Reaching the 33%: How Do We Stop the High-Risk Impaired Driver?

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Overview

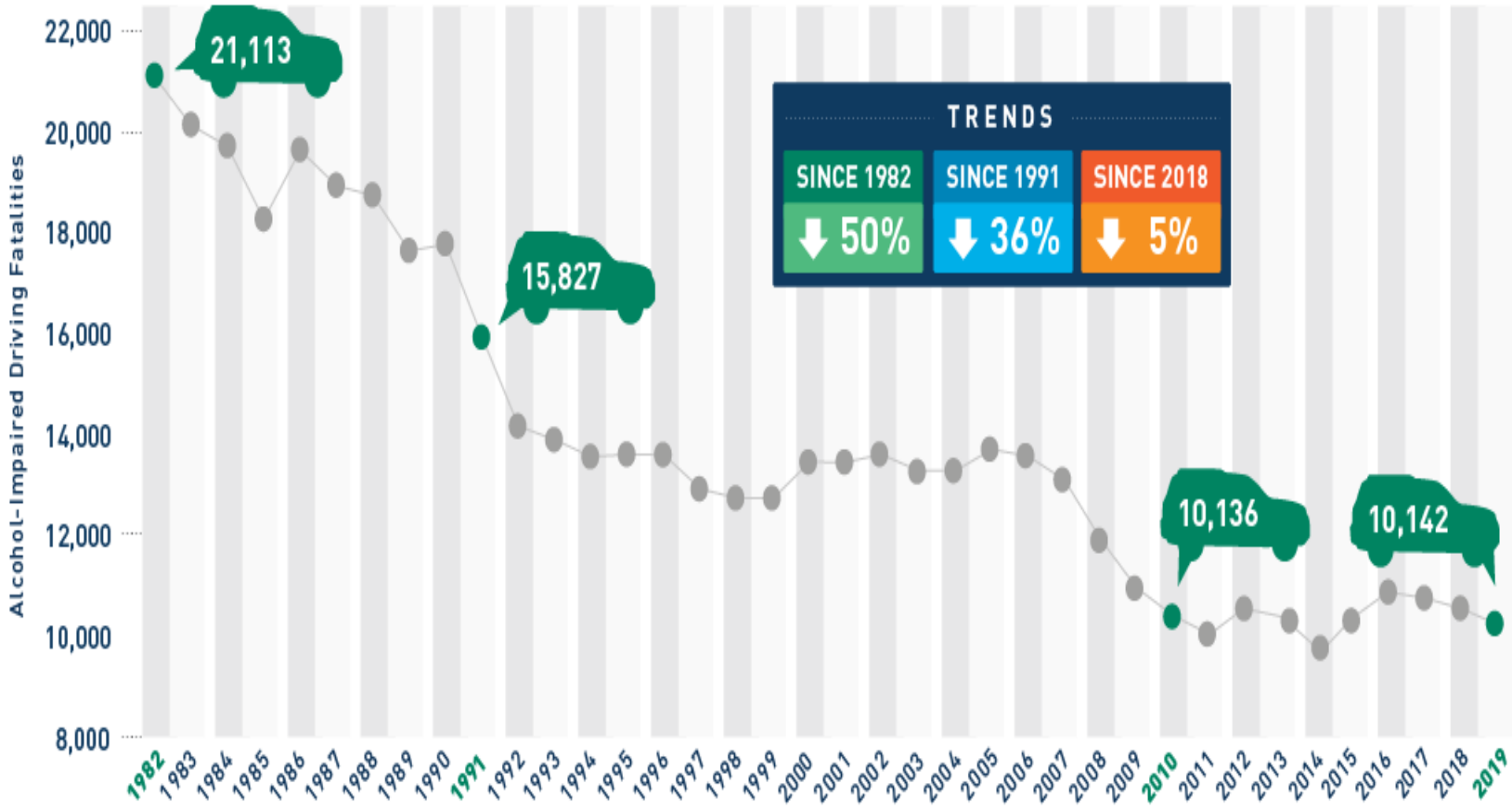
- **Impaired driving problem**
  - Alcohol, drugs, polysubstance
- **Population characteristics**
- **Screening and assessment**
  - Impaired Driving Assessment (IDA)
  - Computerized Assessment and Referral System (CARS)
  - Colorado: Level II 4+ program
- **Comprehensive approach**
  - Assessment-driven decision-making
  - Collaboration: supervision, treatment, technology

