Research Says…2021
Best Practices in Assessment, Management and Treatment of Impaired Drivers

Mark Stodola
Probation Fellow
American Probation and Parole Association

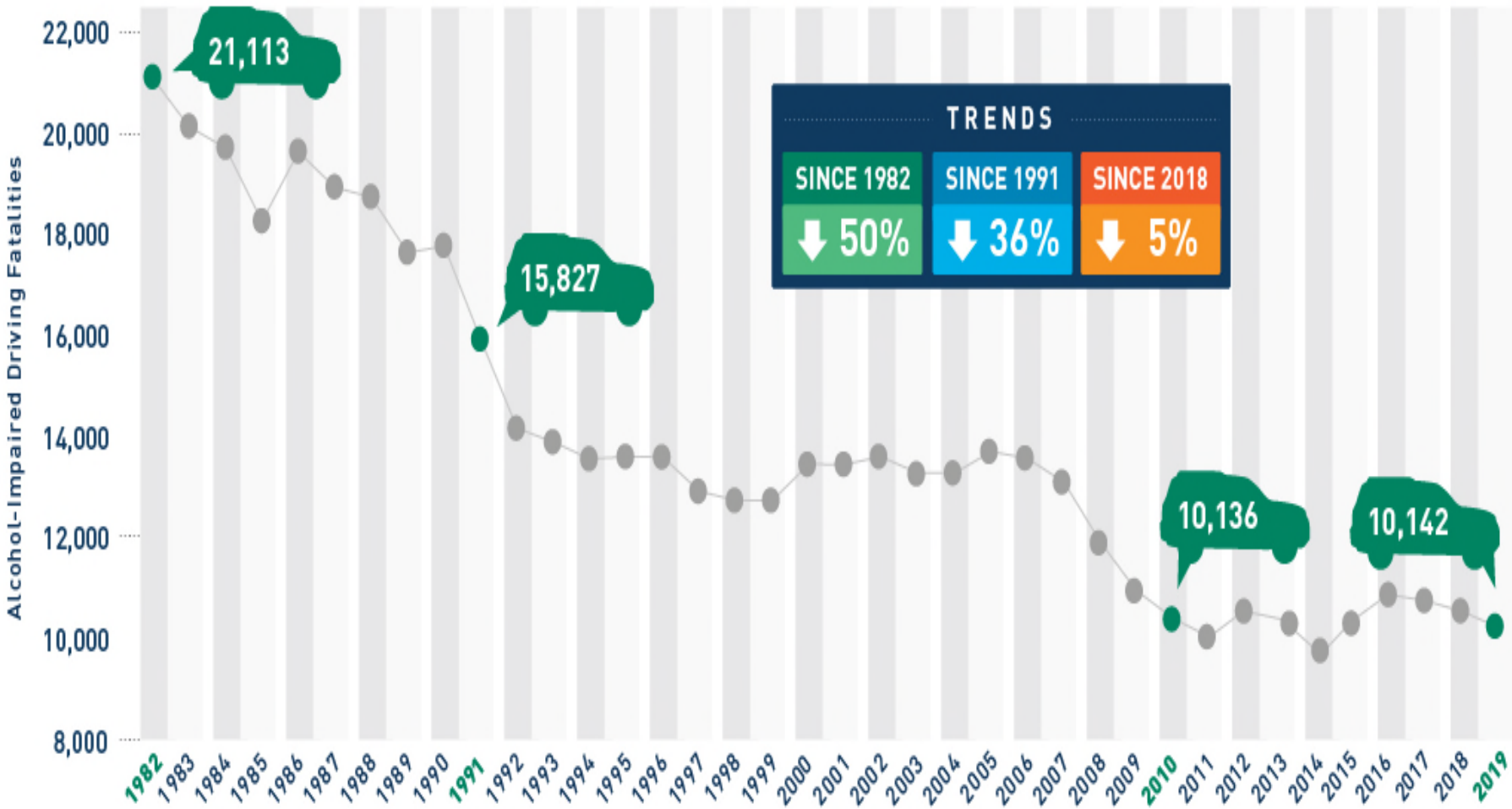
Learning Objectives

- Identify how DWI assessments impact supervision strategies
- Identify at least two supervision strategies that are effective in the supervision of DWI offenders
- Explain how assessments can help deliver the most appropriate treatment dosage based on offender risk and needs

Drunk Driving by the Numbers…

- In 2019, there were 1,024,508 drivers arrested for DUI.
- An alcohol-impaired driving fatality occurs every **48 minutes**.
- In 2019, there were **10,421** 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.

