The Changing Landscape of Impaired Driving

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OBJECTIVES

- Identify the factors that have influenced the increase in impaired driving fatalities
- Identify research-based strategies that are effective in the supervision of impaired drivers
- Identify drug/alcohol testing strategies to maximize client accountability
- Identify the characteristics and profiles of impaired drivers and the criminogenic risk factors that increase their likelihood of recidivating

Where have we Been?



The AUTO BEER BAR



The New Boon to Motorists!

Installed in your car the same as a Radio

DOES DRIVING a car make you thirsty?
Why, of course it does?

But no more dry, parched throats now!

Simply have an AUTO BEER BAR installed in your car and laugh at dusty roads!

Your favorite beverage on tap all the time. Invaluable in traffic jams or on Sundays.

The Bock Auto Bar Company



Where we are Today

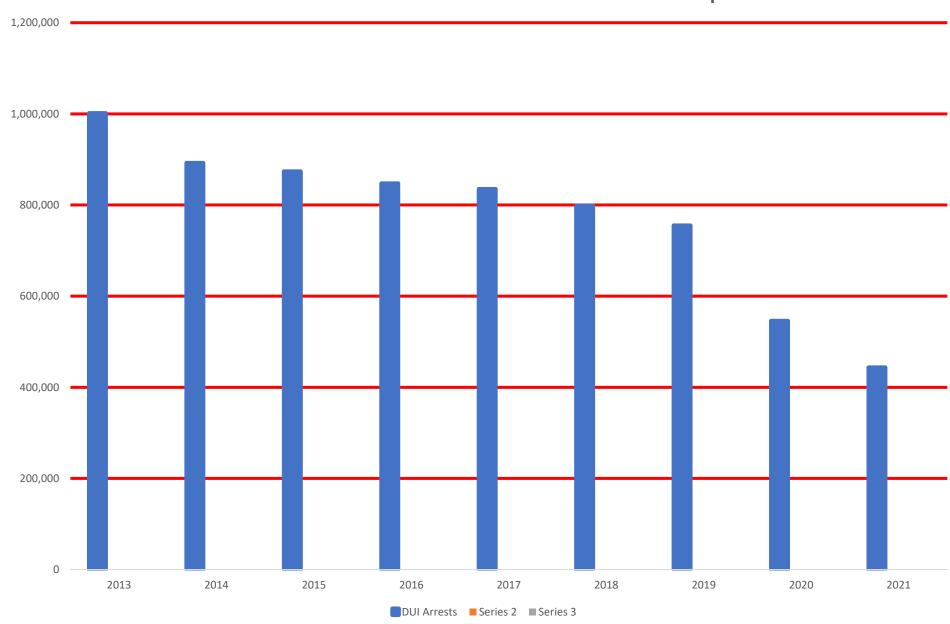


Impaired Driving by The Numbers

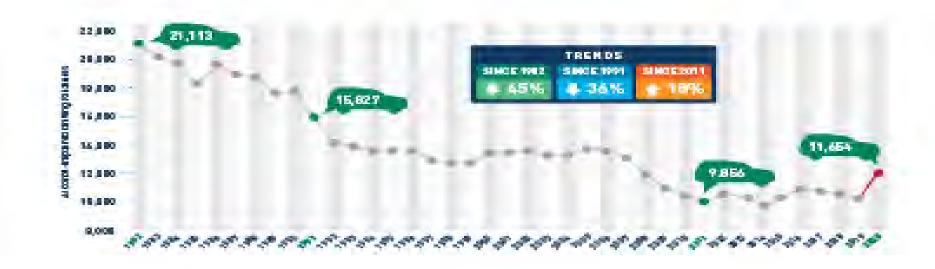
- In 2019, there were 1,024,508 drivers arrested for DUI.
- An alcohol-impaired driving fatality occurs every 48 minutes.
- In 2021, there were **13,284** alcohol-related traffic fatalities.
 - This is a 14% increase over 2020
- In 2018, the most frequently recorded BAC among drinking drivers in fatal crashes was .16
- 121 million drunk driving episodes occurred in 2019.



