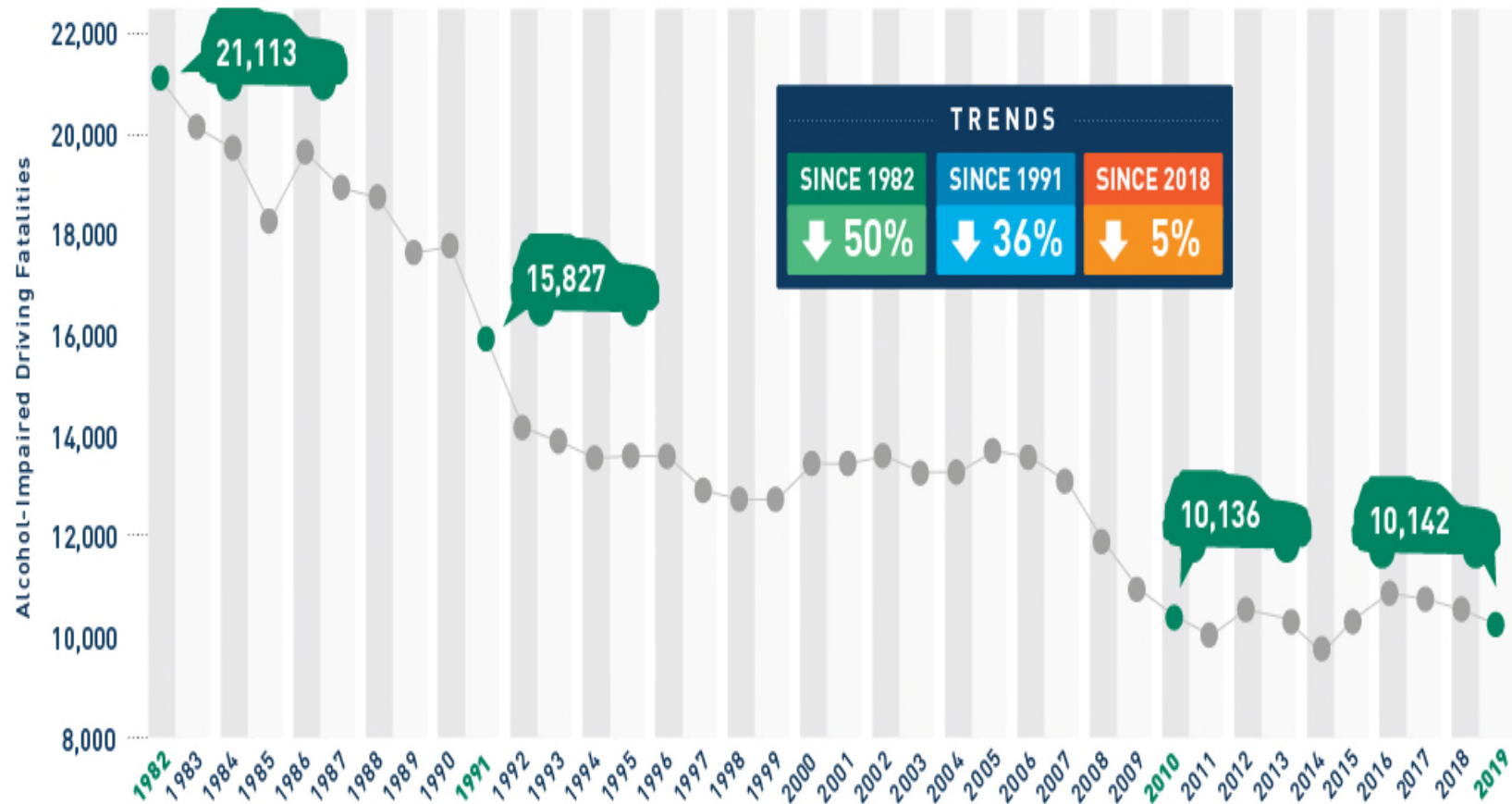
- In 2019, there were over **one million** drivers arrested for DUI.
- An alcohol-impaired driving fatality occurs every **48 minutes**.
- In 2019, there were **10,142** alcohol-related traffic fatalities.
 - **68%** were in crashes where one driver had a BAC of .15>
- In 2018, the most frequently recorded BAC among drinking drivers in fatal crashes was **.16**
- **111 million** drunk driving episodes occurred in 2018.



