



**After the Conviction; Using Evidence Based
Practices in Assessment, Sentencing,
Supervision and Treatment to Reduce
Recidivism of High Risk Impaired Drivers**

Mark Stodola

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Session Objectives

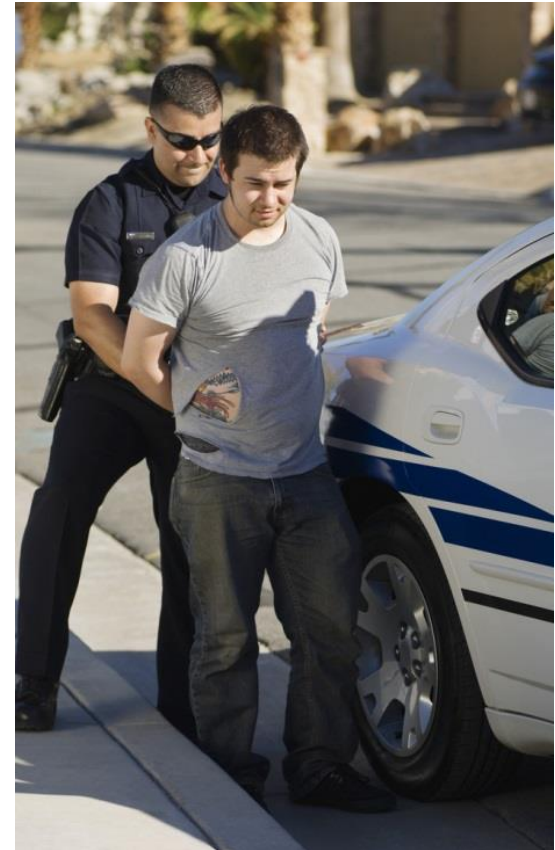
- Alcohol technology countermeasures and research-based practices to reduce the possibility of re-offense by high risk impaired drivers
- How the Impaired Driver Assessment can impact supervision strategies
- How DUI Courts can effectively reduce recidivism for high risk impaired drivers
- Research-based 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

A photograph of a bar counter. In the foreground, a wine glass filled with white wine and a tall glass of beer with a white head of foam are prominently displayed. The background is blurred, showing various bottles and beer taps. The lighting is warm and ambient, typical of a bar setting.