DUI Arrests 2013-2021-FBI Data Crime Explorer

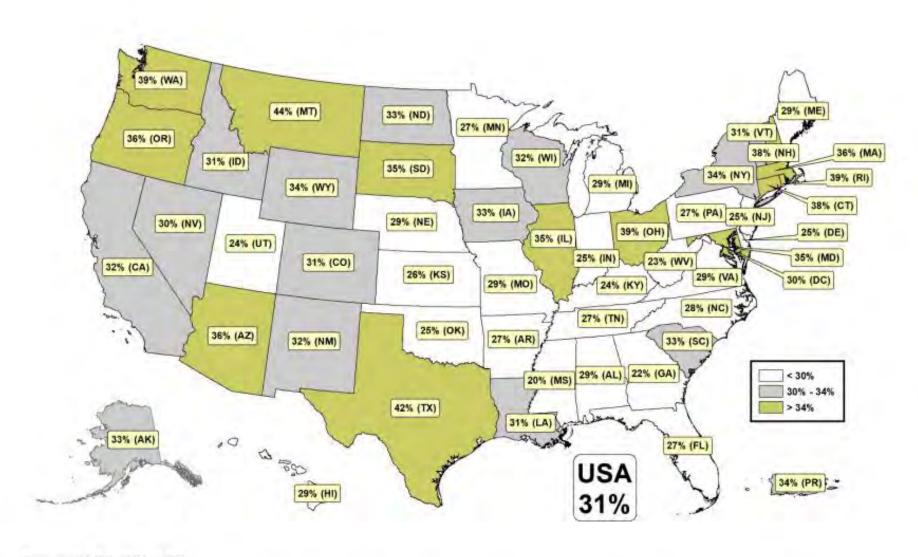


Drunk Driving Deaths Increased 14% in 2020



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

Alcohol-Impaired-Driving Fatalities as a Percentage of Total Fatalities 2021



Source: FARS 2021 ARF

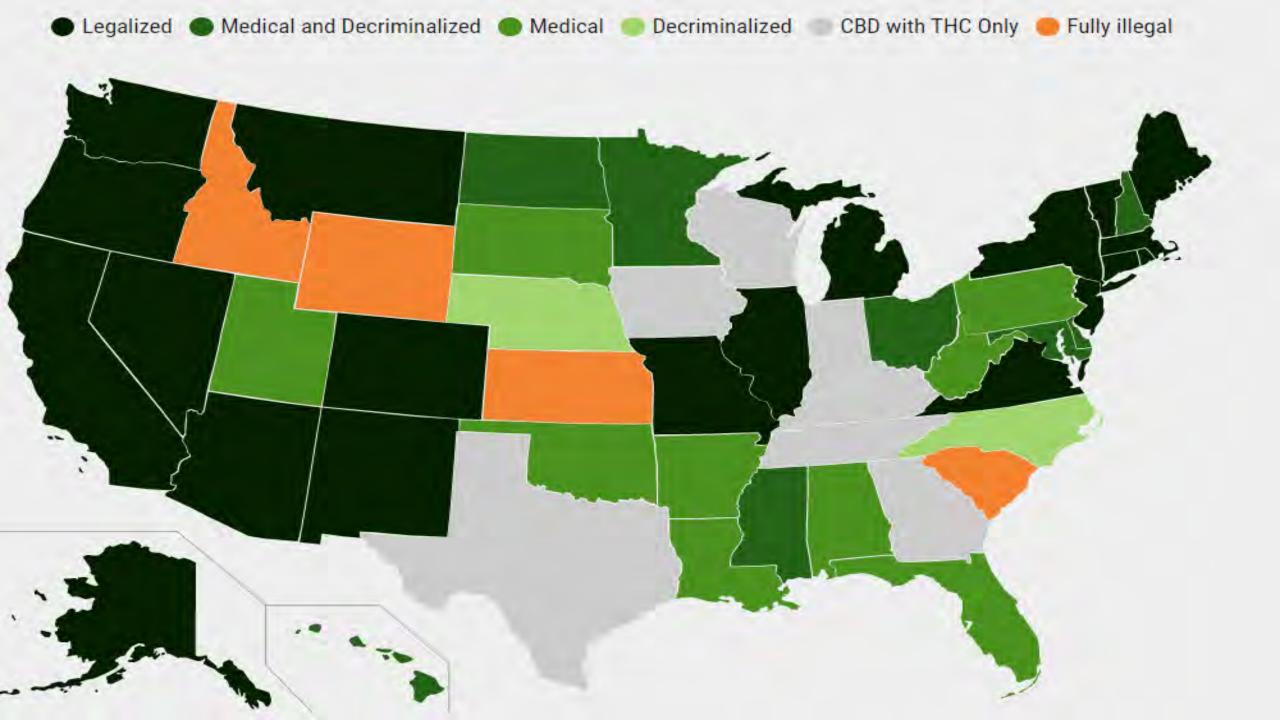
Figure 12. Alcohol-Impaired-Driving Fatalities as Percentages of Total Traffic Fatalities, by State, 2021