ALCOHOL-IMPAIRED DRIVING

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

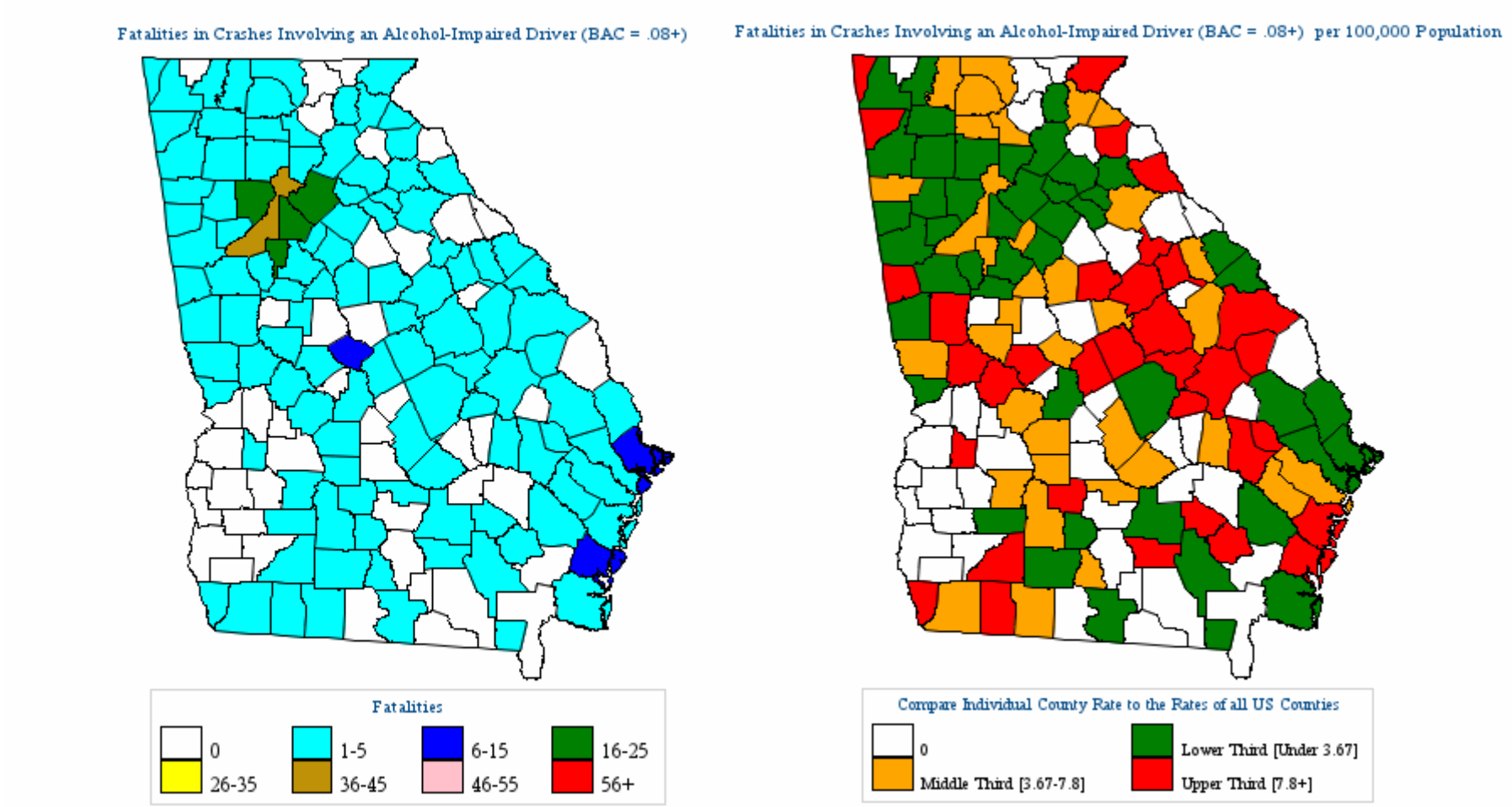
Georgia DUI Arrests

FBI Annual Report Table#69	2015	2016	2017	2018	2019
	19,217	18,939	17,436	23,449	5,620