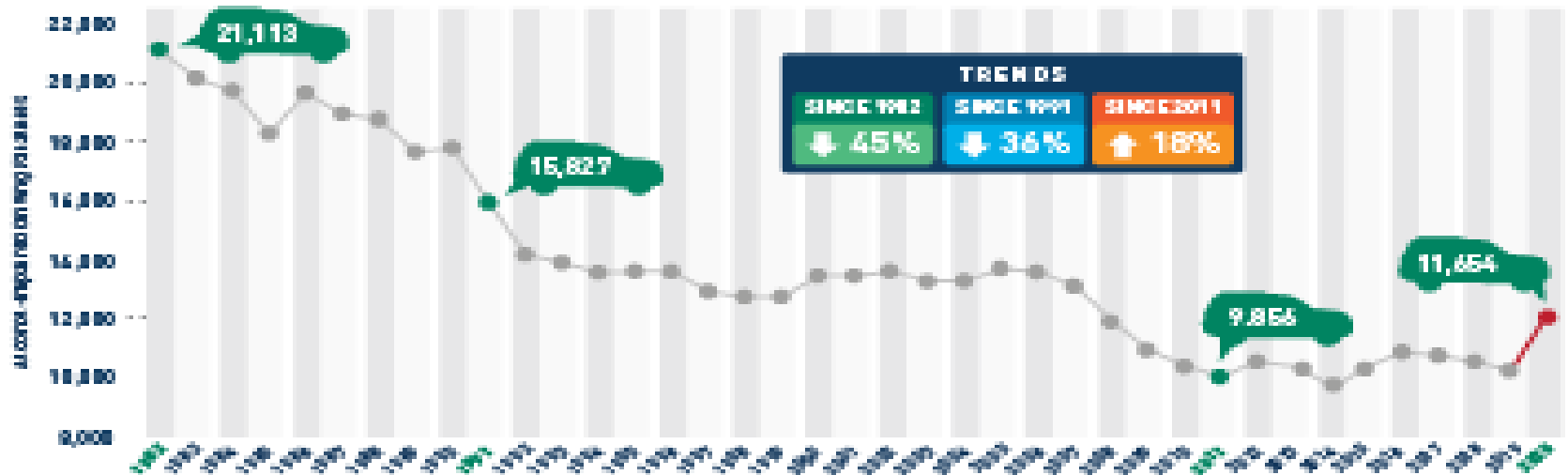
ALCOHOL-IMPAIRED DRIVING

Drunk Driving by the Numbers

- **In 2019, there were 1,024,508 drivers arrested for DUI.**
- **In 2020, there was a 14% increase in DWI fatalities**
- **An alcohol-impaired driving fatality occurs every 48 minutes.**
- **In 2020, there were 11,654 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.**
- **121 million drunk driving episodes occurred in 2019.**



Drunk Driving Deaths Increased 14% in 2020



Together, we can end impaired driving, and it will take everyone and effective and proven solutions.

North Carolina DWI Arrests

Impaired Driving Arrests
(BAC=.08+)*

2017
30,277

2018
27,915

2019
14,702

2020
13,452

North Carolina DWI Fatalities

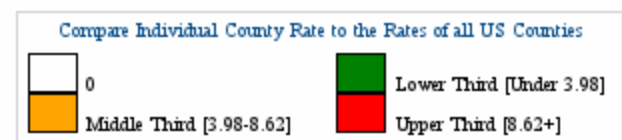
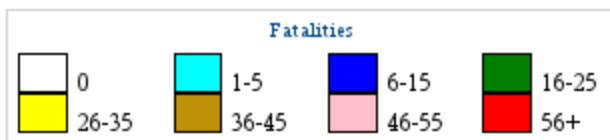
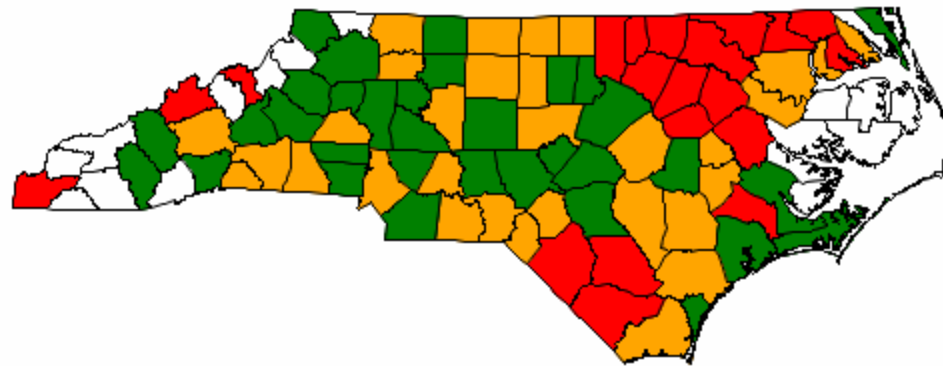
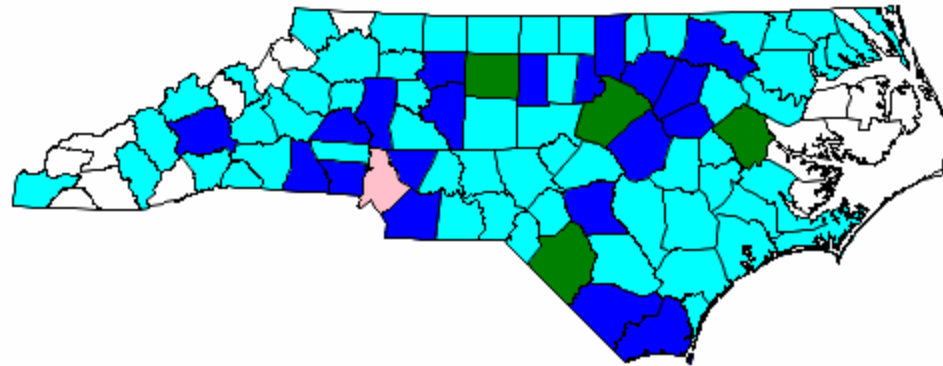
Impaired Driving Arrests
(BAC=.08+)*

<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
399	419	386	454
(28%)	(29%)	(27%)	(30/2%)