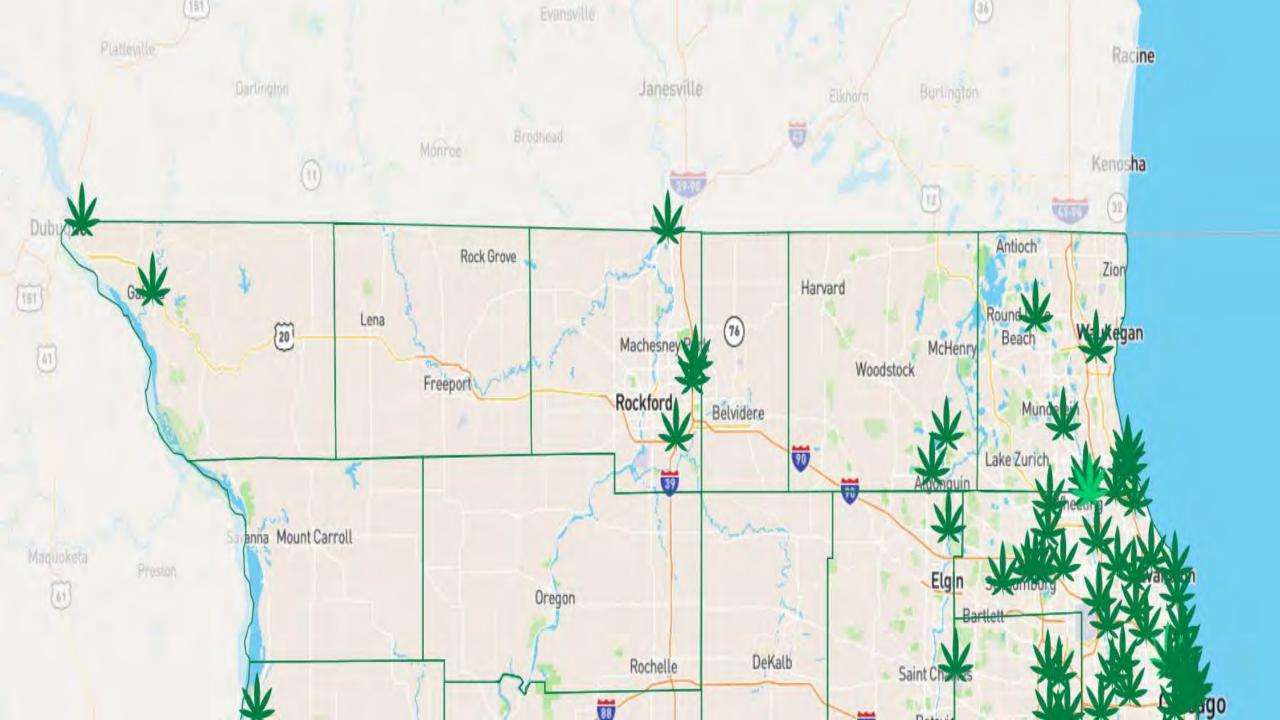
Table 1. Fatalities in Alcohol-Impaired-Driving Traffic Crashes, by Role, 2021

Role	Number	Percent	
Alcohol-Impaired Drivers	8,089	60%	
Passengers Riding With Alcohol-Impaired Drivers	1,603	12%	
Subtotal	9,692	72%	
Occupants of Other Vehicles	2,085	16% 12%	
Nonoccupants (pedestrians/pedalcyclists/other)	1,607		
Total Alcohol-Impaired-Driving Fatalities	13,384	100%	