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

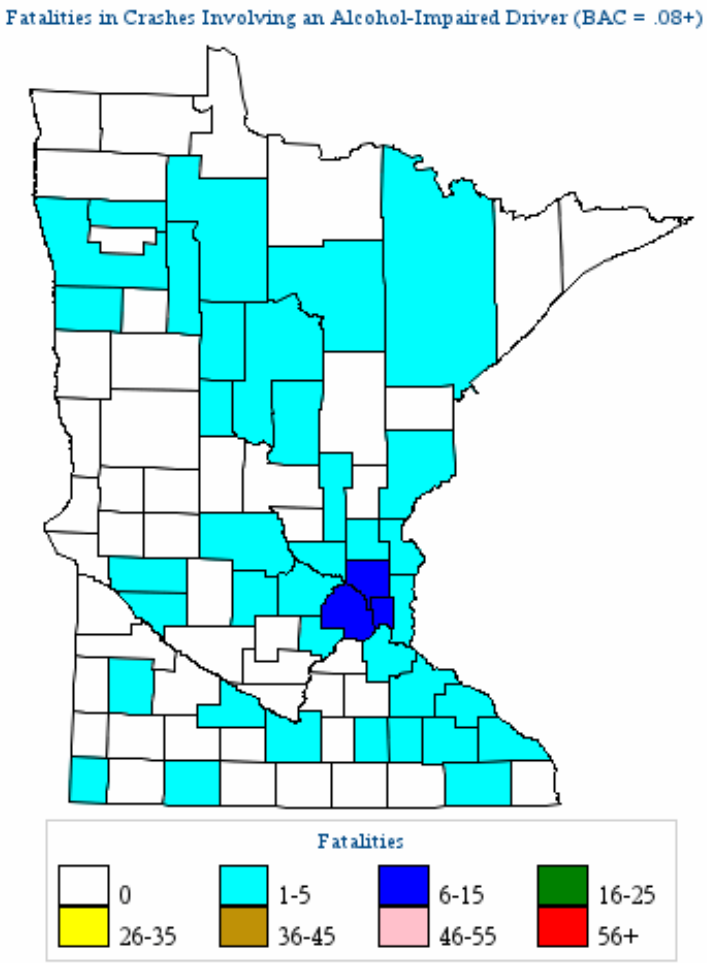
Minnesota DWI Arrests

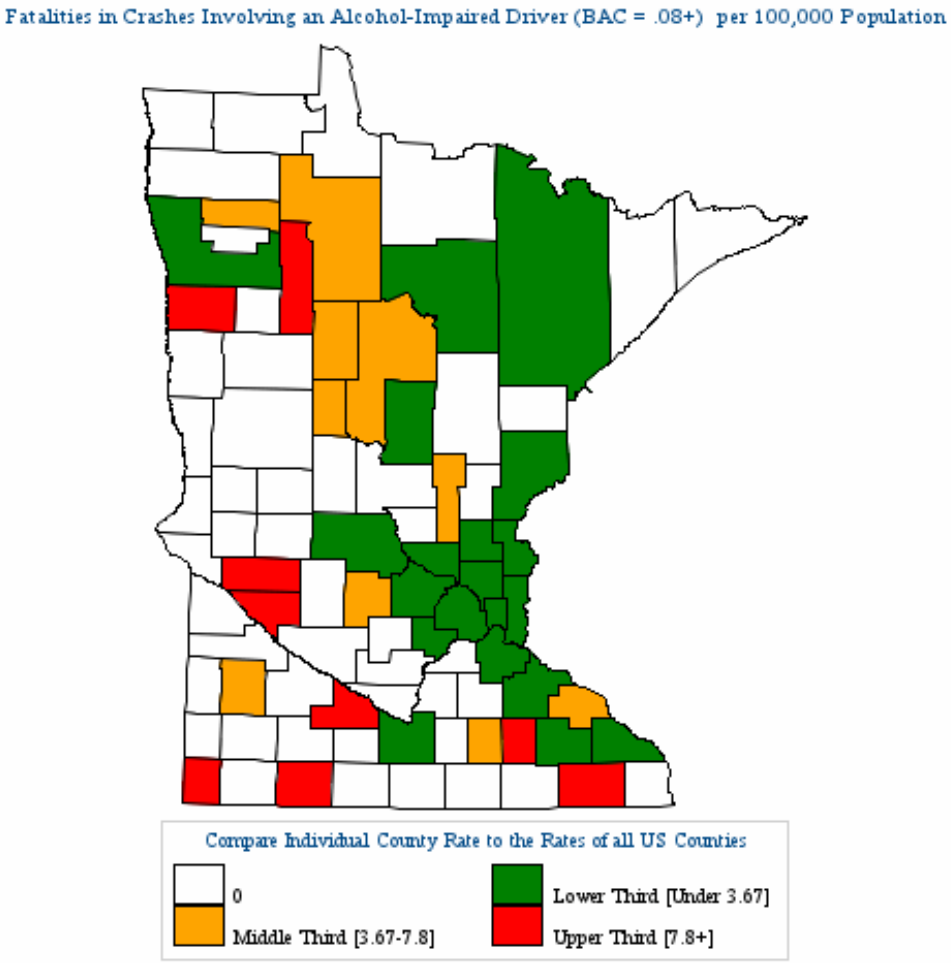
	2015	2016	2017	2018	2019
Alcohol-Impaired Driving Arrests BAC=.08+)	20,830	19,196	19,171	20,186	19,863