Alcohol-Impaired-Driving Fatalities as a Percentage of Total Fatalities, by State, 2019



Drunk Driving Deaths Decreased in 2019

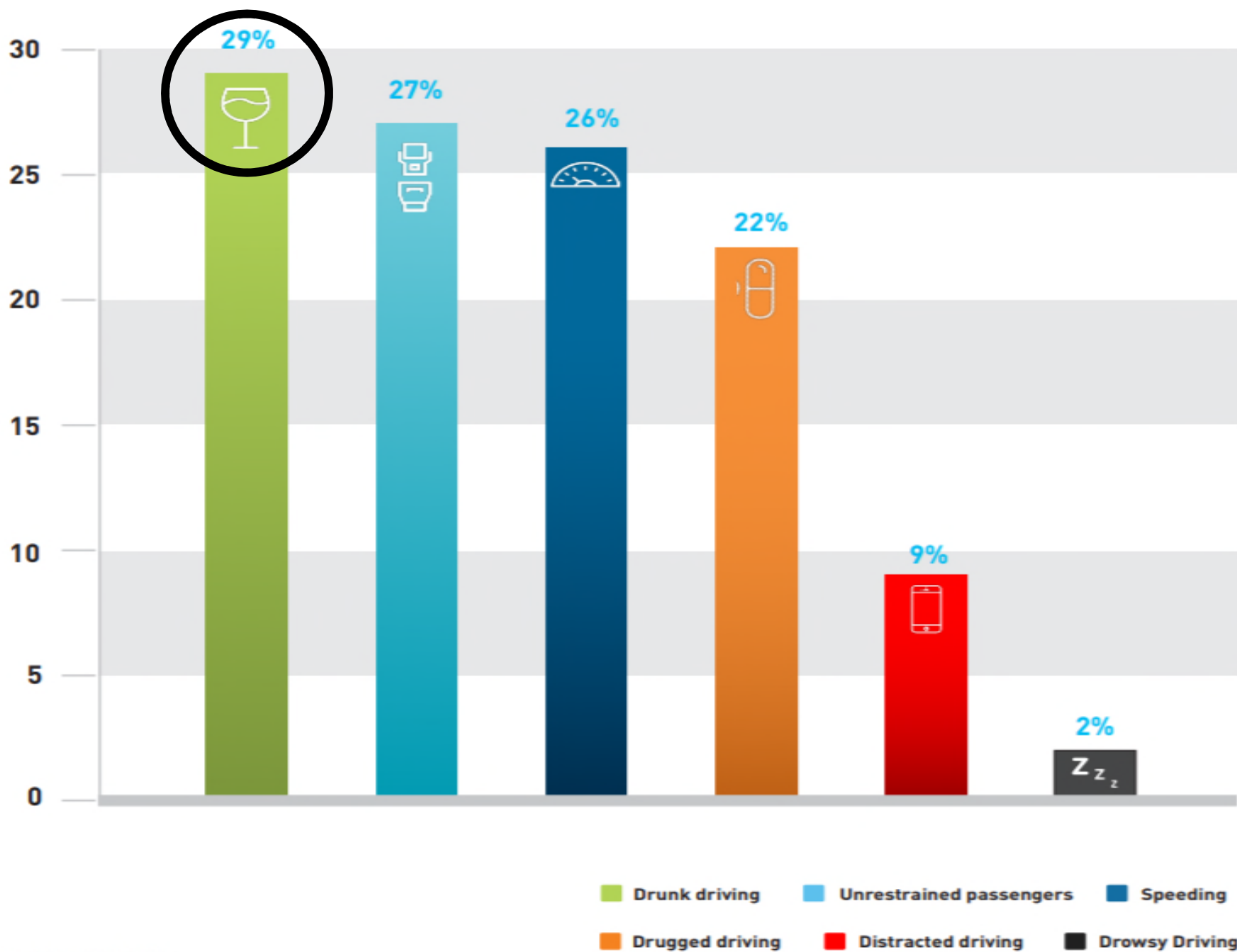


And we are committed to lead this fight until we reach zero.



RESPONSIBILITY.ORG

Data Source: NHTSA, FARS, 12/20



Source: NHTSA, FARS, 11/18



4,300,000 individuals under community supervision in 2018

15% of this probation population have been convicted of DUIs

8% of the probation population have been convicted of multiple DUIs

Approximately 2/3 of individuals under community supervision are drug or alcohol-involved

Traditional impaired driving enforcement

- DUI is the **ONLY** crime where the investigation stops after obtaining a minimum amount of evidence.
- Current protocols prevent drug testing once a suspect registers an illegal BAC.
- Implications:
 - » Hinders the ability to measure the true magnitude of the drug-impaired driving problem.
 - » Many DUI arrests are inaccurately attributed to alcohol alone.





With impaired drivers, don't assume!
The drunk driver before you could actually be a
polysubstance user.

THE PROBLEM

6th DUI offense, wreck lead to charges

A records check revealed Santos was wanted on a _____ along with a misdemeanor warrant for driving on a _____ that he had served prison time for multiple DUI's convictions and his drivers' license is suspended.

Cadott man charged with seventh drunk-driving offense

There were 30 DUI arrests in Spokane County over the Fourth of July weekend, and 13 of those were repeat offenders. Haskell said statistics show that one-third of DUI drivers are repeat offenders.

FULTON, Mo. - The Fulton Police Department arrested a man on a seventh DUI offense.

Houston Man Gets Life Sentence After 9th

Repeat Offenders

Two of 13 arrested during weekend Operation Drive Sober patrols picked up for fifth offense

A man who has pending driving while impaired charges in three other counties was charged again with DWI in Pitt County last week, according to a weekly review of Pitt County court records.