Source: FARS 2021 ARF

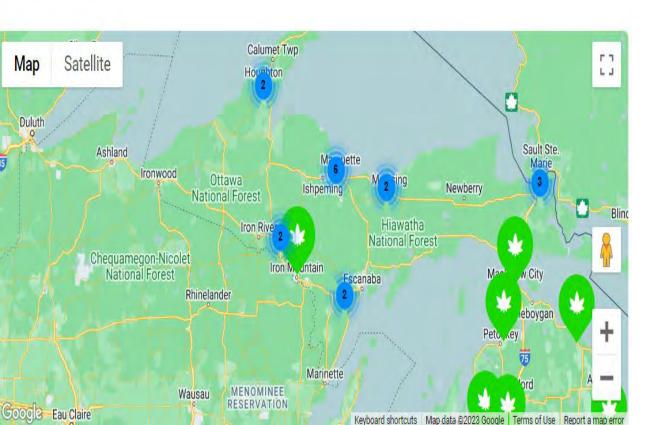
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Michigan Pot Shops

Recreational Marijuana Dispensaries



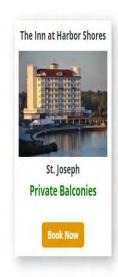


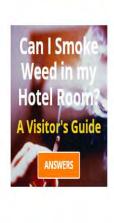
Featured Hotels