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County for 2020

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

Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) per 100,000 Population





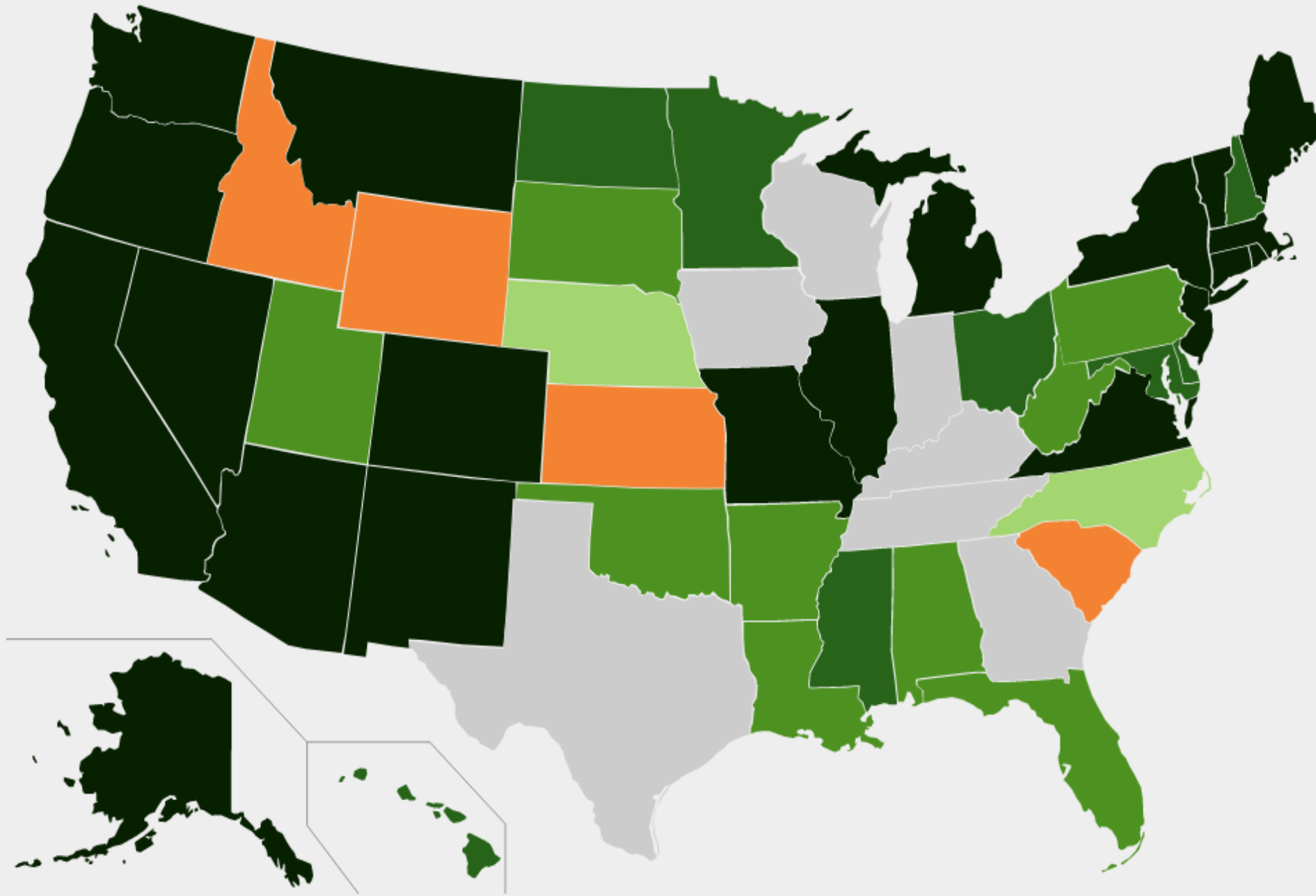
3,890.400 individuals under community supervision in 2020

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

● Legalized ● Medical and Decriminalized ● Medical ● Decriminalized ● CBD with THC Only ● Fully illegal



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.



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





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

Good News!!!

Two Thirds of DWI Offenders self correct!



Unique challenges when supervising the 1/3...