Minnesota DWI Fatalities

	2015	2016	2017	2018	2019
Alcohol-Impaired Driving Fatalities BAC=.08+) *	115 (28%)	95 (24%)	85 (24%)	104 (27%)	86 (24%)

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County for 2019





DRUG-IMPAIRED DRIVING

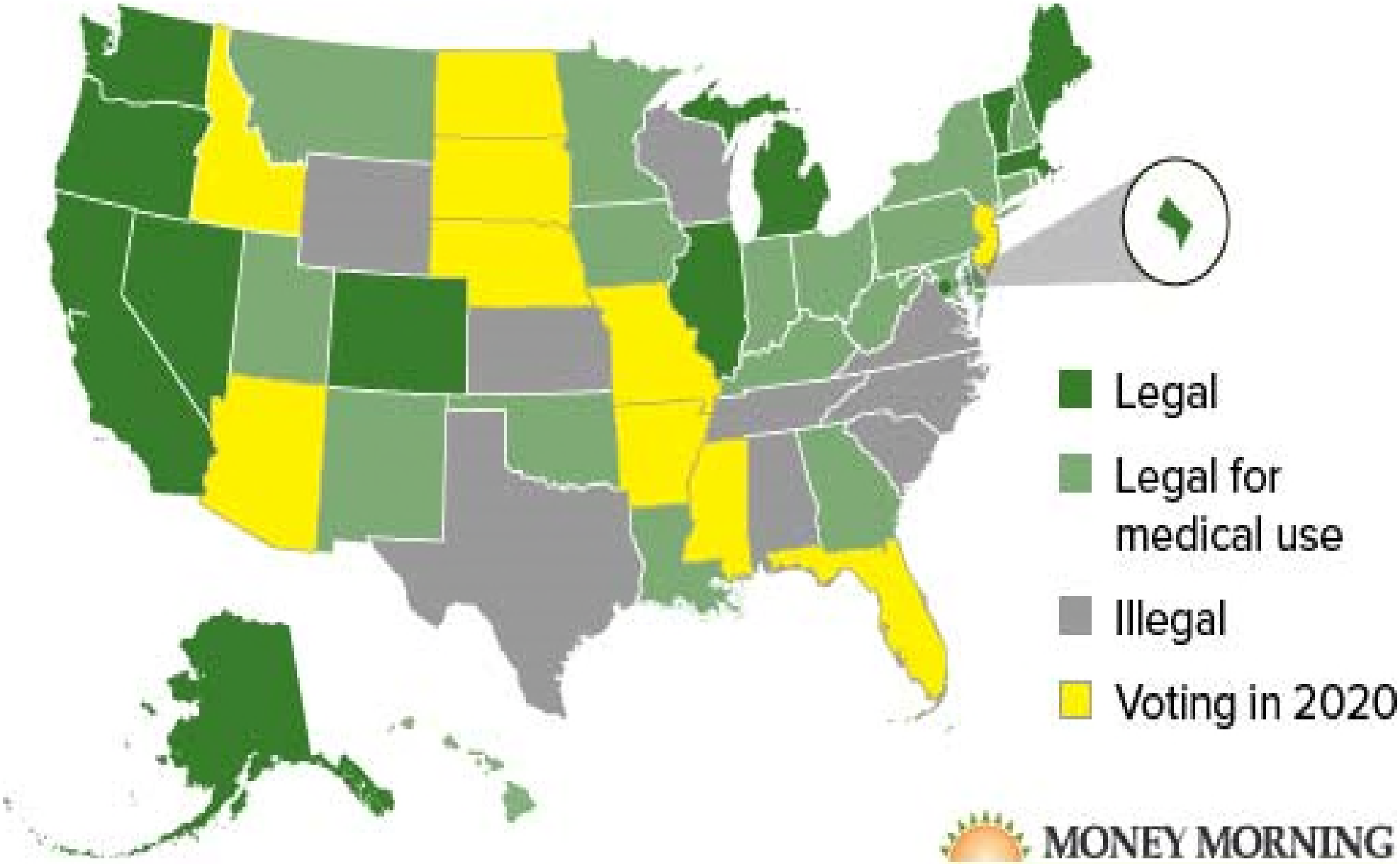
Capturing polysubstance use

- In the Miami-Dade study (Logan et al., 2014), 39% of drivers who were found to have a BAC above .08 also tested positive for the presence of drugs.
- In the Dane County, WI study (Edwards et al., 2017), nearly 40% of the subjects with BACs exceeding .10 screened positive for one or more drug categories in both oral fluid and blood.
- These are individuals who like would have only been prose for drunk driving.

Why does this matter?

States Voting on Marijuana in 2020