Private Balconies and Smoking Rooms

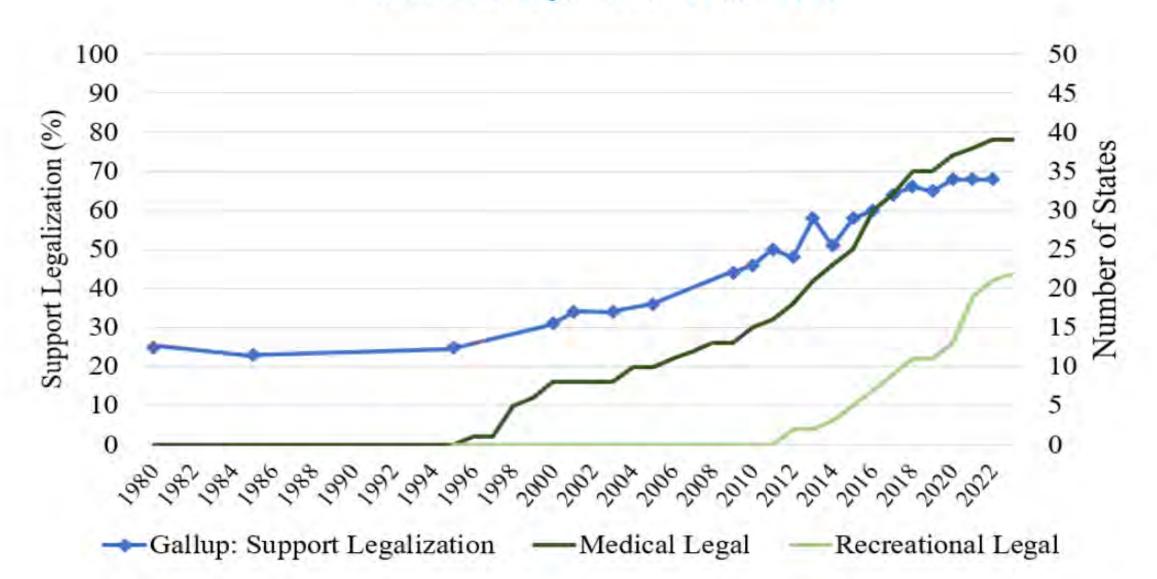


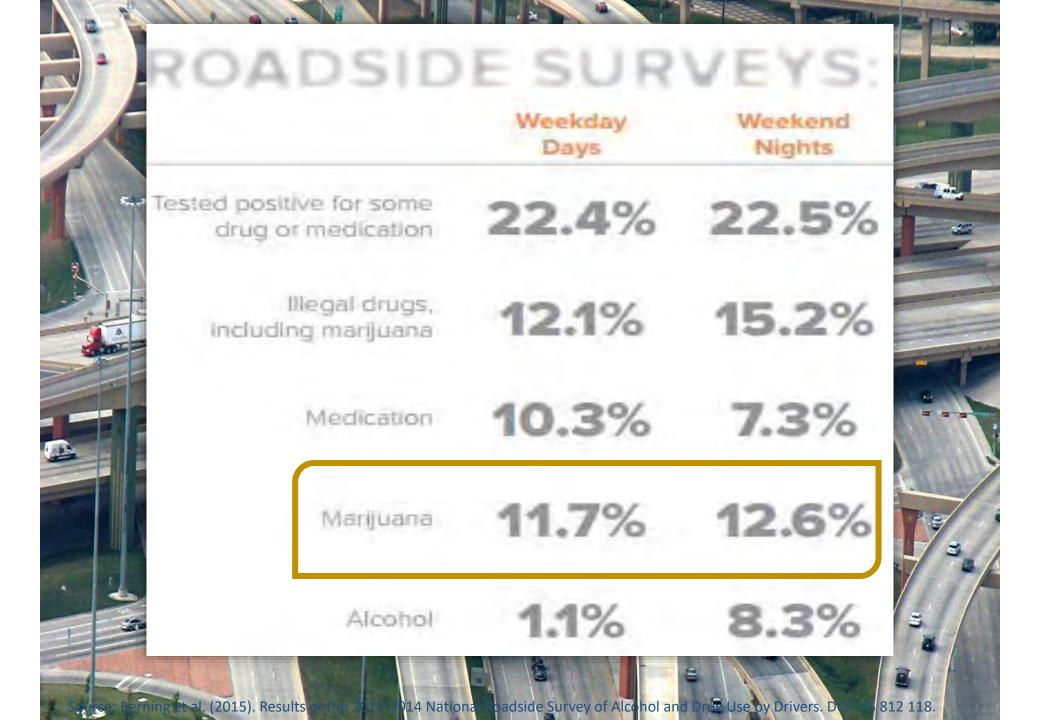






Cannabis Legalization 1980 - 2023

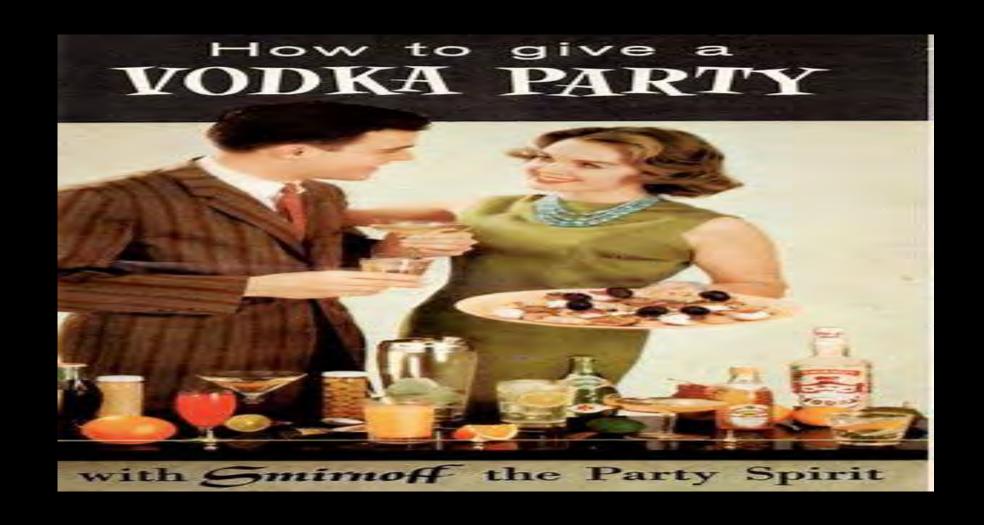




Weed Cops

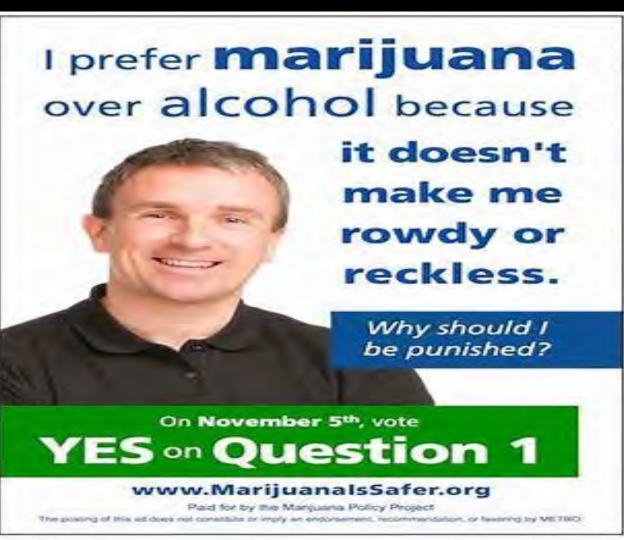


Where we were with alcohol in the 70's.....