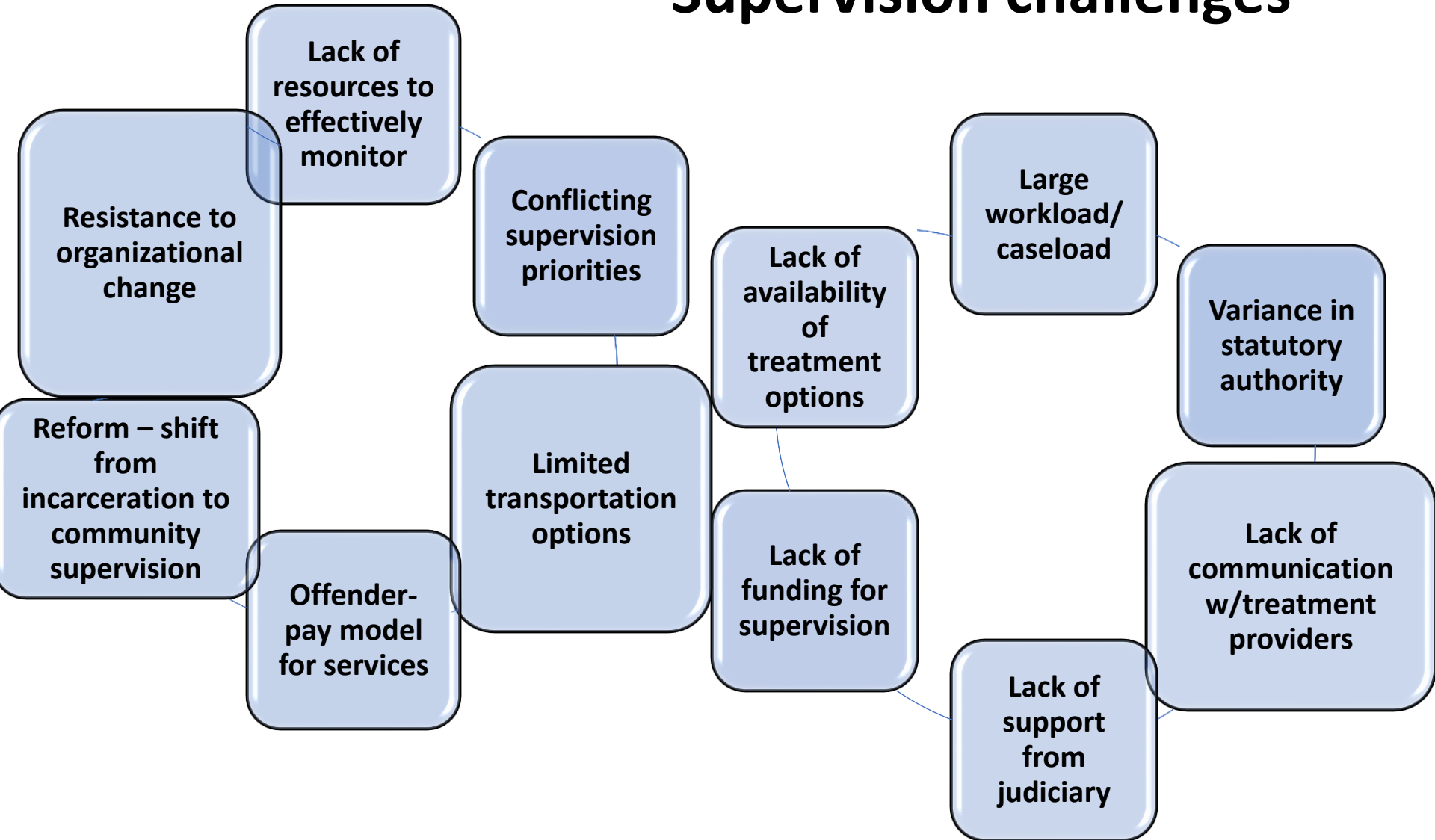
“I only had 2 beers...”

“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...”*



Supervision challenges



Who is most likely to recidivate?



A photograph of four men in business attire standing in a line against a height chart. The men are dressed in various styles of suits, including jackets, shirts, and ties. The height chart in the background has horizontal lines and some numbers on the right side, but they are out of focus. The overall image is slightly blurred, giving it a candid or documentary feel.