Ten states could have some form of legal marijuana on the ballot next year.



MONEY MORNING

4,300,000 individuals under community supervision in 2019

15% of this probation population have been convicted of DWIs

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

Approximately two thirds of individuals under community supervision are drug or alcohol involved

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Approximately 25% of individuals arrested and 30% of individuals convicted of DUI are repeat offenders.

Contact with the criminal justice system in and of itself, does not deter at least 1/4 of all offenders.

Good News!!!

Two Thirds of DWI Offenders self correct!

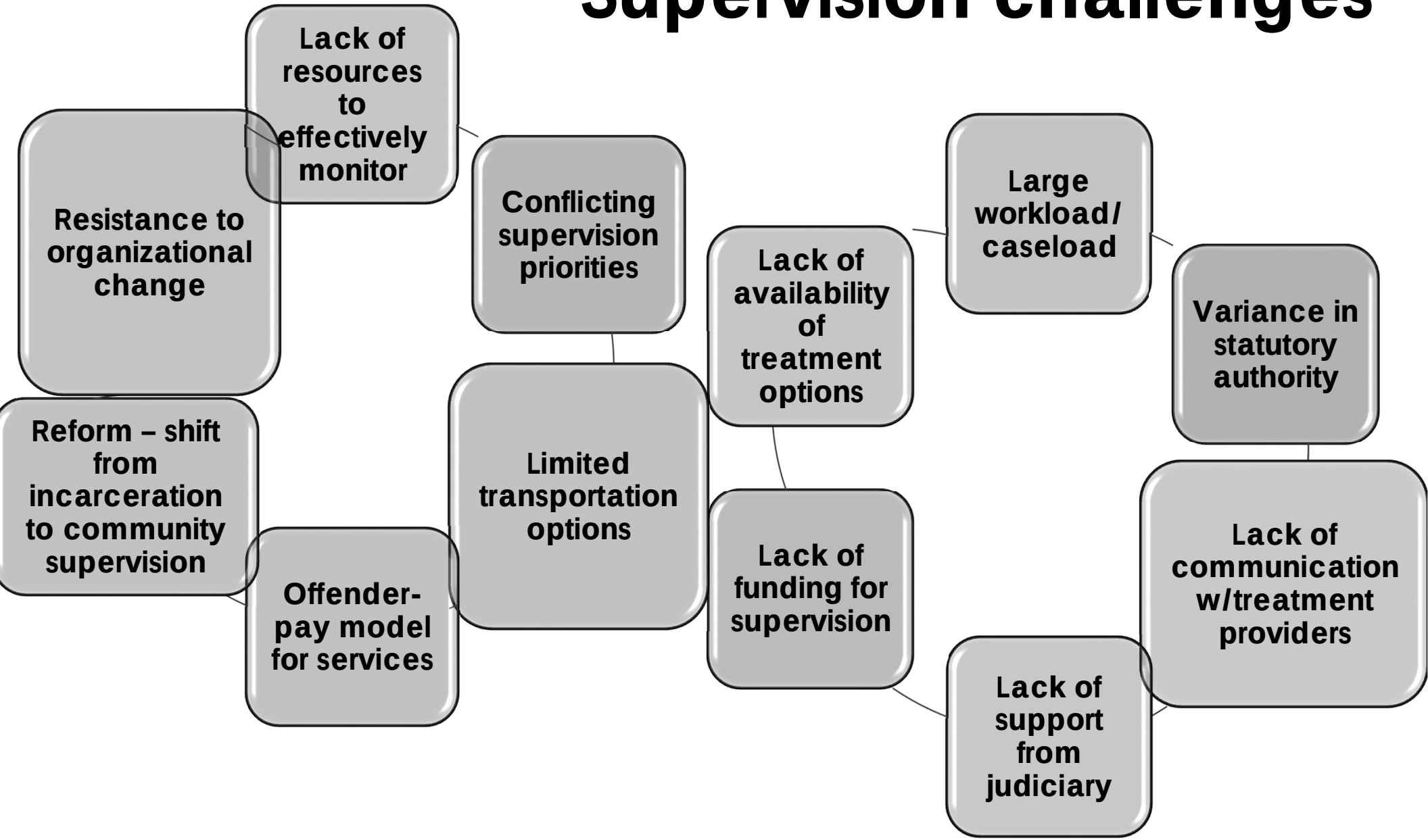
Unique challenges when supervising the third that don’t…