Woman Charged In Deadly Drunk Driving Crash Has History Of Alcohol Offenses

DOVER — A 67-year-old Harrington man arrested on a seventh offense drunken driving charge on July 2 allegedly told police he had earlier consumed a pint of vodka and was talking to a friend on his cellphone while driving home, according to a probable cause affidavit.

San Antonio man gets 20 years for eighth DWI conviction

THE PROBLEM

A police report said a breath test administered following Berry's arrest suggested he had a blood alcohol content of 0.22 percent. He told police he had consumed three shots of whiskey, the report said.

Diaz's blood-alcohol content was measured at .20 percent — well above the legal limit of .08 — at the hospital following the 3:35 a.m. crash, said Deputy District Attorney Victor Ou.

The two women were killed and Wiggins was found to have a blood alcohol level of .19, which is more than two times the legal limit.

Rockaway Twp. mother who crashed, killed son, had high blood-alcohol content

High BAC Offenders

Minnetonka police said Wednesday they pulled over Kelly A. Belanger about 8:15 a.m. Friday within a block of Scenic Heights School and gave her a preliminary breath test that measured her blood alcohol content at 0.23 percent, nearly three times the legal limit for driving in Minnesota

Dispatch received a call of a gray truck stuck in the median at SW 36th Ter/Surfside. There was a male passed out inside the truck. The male woke up and fled the scene. Cpl. Carson spotted the vehicle in the 4100 block of Surfside Blvd and stopped it. Driscoll had hit a mailbox earlier also. After seeing signs of impairment, Cpl. Carson conducted a crash investigation and then a DUI investigation. BAC: .205 and .188

DWI Watch: Woman's BAC was triple legal limit

A blood test later showed Stephen Miller had a blood alcohol concentration (BAC) of 0.273 percent at the time, the affidavit says, more than three times the maximum legal BAC of 0.08 percent.

Tractor-Trailer Driver Arrested for DWI with BAC more than 4 times the legal limit

Good News!!!
Two Thirds of DWI Offenders self correct!



Unique challenges when supervising the 1/3...



“I only had 2 beers...”

*“You don’t have to worry
about me, I’m not a
criminal...”*

**Repeat, high-BAC DUI
offender:** *“I’ve never
been drunk in my life...”*





Identifying those
most at-risk

Who is most likely to recidivate?





IMPAIRED DRIVERS: NOT THE USUAL SUSPECTS



Impaired driver profiles

- Predominantly male (70-80%)
- Between the ages of 20-45; majority between ages 20-30
- Employed/educated at a higher rate than other offenders
- High-BAC levels (.15>)
- Often drink more per occasion and consume more alcohol than the general population; majority are binge drinkers
- Often have SUDs
- Have personality and psychosocial factors that increase risk of offending: irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others), anti-authoritarian attitudes

**High-risk impaired drivers...
who ARE these people?**



HIGH RISK

Repeat impaired drivers

- Overwhelmingly male (90%); ages 20-45
- More often single, separated, or divorced
- Tend to have lower levels of education/income and higher levels of unemployment compared to first offenders
- More likely to have BACs exceeding .20 or refuse to provide a chemical sample
- Age of onset of drinking, family history, and alcohol misuse are risk factors

#ANTI SOCIAL

**Repeat impaired
drivers**

- Likely to have cognitive impairments (executive cognitive functioning) due to long-term alcohol dependence
- More likely to have a higher disregard for authority and show greater indications of anti-social personality characteristics
- May result in lack of motivation which can affect willingness to engage in treatment

High-Risk Impaired Drivers: A Judicial Perspective



Seizing the Opportunity



“An encounter with the criminal justice system provides a valuable opportunity to intervene in an individual’s life by identifying the clinical needs of substance abusers and then confronting them with the consequences of their own drug and alcohol use.”