**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?**





Repeat impaired drivers

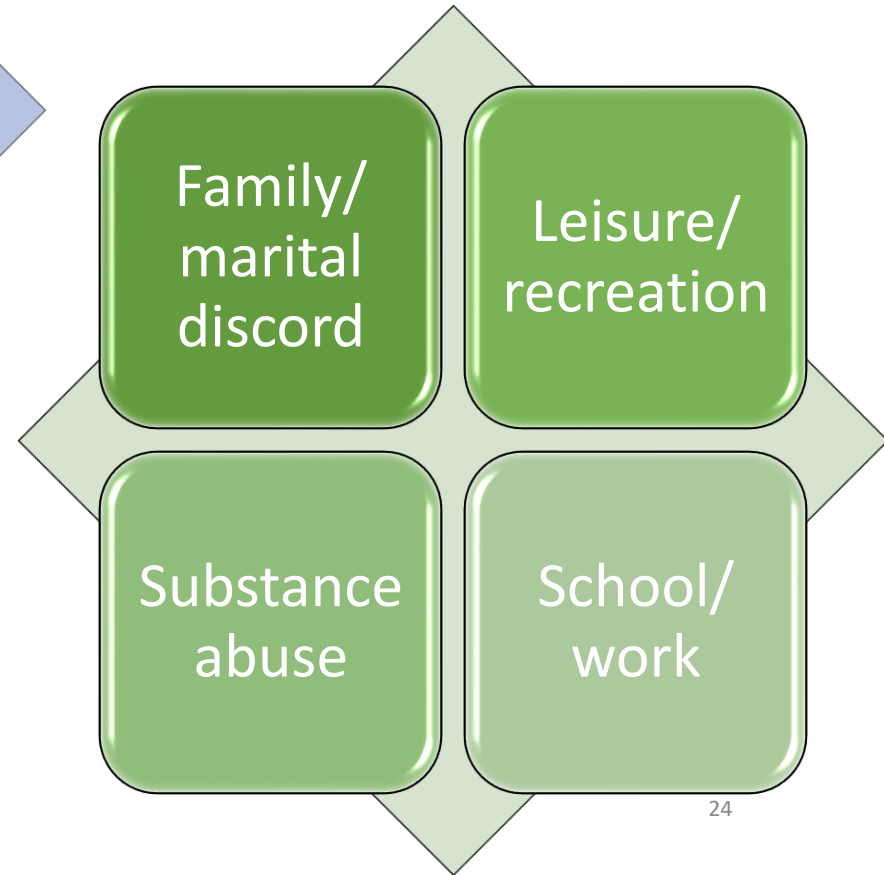
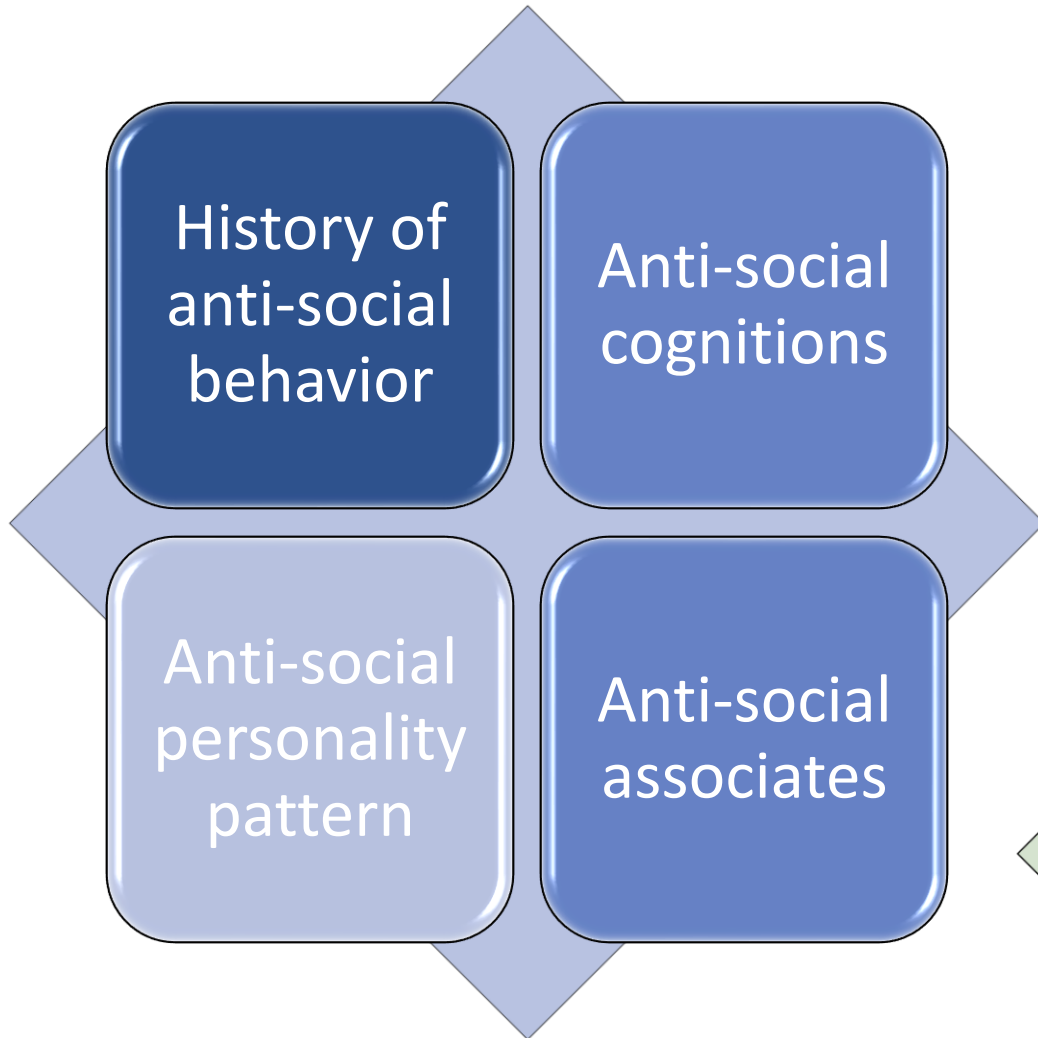
- Overwhelmingly male (90%); ages 20-45
- More often single, separated, or divorced
- Tend to have lower levels of education/income and higher levels of unemployment compared to first offenders
- More likely to have BACs exceeding .20 or refuse to provide a chemical sample
- Age of onset of drinking,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