"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…"***

Supervision challenges



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

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 substance use disorders
- Have personality and psychosocial factors that increase risk of offending: irritability, aggression, thrill-seeking, impulsiveness, blaming others, anti-authoritarian attitudes

High-risk impaired drivers… who ARE these people?

Repeat impaired drivers

- Overwhelmingly male (90%); ages
- More often single, separated, or divorc
- Tend to have lower levels of education and 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.

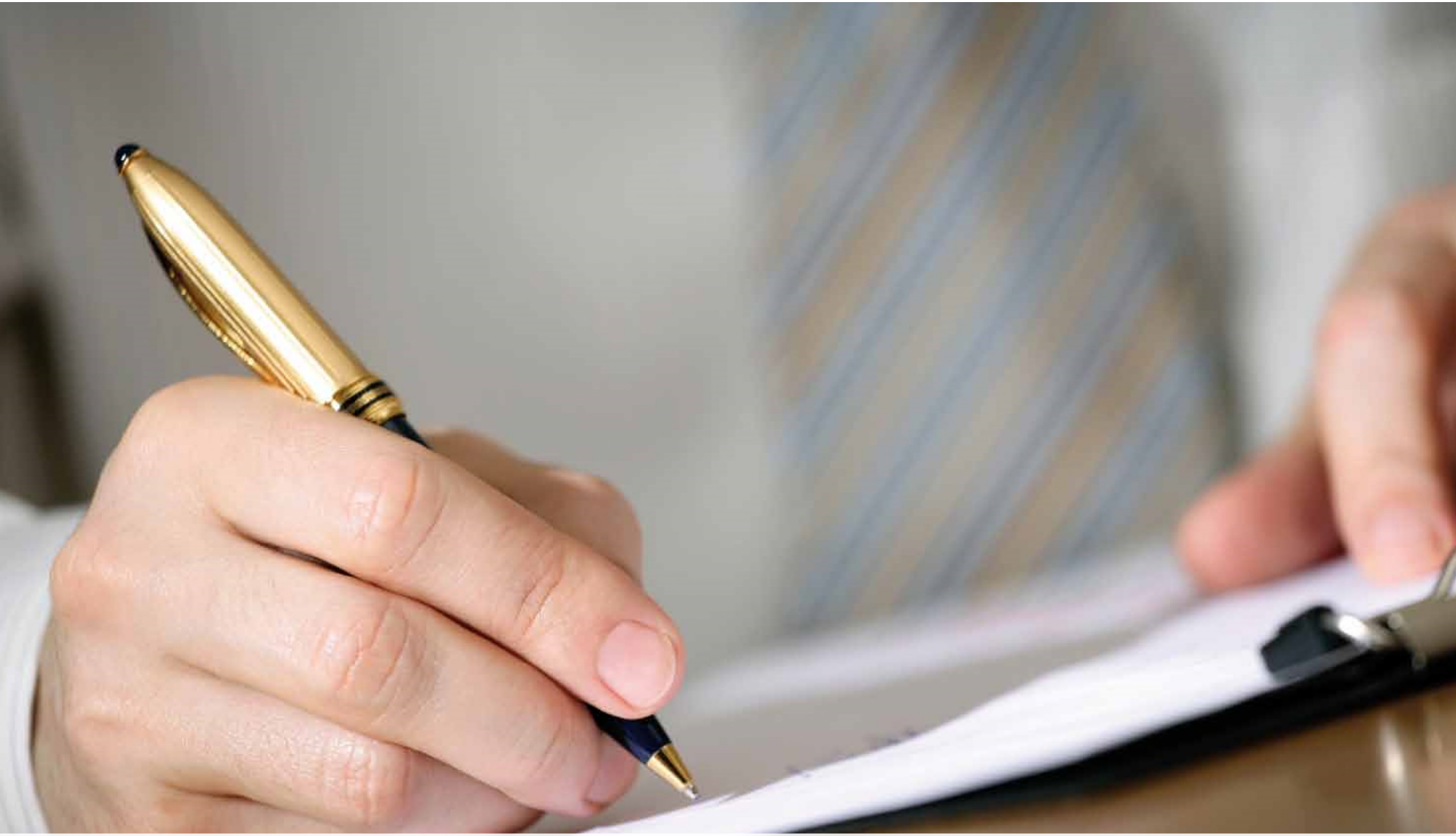
Repeat impaired drivers

- Likely to have cognitive impairments (executive cognitive functioning) due to long-term alcohol dependence.
- Repeat DUI offenders are more likely to have a higher disregard for authority and show greater indications of anti-social personality characteristics.
- **May result in lack of motivation implications for engagement in treatment.**

Assessing for Risk/Needs Among Impaired Drivers

Who is most likely to recidivate?

Are abuse or addiction the only causal factors we should be concerned about?



SCREENING & ASSESSMENT

Limitations of instruments

- Majority of instruments are not designed for or validated among DUI offender population.
- Using traditional assessments, DUI offenders are **commonly identified as low risk due to a lack of criminogenic factors.**
- DUI offenders often have unique needs and are resistant to change on account of limited insight.
- Recognition that specialized instruments should be created to accurately assess risk and needs of impaired drivers.

Screening

- Screening is the first step in the process of determining whether a DUI offender should be referred for treatment.
- At this stage, offenders who do not have substance or mental health issues are identified and those who may have issues can be sent for a more in-depth assessment.
- Essentially, screening is a way to strategically target limited resources by separating offenders into different categories (i.e., those who do not have an alcohol/mental health problem and those who likely do).
- The screening process in and of itself can also serve as a brief intervention as it requires the individual to begin to think about their use patterns and whether they are problematic.

Screening - who needs further assessment?

Where should we devote our resources ?