“Responding to Substance Abuse: The Role We All Play,” 1999



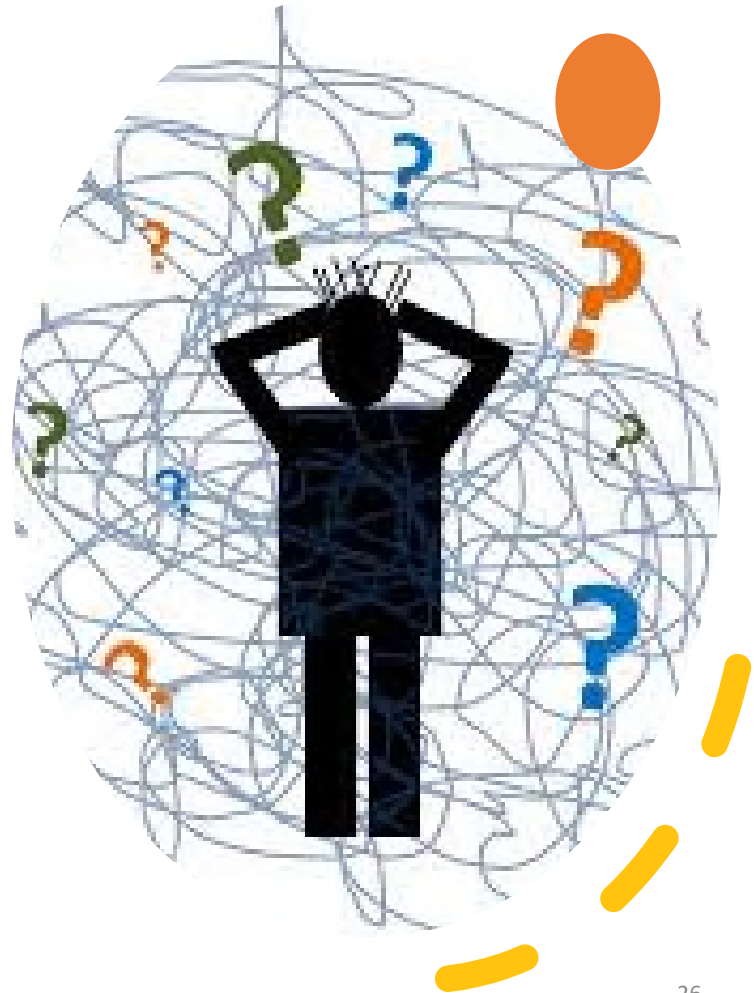
Pretrial Release: Early Intervention

- The earlier the better
- Pretrial services report
- Conditions to reasonably protect the community
- Pretrial supervision

Sentencing the Impaired Driver

“Controlling and preventing drunk driving is complex, requiring a variety of inter-related alcohol and therapeutic activities that are often directed toward the behavioral and cultural attributes of alcohol consumption.”

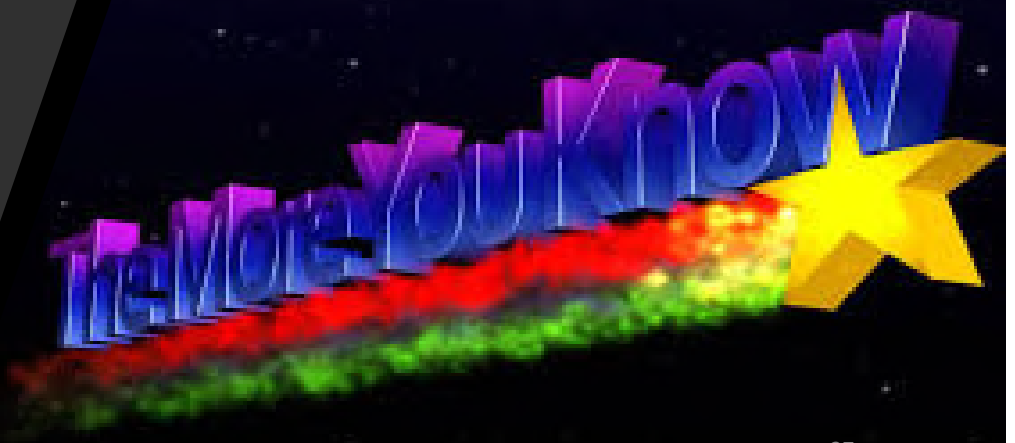
Source: Michigan DWI/Sobriety Court Ignition Interlock Evaluation Report (2016)



Information is Key

"Every judge understands that with more information about an offender's circumstances, a sentence can be better tailored to the person to ensure he or she doesn't repeat the offense."

Source: David Wallace, *Highway to Justice*, at p. 5-6 (a publication of the American Bar Association, Summer 2015).



Bench Issues & Challenges Faced

- Docket pressures
- Lack of information
- Lack of tools to effectively address high-risk offender
- Perhaps -- an incomplete understanding about community supervision



Sentencing & Supervision Approaches: Suggestions

- Establish reduced recidivism as a specific goal
- Combine effective substance abuse treatment with mental health services
- One size does not fit all!
- Open lines of communication between court-probation-treatment
- Insist upon presentence assessments and evaluations

Three Essential Elements of Effective Supervision



1. **Monitor** behavior and compliance
2. **Enforce** conditions of supervision
3. **Assist** supervisees to change their behavior

Use of Evidence-Based Practices: What Works?

- Validated risk and needs assessments
- Reliable assessments and treatment plans
- DWI Court models
- Increased and on-going supervision



DUI/DWI Treatment Court



- “An accountability court dedicated to changing the behavior of hardcore DWI offenders through intensive supervision & treatment.” (NCDC)
- Applies Drug Court principles to DWI cases:
 - To change behaviors
 - To improve outcomes
- 260 DWI Courts and more than 400 hybrid Courts (2019)

WHAT IS A DWI COURT?

collaborative team approach

holistic and comprehensive

court monitoring

change behavior

accountability

high-risk / high-need

long-term treatment

frequent alcohol and drug testing

recovery

intensive supervision

non-adversarial



Research on DWI Courts



- “DWI Courts reduce DWI recidivism and general criminal recidivism while returning substantial cost savings to the taxpayers.”
- Recidivism reduced by an average of >12%; and by as much as 50-60%

Source: National Center for DWI Courts, *Research Update on DWI Courts* (The Bottom Line, January 2015)



REDUCES RECIDIVISM

Michigan

An analysis of three counties in a two-year period found DWI court participants were 19x less likely to be arrested for a DWI (2008).