Criminogenic risk factors





SCREENING & ASSESSMENT

Do you assess for risk and needs with impaired drivers?

Do your assessment tools tell you what you need to know?



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.



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.





Major Risk Areas of DUI Recidivism

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

**Assessment
can occur at
multiple
intercepts**

Post-arrest

Pre-trial

Pre-sentencing

Post-conviction

Community supervision

Treatment program



Which instrument should I use?

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



It Takes More Than a Judge to Effect Change

- Improved coordination between agencies
- Prompt responses to violations
- Effective and responsive treatment
- Evidence-based treatment and supervision
- Resources



Working Together

Collaborate

Collaborate
with treatment
court
community

Promote

Promote
judicial
education

Coordinate

Promote
coordination
and
communication

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

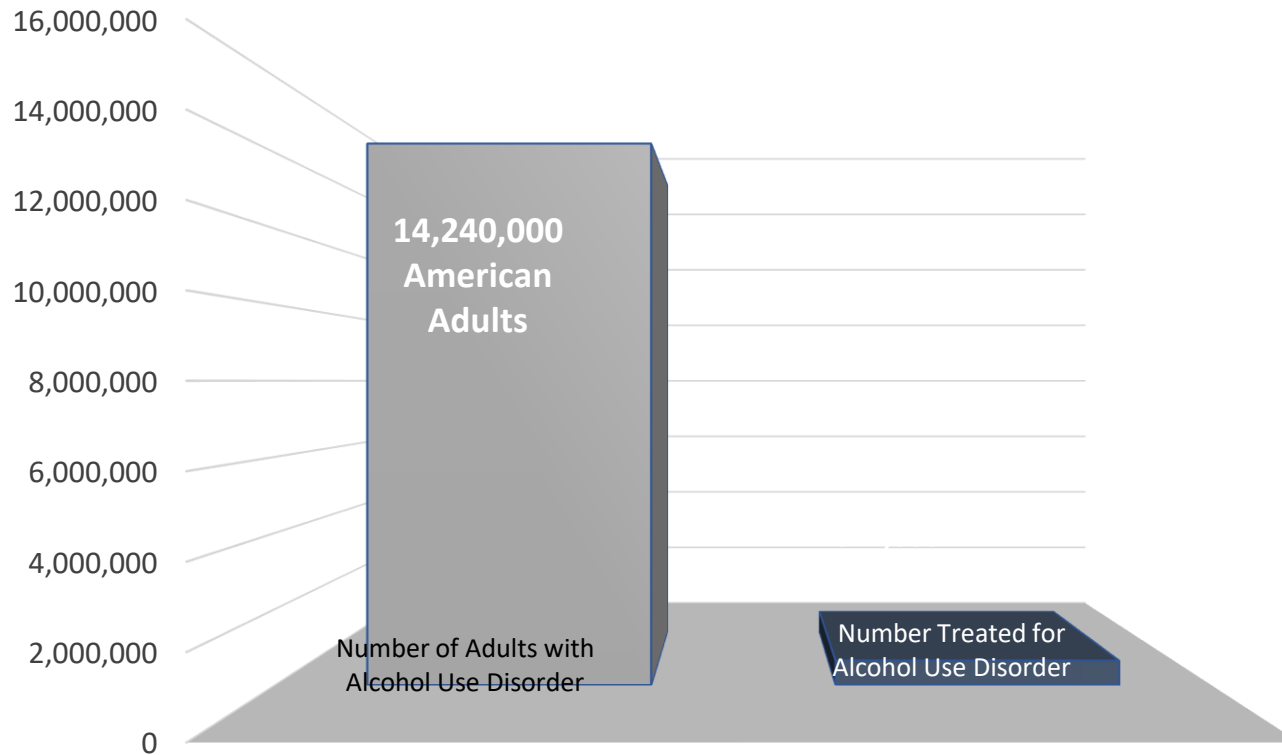
Treatment & Interventions for Impaired Drivers