Assessment

- Ideally, screening and assessment would occur at the beginning of the process (such as during the pre-trial stage).
- The results can then be used to inform:
  - Sentencing decisions
  - Case management plans
  - Supervision levels
  - Treatment referrals/plans

- It is important to note that assessments can be repeated at multiple junctures throughout an offender's involvement in the criminal justice system to identify progress and to inform changes to existing plans as needed.

Common assessment instruments

Alcohol Dependence Scale (ADS)	Risk and Needs Triage (RANT)
Alcohol Severity Index (ASI)	Correctional Offender Management Profile for Alternative Sanctions (COMPAS)
Alcohol Use Disorder Identification Test (AUDIT)	Ohio Risk Assessment System (ORAS)
Inventory of Drug-Taking Situations (IDTS)	Static Risk and Offender Needs Guide (STRONG)
Drug Abuse Screening Test (DAST)	Texas Risk Assessment System (TRAS)
Michigan Alcoholism Screening Test (MAST)	Level of Service Inventory-Revised (LSI-R)
Substance Abuse Subtle Screening Inventory (SASSI)	Adverse Childhood Experience (ACE) Questionnaire
Research Institute on Addiction Self Inventory (RIASI)	Trauma Symptom Inventory (TSI)

Which instrument should I use?

- Validated through research
- Reliability; predictive value
- Standardized
- Appropriate for the target population
- Easy to use
- Informs decision-making
- Cost

Impaired Driving Assessment (IDA)

Major Risk Areas of DUI Recidivism

- Prior involvement in the justice system specifically related to impaired driving.
- Prior non-DUI involvement in the justice system.
- Prior involvement with alcohol and other drugs.
- Mental health and mood adjustment problems.
- Resistance to and non-compliance with current and past involvement in the justice system.

Are risk factors the same for drugged drivers?

IDA Components

Self-Report (SR)

32 questions

- Mental health and mood adjustment;
- AOD involvement and disruption;
- Social and legal non-conformity; and
- Acknowledgment of problem behaviors and motivation to seek help for these problems.

Evaluator Report (ER)

11 questions

- Past DWI/non-DWI involvement in judicial system;
- Prior education and treatment episodes;
- Past response to DWI education and/or treatment; and
- Current supervision and services status.

Online training is FINALLY available!

https://appa.academy.reliaslearning.com

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Stabby the Kitten

BRO! YOU'RE ON PROBATION!