Minnesota

An evaluation of nine DWI courts found that high-risk individuals had better outcomes, including reducing recidivism by up to 69% (2014).

Campbell Collaboration

A meta-analysis of 28 evaluations found an average reduction of DUI and general criminal recidivism by 12%. The best DUI courts reduced recidivism by 50-60% (2012).

Georgia

Repeat offenders graduating from DWI court were 65% less likely to be rearrested for a new DWI, and between 47-112 repeat DWI arrests were prevented (2011).





DECREASES CRASHES

San Joaquin County, California

DUI court participants were half as likely to be involved in an alcohol- or drug-related crash over a period of 18 months (2012).





COST-EFFECTIVENESS

Maryland

DUI courts produce net cost-benefits to taxpayers of more than \$1,500 per participant and more than \$5,000 per graduate (2009).

Minnesota

DUI courts saved taxpayers \$700,000 annually and produced an average of \$2.06 (a high of \$3.19 in one court) in benefits for every \$1 invested – a 200% return on investment (2014).

Reasons For Success



TEAM APPROACH



USE OF EVIDENCE-BASED PRACTICES



**MOVING
INDIVIDUALS FROM
COMPLIANCE TO
COMMITMENT**



**CLOSE SUPERVISION
& ACCOUNTABILITY**

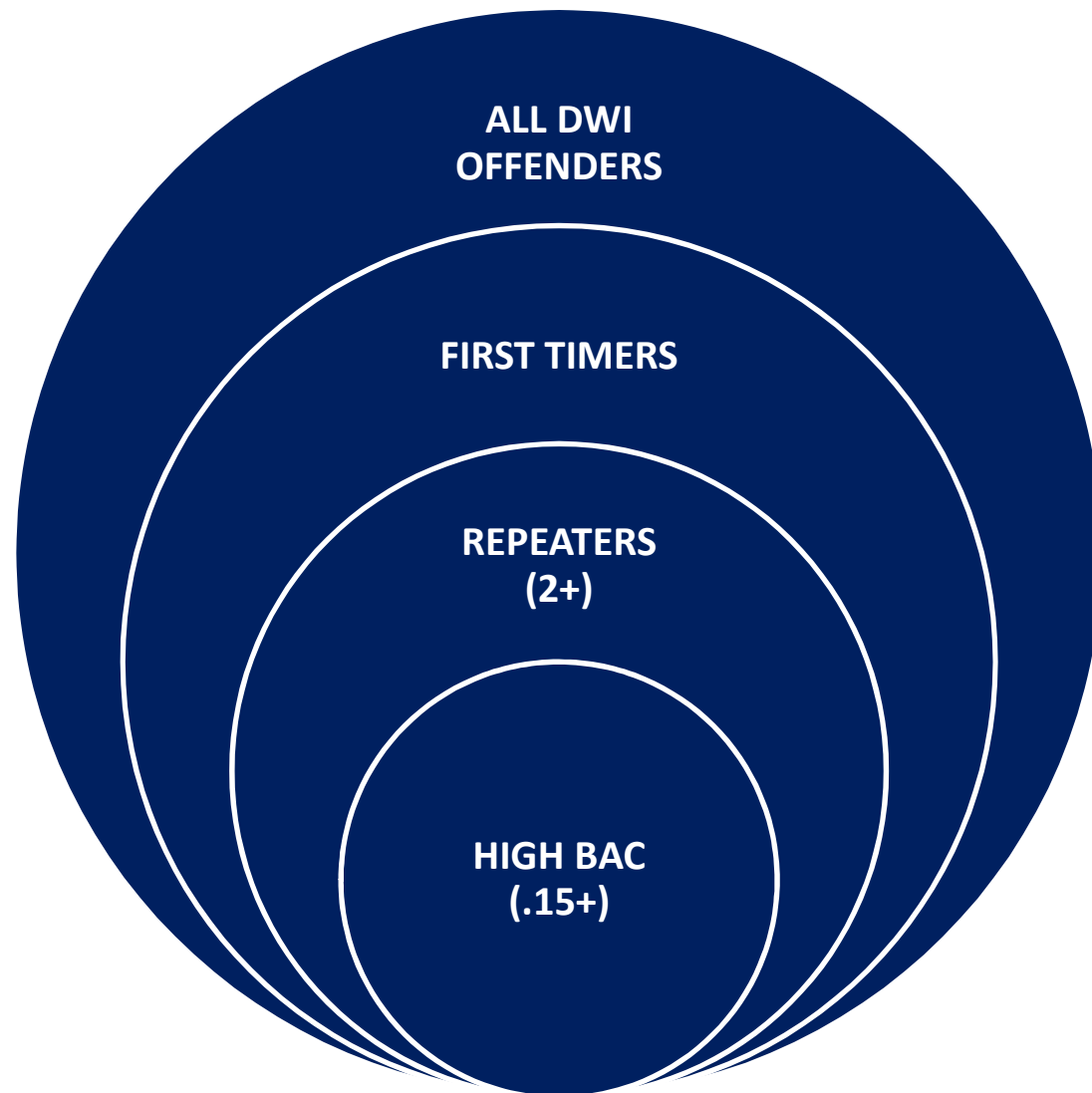


**CLOSE
COORDINATION
BETWEEN
TREATMENT &
SUPERVISION**



COMMUNICATION

TARGETING DWI OFFENDERS



FINANCIAL IMPLICATIONS FOR DWI SUPERVISION

Costs associated with offense

- Court fines
- Probation service fees
- Attorney fees
- Increase in insurance rates
- Ignition interlock or other technologies
- Treatment
- Court program costs
- Transportation costs after license suspension
 - Average costs-\$300-\$500 a month