Foundation:

Evidence-Based Principles for Effective Interventions



Alcohol Use Disorder: Number Needing but Not Receiving Treatment



Only
4%
who needed
treatment
received it

Source: SAMHSA 2017-2018 National Surveys on Use and Health: Model-based Estimated Totals, 50. Accessed July 20, 2020 at: <https://www.samhsa.gov/data/sites/default/files/report/2020/2020NSDUHsaeTotals2018/NSDUHsaeTotals2018.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**

What is a DWI court?



change behavior *collaborative team approach*
court monitoring

holistic and comprehensive *accountability*

high-risk / high-need

frequent alcohol and drug testing *long-term treatment*

recovery

intensive supervision

non-adversarial



Applying the wrong
intervention may have
undesirable effects

Treatment alone

Intensive supervision

Frequent testing

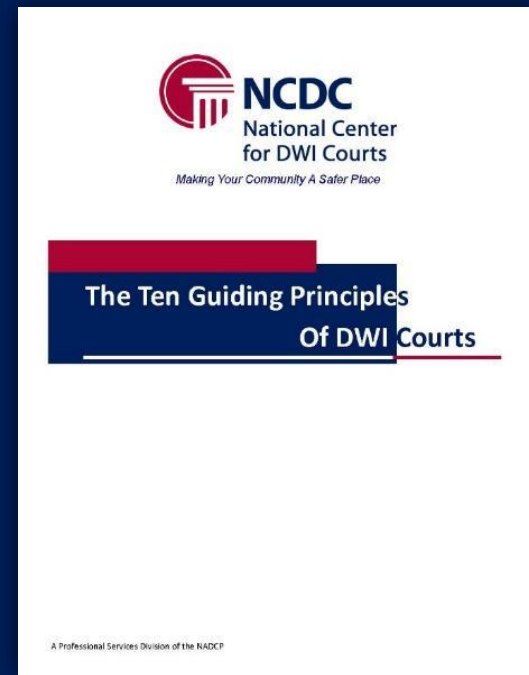
Ignition interlock

Incarceration

DWI courts

Why are DWI courts effective?

1. Target the Population
2. Provide a Clinical Assessment
3. Develop the Treatment Model
4. Supervise and Detect Behavior
5. Develop Community Partnerships
6. Take an Active Judicial Role
7. Provide Case Management
8. Solve Transportation Barriers
9. Evaluate the Program
10. Ensure Sustainability