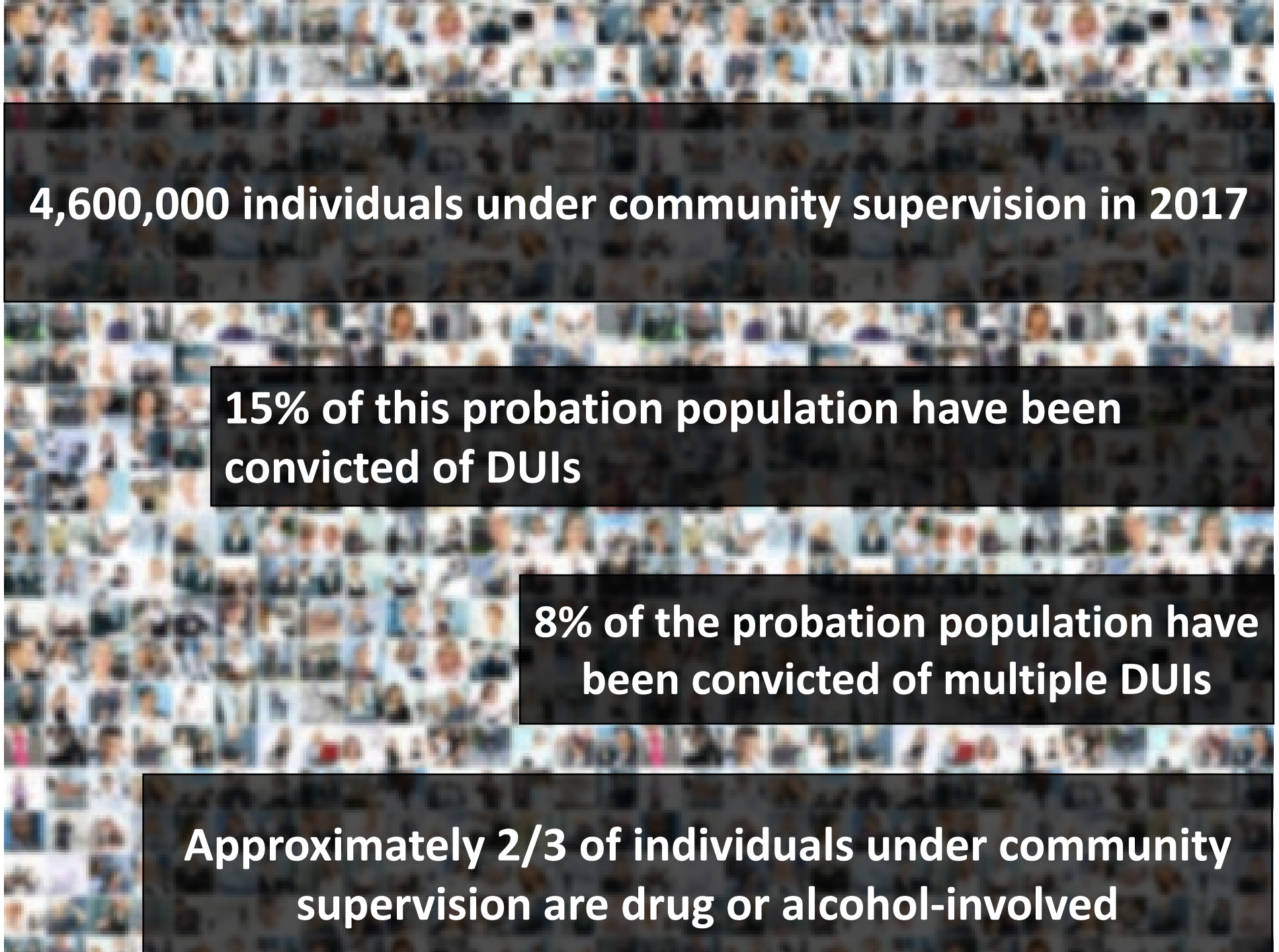
Idaho DUI Fatalities

	2015	2016	2017	2018	2019
Alcohol-Impaired Driving Fatalities (BAC=.08+)*	358 (25%)	378 (24%)	357 (23%)	379 (25%)	353 (24%)