RISK-NEED-RESPONSIVITY (RNR)

Model as a Guide to Best Practices

RISK

WHO

Match the intensity of the individual's intervention to their risk of reoffending

Deliver more intense intervention to higher-*risk* offenders

NEED

WHAT

Target criminogenic needs: antisocial behaviors and attitudes, SUD, and criminogenic peers

Target criminogenic *needs* to reduce risk for recidivism

RESPONSIVITY

HOW

Tailor intervention to learning style, motivation, culture, demographics, and abilities of the offender

Address the issues that affect *responsivity*



RISK PRINCIPLE

- ✓ *Not* necessarily a risk for violence or dangerousness
- ✓ Risk essentially means a difficult prognosis or lesser amenability to treatment
- ✓ The higher the risk level, the more intensive the supervision and accountability should be; *and vice versa*
- ✓ Mixing risk levels is contraindicated



NEED PRINCIPLE

- ✓ Clinical syndromes or disorders
- ✓ The higher the need level, the more intensive the treatment or rehabilitation services should be;
and vice versa
- ✓ Mixing need levels is contraindicated



ASSESSMENTS

ADS (Alcohol Dependence Scale)

ASUDS-R (Alcohol Substance Use and Driving Survey-Revised)

ASI (Alcohol Severity Index)

AUDIT (Alcohol Use Disorders Identification Test)

IDTS (Inventory Drug-Taking Situations)

DAST (Drug Abuse Screening Test)

LSI-R (Level of Service Inventory-Revised)

MAST (Michigan Alcoholism Screening Test)

SASSI (Substance Abuse Subtle Screening Inventory)

RIASI (Research Institute on Addiction Self Inventory)

IDA (Impaired Driver Assessment)

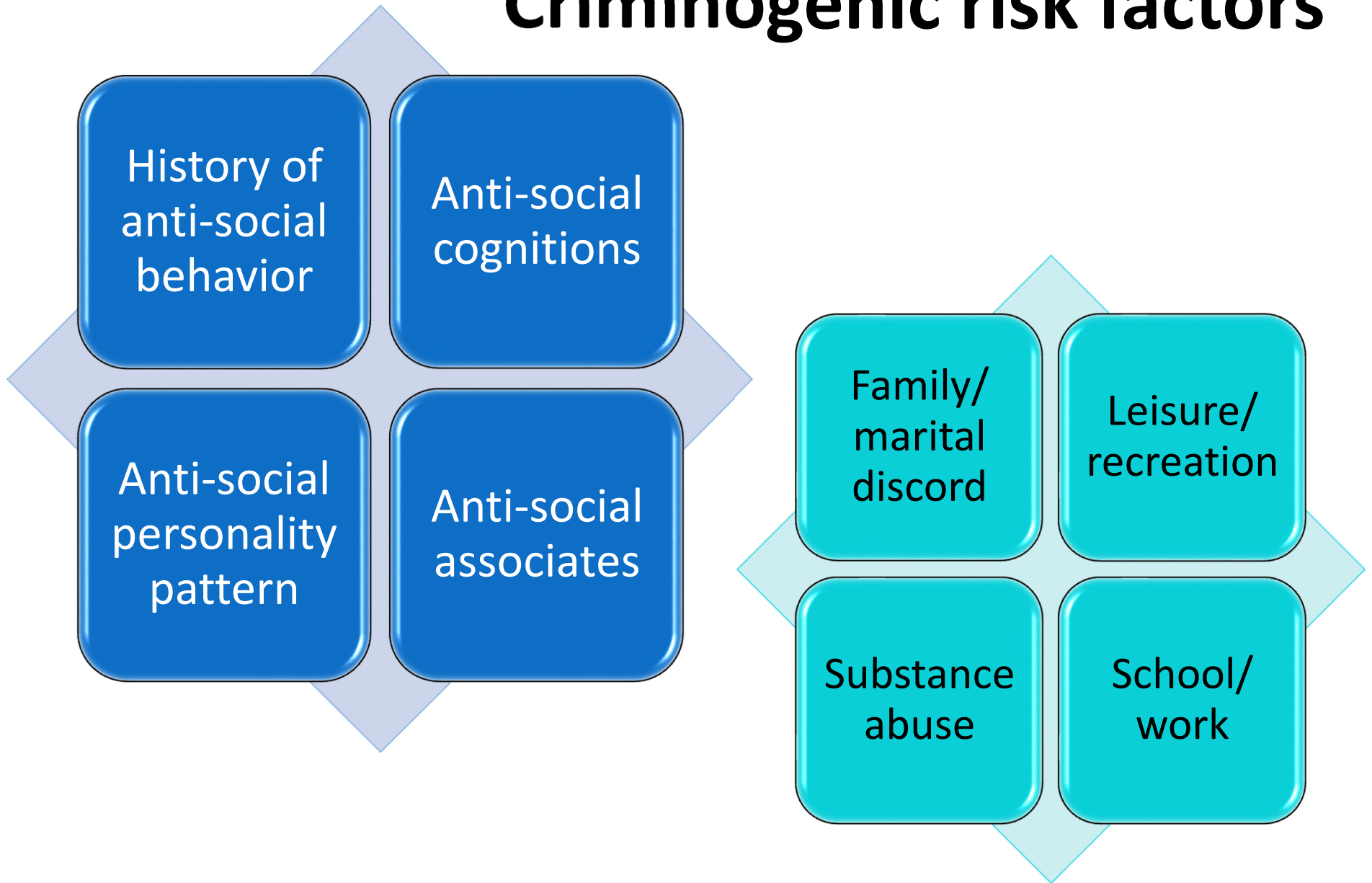
CARS (Computerized Assessment and Referral System)