59
YourChildhoodRuined.com
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Supervision

- Focus on the person, not the charge
- Address criminogenic needs
  - The Big Four
  - The Next Four

Criminogenic needs: The *"Big Four"*

History of Antisocial Behavior	This includes early involvement in any number of a variety of antisocial activities. Major indicators include being arrested at a young age, a large number of prior offenses, and rule violations while on conditional release.
Antisocial Personality Pattern	People with this factor are impulsive, adventurous, pleasure-seeking, involved in generalized trouble, restlessly aggressive, and show a callous disregard for others.
Antisocial Cognition	People with this factor hold attitudes, beliefs, values, rationalizations, and personal identity that is favorable to crime. Specific indicators include identifying with criminals, negative attitudes towards the law and justice system, beliefs that crime will yield rewards, and rationalizations that justify criminal behavior (e.g., the "victim deserved it").
Antisocial Associates	This factor includes both association with procriminal others and isolations from anticriminal others.

Source: Andrews & Bonta, 2010

Criminogenic needs: The *"Moderate Four"*

Family/Marital Circumstances	Poor-quality relationships between either the child and the parent (in the case of juvenile offenders) or spouses (in the case of adult offenders) in combination with either neutral expectations with regards to crime or procriminal expectations.
School/Work	Low levels of performance and involvement and low levels of rewards and satisfaction.
Leisure/Recreation	Low levels of involvement in and satisfaction from noncriminal leisure pursuits.
Substance Abuse	Problems with abusing alcohol and/or other drugs (excluding tobacco). Current problems with substance abuse indicate a higher risk than past substance abuse problems.

Source: Andrews & Bonta, 2010

Probation terms should be...

- Realistic
- Relevant
- Research based

Partnering and Collaboration

DWI Courts

DWI Courts-What does the research say?

Recidivism for repeat offenders that graduate from DWI courts tends to be low

Even if they don't graduate, their recidivism is lower

On average DWI Courts reduce recidivism by 13% (Campbell Collaboration Assessment)

Cost savings compared to traditional court

What Research Says about Hybrid Drug Courts

- Understand the difference in populations
  - DWI population is older
  - Typically more educated
  - Higher income
  - Societal attitudes towards alcohol

Treatment must be individualized!

If you can't do stand-alone DWI Court, separate court dockets

Supervision That Includes Technology

What Do We Know or Need to Know About Technology?

- Alcohol monitoring tools are truly situation-based
- If we aren't using alcohol monitoring with our clients, how do we know they are staying sober?
- Supervision +Treatment + Tools work with appropriate interventions based on risk level of client
- Budgetary constraints play a factor

Ignition Interlock-What does the research say?

Reduces recidivism…. While installed

32% reduction in recidivism-when used in conjunction with treatment

Transdermal Alcohol Devices

Mobile Alcohol Monitoring Technology

ORAL FLUID TESTING

Oral fluid technology

Will not catch everyone but casts a wide net…

Oral fluid is not a silver bullet

- **Oral fluid results in and of themselves <u>CANNOT</u> determine whether a driver is impaired.**
- The best use of oral fluid is as a corroborative test for drug ingestion in situations where a trained officer has observed signs and symptoms of impairment.
- Officers must rely on observations and information obtained from SFSTs, ARIDE training, or DRE evaluations when making determinations about impairment. A positive result can assist in confirming suspicions.
- **Oral fluid is another investigative tool!**

Testing considerations

- Test for both alcohol and drugs
- Broad testing panel
- Mix up your protocol
- Are there ways to capture synthetic drugs?
- Pay attention to technological advances
- Resources

Could apply to both DUI/DUID offenders…

you never know if your DUI client is actually a polysubstance-impaired driver.

Broad Field Testing
TASC recommends testing for-

Alcohol

Amphetamine

Barbiturates

Benzodiazepines

Buprenorphine

Cocaine

EtG

Fentanyl

Heroin,

MDMA

Methadone

Opiates

Oxycodone

Phencyclidine

Propoxyphene

THC

Tramadol

And in a perfect world,

Ketamine

Synthetic Cannabinoids (Spice/K2)