Is Where we are with marijuana today





Other MJ Challenges

- MJ related impairment is now 2nd to alcohol in impaired driving stats
- Inconsistency of States, IE- adopting certain concentrations versus zero tolerance.
- One third of MJ users consume on a daily basis.
- 78% of Americans have access to legal marijuana
- 20% of MJ users account for 80% of product consumption.
- MJ prices have dropped by 50%

3/30/2023

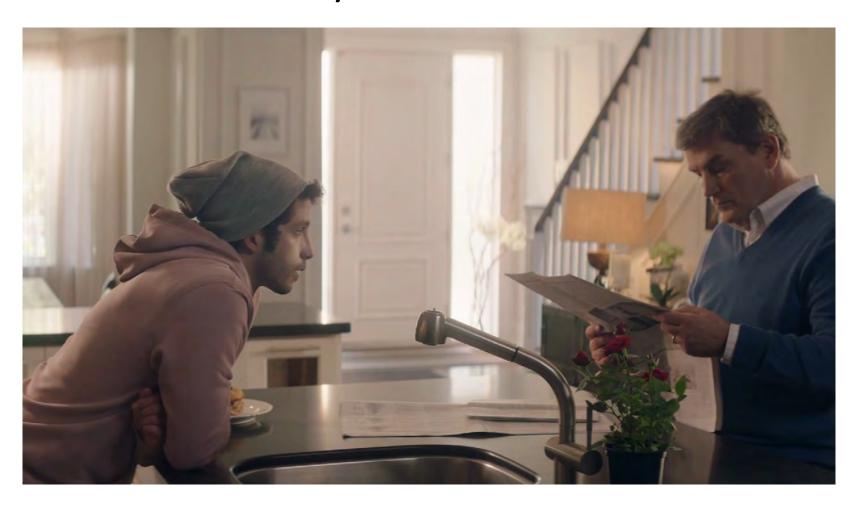
MJ and Other Drugs

Research—Other Drugs

- Medical/Recreational MJ reduces opioid use, no effect on ODs or deaths
- Medical/Recreational MJ reduces opioid prescriptions
- Medical/Recreational MJ increases combined alcohol/MJ use
- Medical/Recreational MJ no effect on alcohol sales
- Medical/Recreational MJ Questional effect on other drug use

Is there such a thing as a gateway drug?

Seniors are the fastest demographic of MJ users in the country







Law enforcement pull over a driver swerving on the roadway. The driver has the odor of alcohol on his breath. There is a small bag of what appeared to be marijuana on the passenger seat. When the driver exited his vehicle, officers found a prescription for Percocet on the driver seat. The driver is under the influence of-

- Marijuana
- Alcohol
- Percocet
- Beats the hell out of me

Traditional impaired driving enforcement

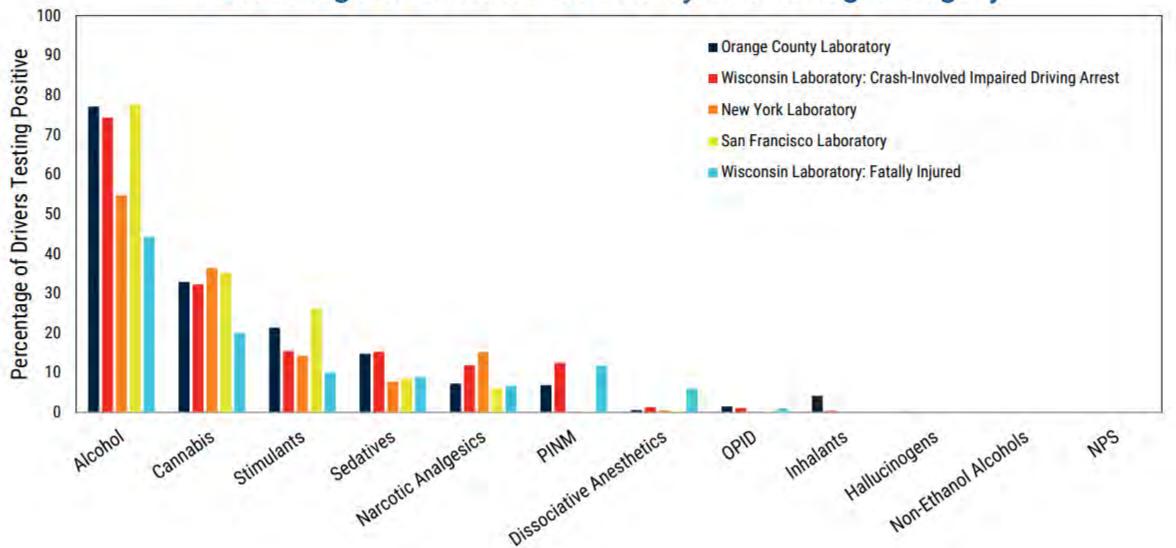
- DUI is the ONLY crime where the investigation stops after obtaining a minimum amount of evidence.
- Current protocols prevent drug testing once a suspect registers an illegal BAC.
- Implications:
 - » Hinders the ability to measure the true magnitude of the drug-impaired driving problem.
 - » Many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