MAJOR RISK AREAS OF DWI RECIDIVISM

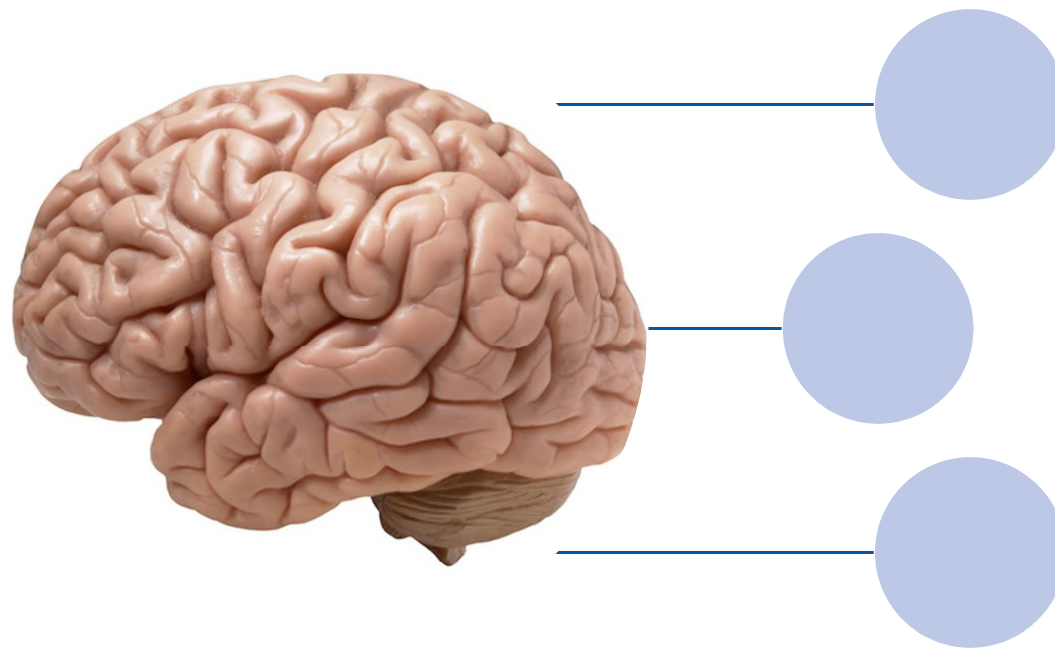
1. Prior involvement in the justice system specifically related to impaired driving
2. Prior non-DWI involvement in the justice system
3. Prior involvement with alcohol and other drugs (AOD)
4. Mental health and mood adjustment problems
5. Resistance to and non-compliance with current and past involvement in the justice system

Criminogenic risk factors



Mental Health?

While not a criminogenic need, it is imperative that mental health issues be identified and treated in order to adequately address other risk factors.





The need for mental health assessment among impaired drivers

- Very high level of psychiatric co-morbidity in DUI populations.
- Mental health issues linked to recidivism.
- Treatment has traditionally consisted of alcohol education/interventions that focus solely on substance use.
- Screening or assessment for mental health issues is not always available/performed.
- DUI treatment providers rarely have the training/experience to identify mental health issues among their clients.
- Misses an intervention opportunity.

Implementation challenges

Engaging all
stakeholders

Availability and access
to services

Training treatment
providers

Costs/program funding



**COMPREHENSIVE APPROACH:
ASSESSMENT, SUPERVISION, TREATMENT**



Improving supervision outcomes



- **Assess actuarial risk/needs**
- **Enhance intrinsic motivation**
- **Target interventions (risk-needs-responsivity)**



- **Skill train with directed practice**
- **Use of cognitive-behavioral treatment modalities**
- **Increase the use of positive reinforcement**



- **Engage in ongoing support in communities**
- **Measure relevant practices and processes**
- **Provide measurement feedback**

Considerations when using a new tool...