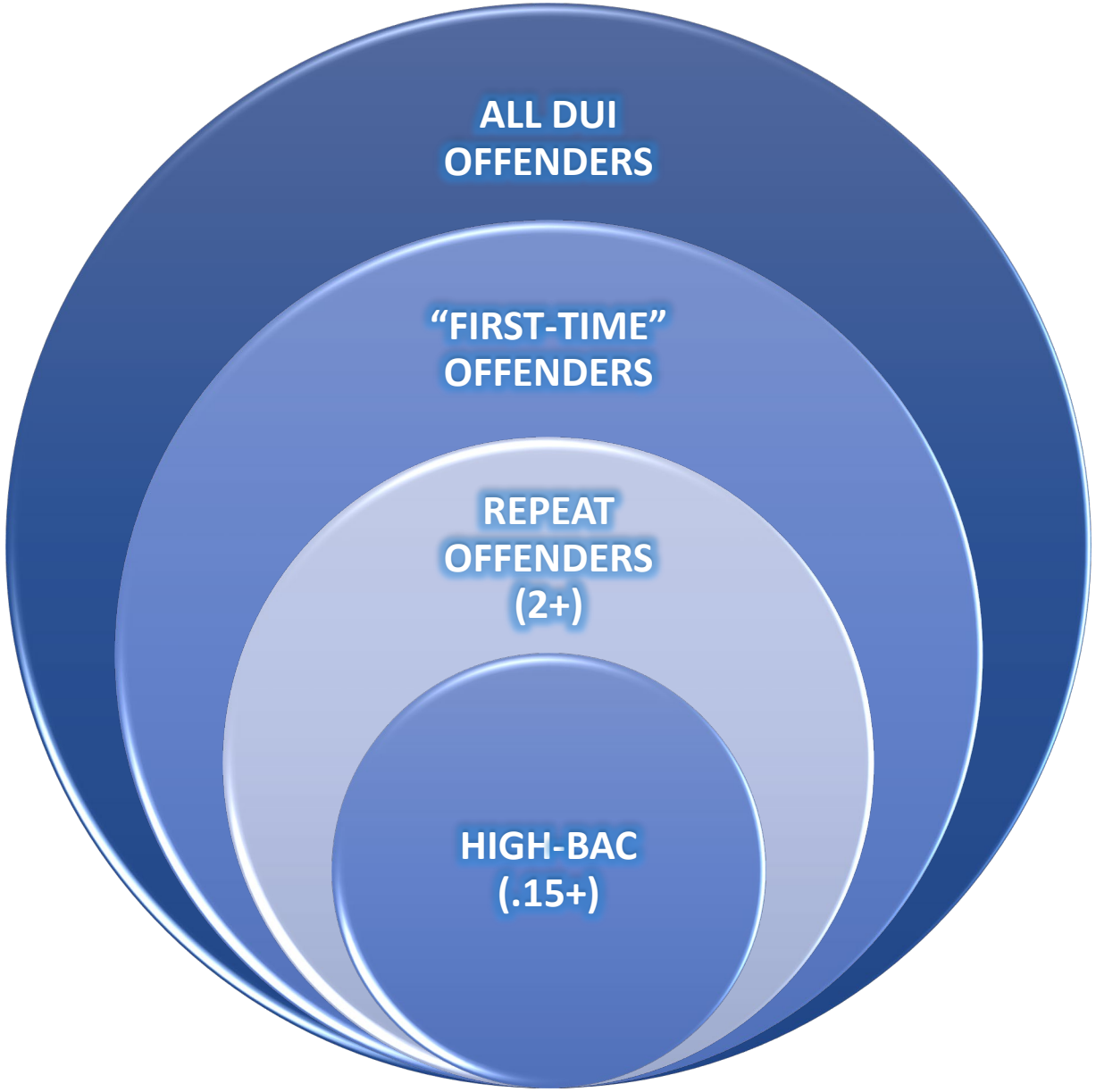
Fatalities in Crashes Involving an Alcohol-Impaired Driver (BAC = .08+) by County for 2019



IMPAIRED DRIVING & THE CRIMINAL JUSTICE SYSTEM


4,600,000 individuals under community supervision in 2017
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

TARGETING DUI OFFENDERS



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…
2/3 of DUI offenders self-correct!

Bad news…
What about the other 1/3?

Unique challenges when supervising the 1/3…


I am not
a crook!
abc


A STEVEN SPIELBERG FILM
catch me
if you can

“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…”***

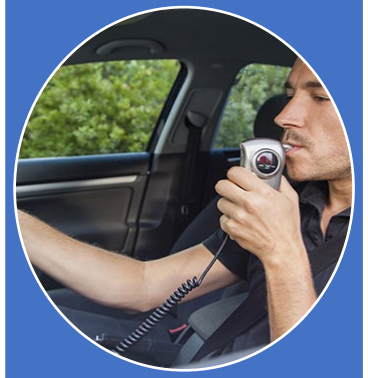
Who is most likely to recidivate?