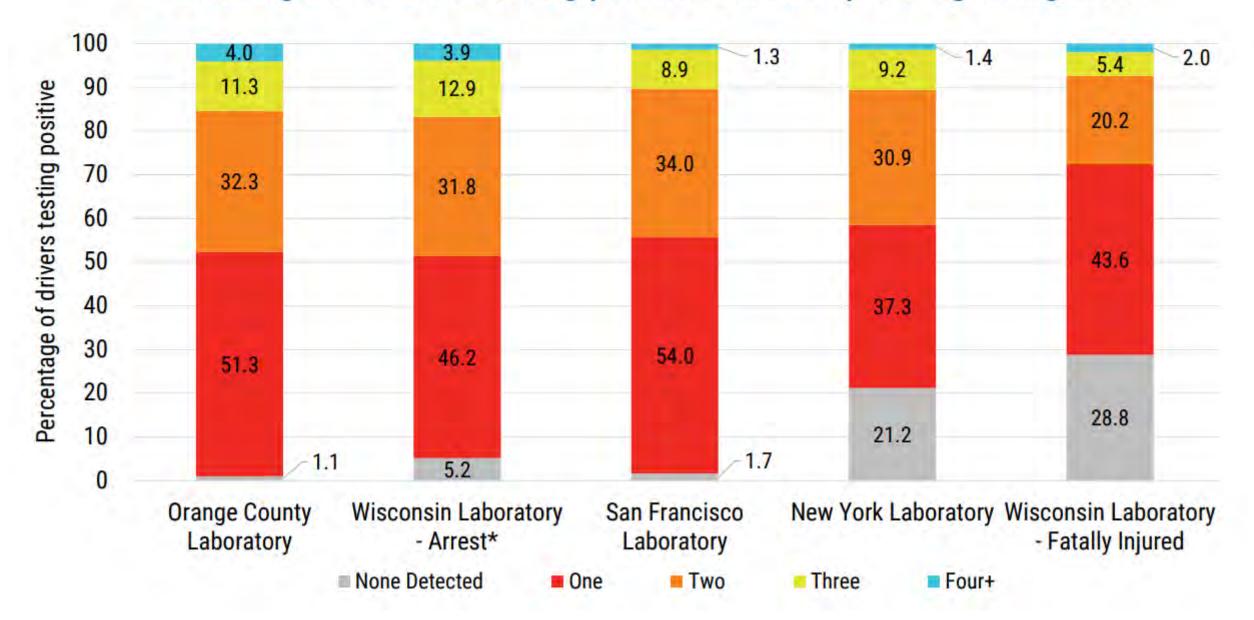
Four Study Toxicology Laboratories

Data Provided	Orange County Laboratory	Wisconsin Laboratory	Wisconsin Laboratory	San Francisco Laboratory	New York Laboratory
Driver Population	Impaired driving arrests	Crash-involved impaired driving arrests	Crash- involved fatally injured	Impaired driving arrests	Crash-involved suspected impaired-driving cases involving fatality or serious injury
Potentially Impairing Compounds Tested	183	136	136	54	39
Data Start Date	8/1/2018	1/1/2019	1/1/2019	3/20/2015	5/7/2020
Data End Date	7/30/2020	3/31/2021	3/31/2021	12/31/2018	6/8/2021
Sample Size	14,051	9,569	406	2,075	217

Percentage of Drivers Positive by Each Drug Category



Percentage of drivers testing positive for multiple drug categories



Summary of Results

- Alcohol was the most prevalent drug detected among impaired drivers followed by cannabis
- About half of drivers tested positive for more than one category of drug (including alcohol)
- Alcohol was most often detected alone, without any other drugs
- Cannabis was usually detected with at least one other drug category
- While alcohol countermeasures must remain the highest priority, countermeasures that address cannabis and other drugs are also needed

Effects of "Stop Testing" Procedures

- Stop testing refers to cancelling additional drug testing if alcohol is detected over a certain BAC
- Many drivers over a certain BAC will never be tested for other drugs
- Estimated data loss if Orange County laboratory had used stop testing at BAC ≥ 0.08 g/dL
 - About 70% would not have been tested for other drugs
 - Within that group, 43% tested positive for other potentially impairing drugs, representing 30% of all drivers



With impaired drivers, don't assume!