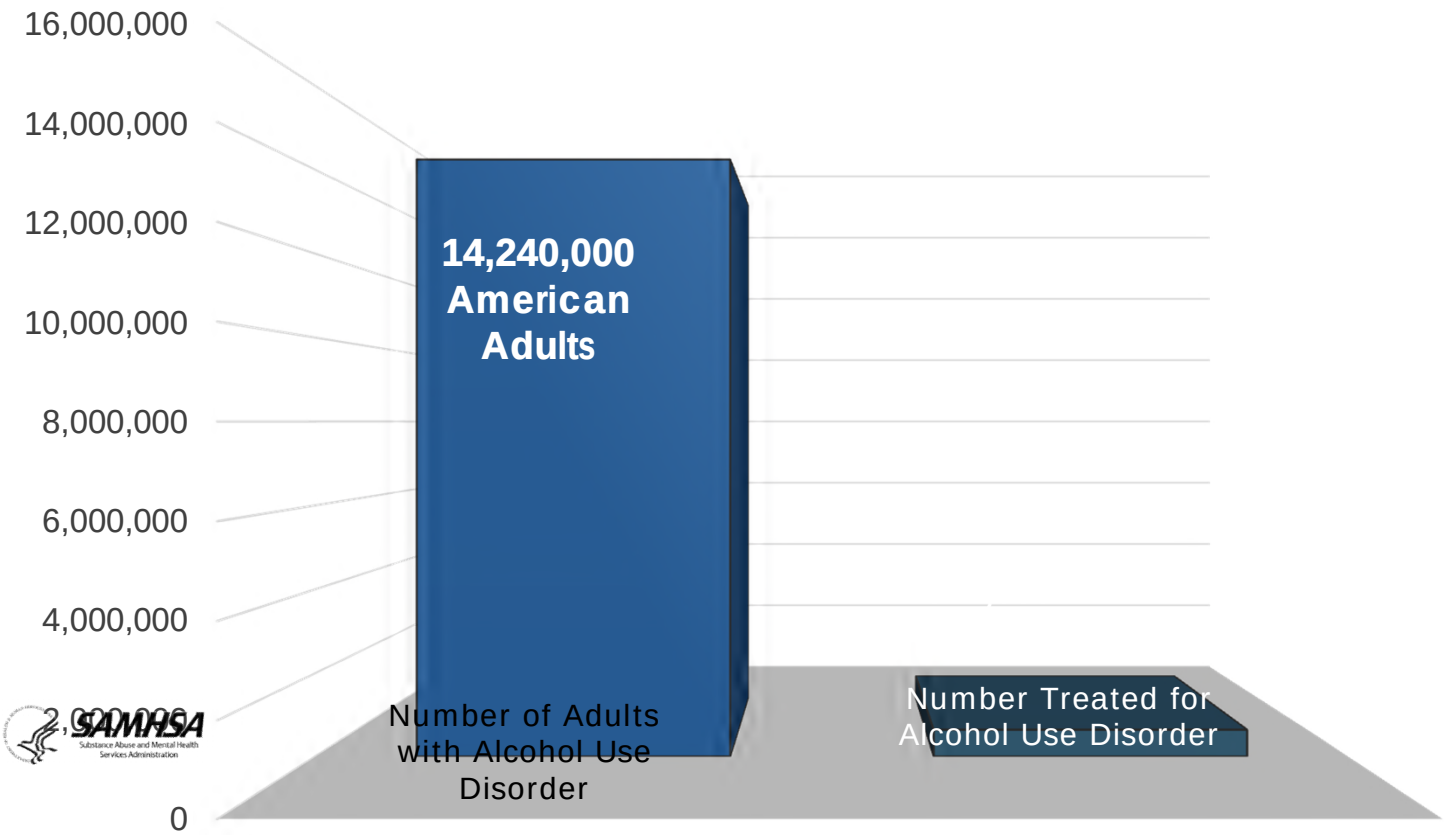
Synthetic Cathinones (Bath Salts)

Tramadol

Foundation:

Evidence-Based Principles for Effective Interventions

Alcohol Use Disorder: Number Needing but Not Receiving Treatment



Only
4%
who needed treatment received it

rence: SAMHSA 2017-2018 National
eys on Drug Use and Health: Model-
d Estimated Totals, Page 50. Accessed
20, 2020 at:
s://www.samhsa.gov/data/sites/default/
reports/rpt23259/NSDUHsaeTotals2018
DUHsaeTotals2018.pdf

TREATMENT CONSIDERATIONS

- Is the treatment approach is an EBP model?
- SAMHSA approved?
- Is treatment manual-based?
  - Beware of counterfeits
  - Not every intervention that is manualized is EBP
- IOP VS. Residential Treatment

Medication-Assisted Treatment

- Best when complimented with counseling and other behavioral therapies.
- Provides relief from withdrawal symptoms.
- Prevents drugs from working (antagonist).
- Reduces cravings.
- Provides replacement chemicals (agonist).
- Causes aversive reactions.

Important treatment considerations

Are you involving family members?

Are you paying attention to your client's physical condition (e.g., insomnia, pain management)?

Are you employing gender-sensitive approaches?

Are you using a trauma-informed approach?

Are you addressing co-occurring issues concurrently?

So What Could Possibly Go Wrong?

COMPREHENSIVE APPROACH: ASSESSMENT, SUPERVISION, TREATMENT

QUESTIONS?

Mark Stodola
Probation Fellow
American Probation and Parole Association
Probationfellow@csg.org
(602) 402-0523