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



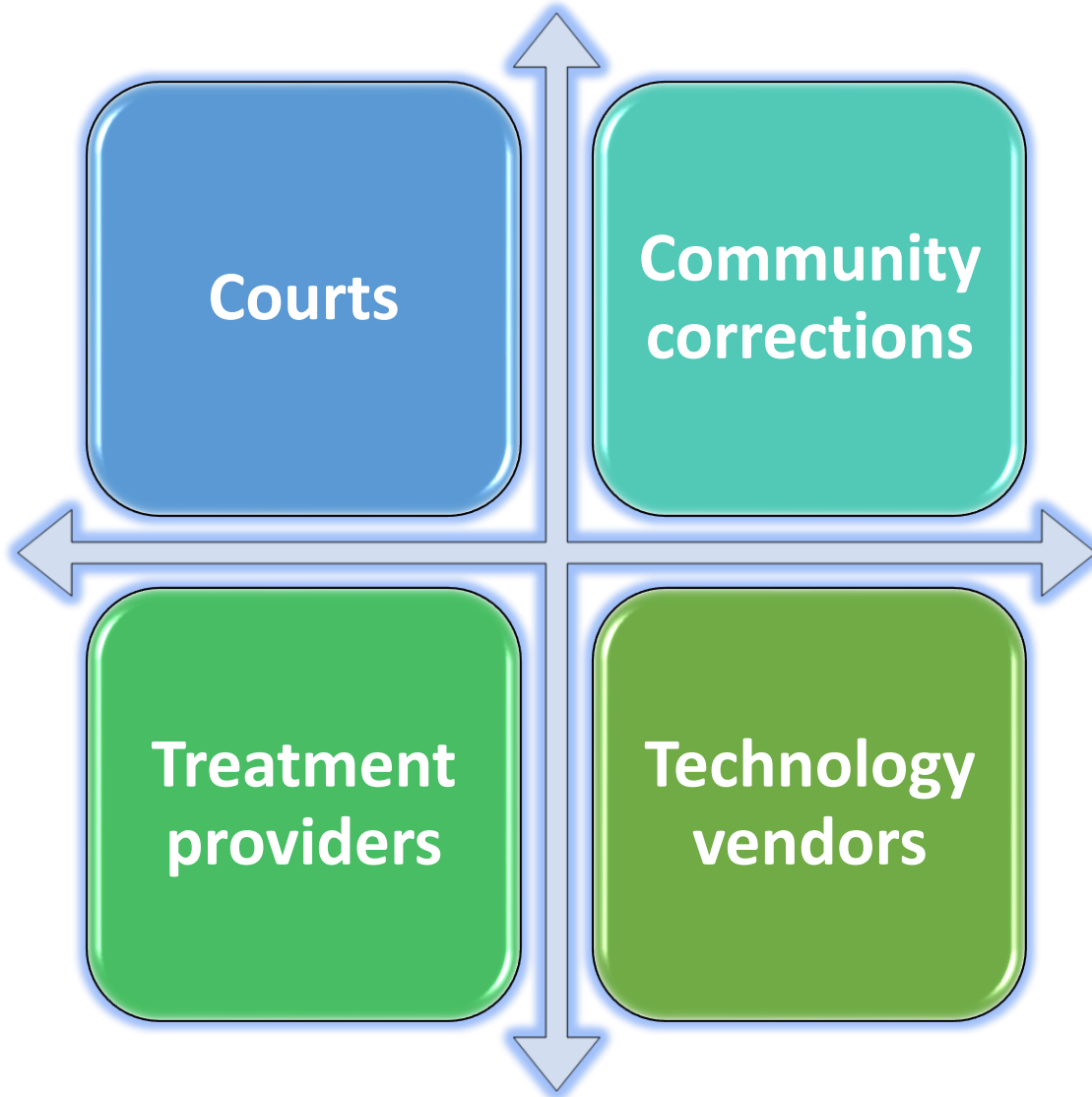
POLY-SUBSTANCE USE

*Focus on the behavior,
not the drug of choice.*

*Addiction is a disease and
drug of choice is a moving target.*



Partnering & Collaboration





Utilize all tools available

- Screening/assessment for substance use and mental health disorders
- Refer to appropriate treatment interventions that are tailored to individuals' risk level and specific needs
- Treat co-occurring disorders concurrently
- Use technology to monitor compliance and progress (e.g., ignition interlocks, continuous alcohol monitoring, random drug testing, etc.)
- Hold offenders accountable for non-compliance
- Apply swift, certain, and meaningful sanctions

So What Could Possibly Go Wrong?





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?

Contact Information

Mark Stodola

American Probation and Parole Association

Probationfellow@csg.org