The drunk driver before you could actually be a polysubstance user.

Challenges to Understanding Drug Prevalence



Data Loss

Inconsistencies

Traffic Event

Sample Collection

Toxicology Testing Reporting & Databases

Analysis

Who is tested?

Under what circumstances?

Delay in sample collection?

Which matrix is collected?

What is the drug panel?

What are the cutoffs?

What equipment and procedures?

Screening and confirmation?

Quantification?

All drug results?

Quantification?

Equipment and procedure?

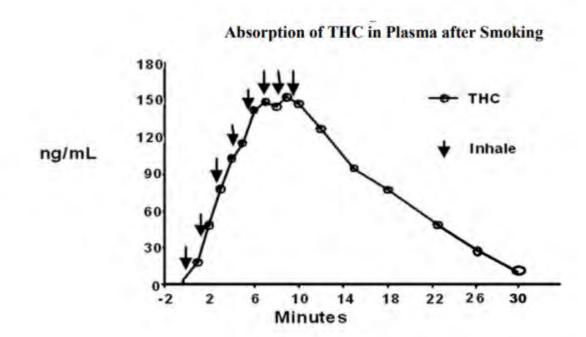
Drug inclusion?

Drug categorization?



Time Between Event and Sample Collection

- Drugs may quicky metabolize out of a driver's system
- Reducing time delays between a traffic event and specimen collection is critical
- THC concentrations rise rapidly over the course of minutes
- Within 30 minutes THC concentrations drop to 80-90% of peak
- After a few hours, only low or no THC can be detected in blood











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
- P Have personality and psychosocial factors that increase risk of offending: irritability, aggression, thrill-seeking, impulsiveness, external locus of control (blaming others), antiauthoritarian 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

HARIA SIGNAL

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

Supervision challenges Lack of resources to effectively monitor Large Conflicting workload/ **Resistance to** supervision caseload organizational Lack of priorities change availability Variance in of statutory treatment authority options Reform – shift from Limited incarceration to transportation Lack of community options Lack of supervision communication funding for Offenderw/treatment supervision pay model providers for services Lack of support

from judiciary

Sentencing To Reduce Recidivism: What Doesn't Work

- Fines & jail alone
- Traditional probation
- Community service
- License suspension
- Victim impact panels

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





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.









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 noncompliance with current and past involvement in the justice system.



Which instrument should I use?

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

Testing-Supervision That Includes Technology



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



DUID testing

Testing method	Location	Pros	Cons
Oral fluid/saliva	Roadside (screening)	 Identifies presence of recent use Easy to administer Inexpensive Results in less than five minutes 	 Quality of kits varies Not overly sensitive, especially for cannabis Not specific; generally test for drug classes Short window of detection
Blood	Laboratory (evidentiary)	'Gold standard'Conclusive, sensitive, and specific	 Short window of detection Expensive (e.g., \$300 in CO) Requires trained individual to conduct blood draw
Urine	Laboratory (evidentiary)	Long window of detectionConclusive, sensitive, and specific	Officers must observe suspectsExpensive
Oral fluid/saliva	Laboratory (evidentiary)	- Conclusive, sensitive, and specific	Short window of detectionVery expensiveFew qualified labs

So What Could Possibly Go Wrong?



Don't live in a silo!!



What you do matters!!

- Among sentenced individuals in jail, 63 percent have an SUD
- From 2000 to 2019, the number of local jail inmates who died from all causes increased 33 percent; the number who died from drug/alcohol intoxication during the same period increased 397 percent
- The median length of stay for addicted women in jail before death from alcohol or drug intoxication was just 1 day
- In 2022 overdose deaths totaled 110,000 people
- The worst thing I've ever seen in 40 years of criminal justice...



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.



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