- ☐ Which **instrument** is best for your court/agency?
- ☐ Who will be responsible for **administering** the assessment instrument?
- ☐ Will you administer the assessment **pre- or post-sentence?**
- ☐ Will you use with **all** offenders or just **repeat** offenders?
- ☐ What **policy** changes will you have to make?
- ☐ What **key stakeholders** need to be advised?
- ☐ When will you **implement?**

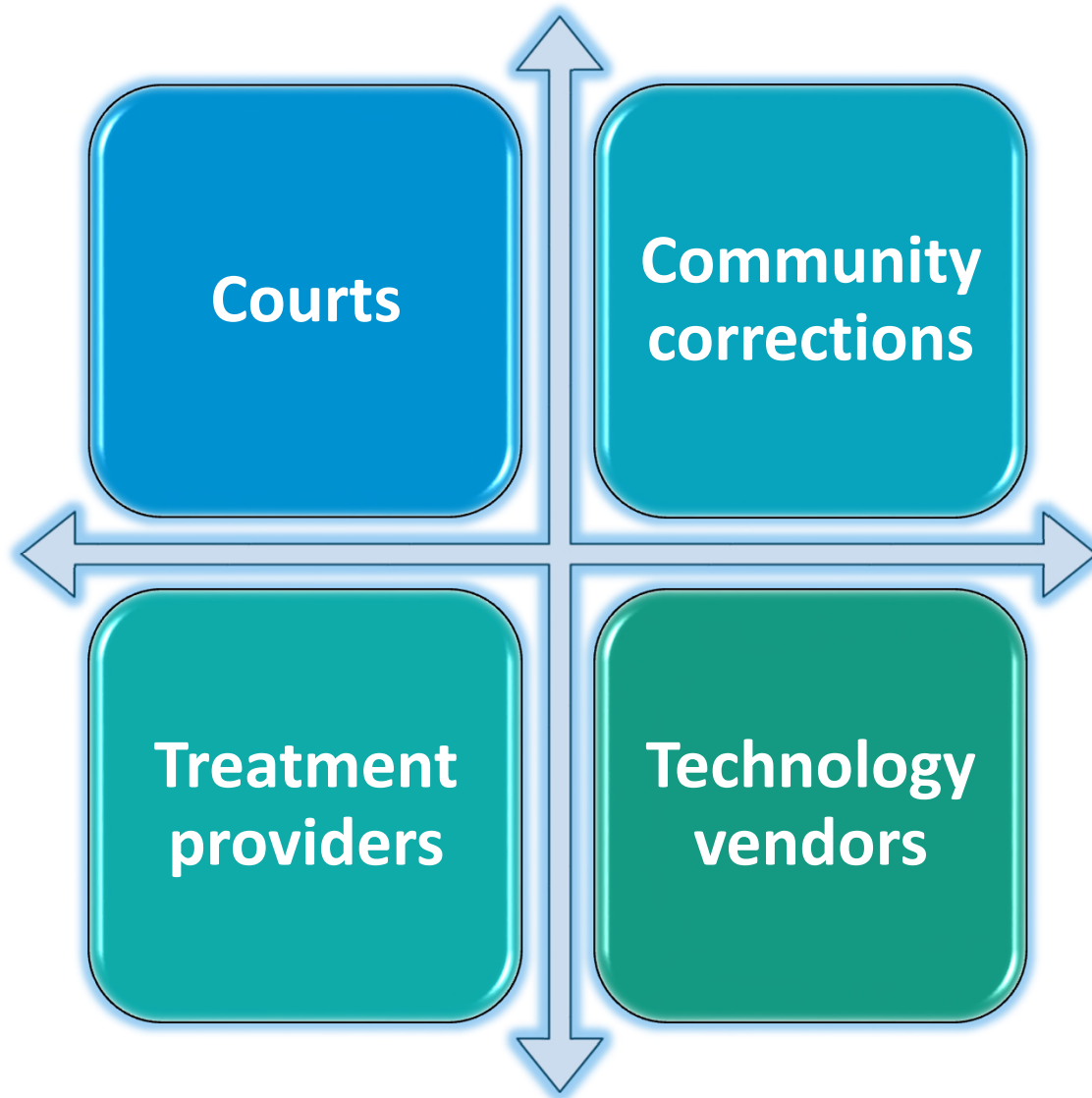
Stacked approach

- Determine why you are assessing an individual (i.e., what is the purpose?).
- What do you hope to gain from the information you obtain?
- Will a single instrument provide you with what you need to make informed decisions?





Partnering & Collaboration



Judicial case management considerations



Collaborate



Engage



**Use reliable
information**



Individualize



Adapt

Source: CSG Justice Center, 2017



Individualize justice

- Understand that there is more to the offending than just driving drunk.
- Avoid judgments and focus on the individual; there is no one-size-fits-all model for supervision and treatment.
- Respect for the individual coupled with accountability.
- Utilize a comprehensive approach that addresses individual risk factors and treatment needs.



QUESTIONS?

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