PUTTING PIECES IN PLACE

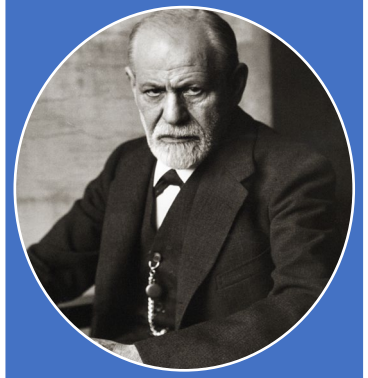
Criminal Justice Continuum

DUI Offense

Screening/ Assessment

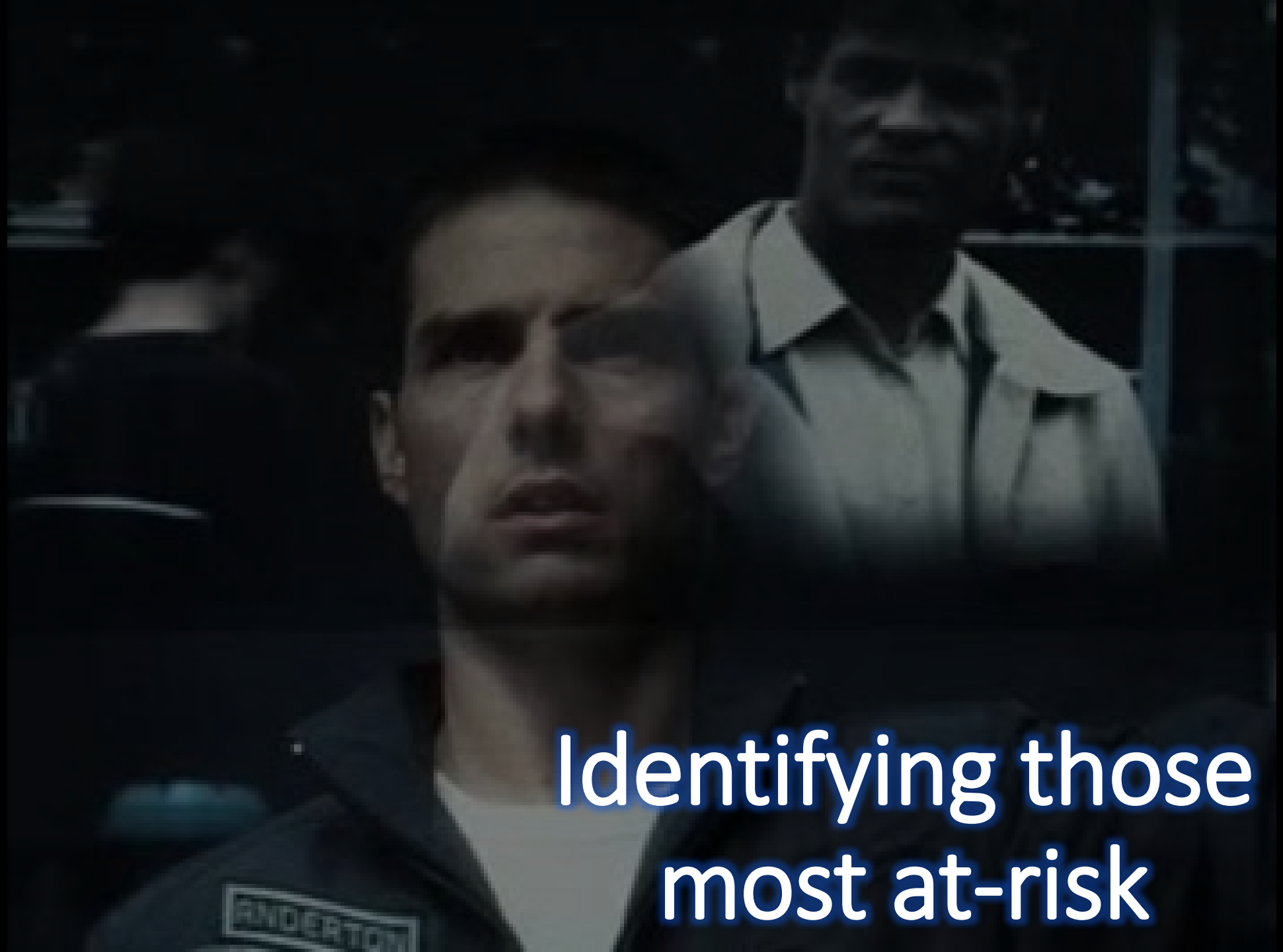


Supervision

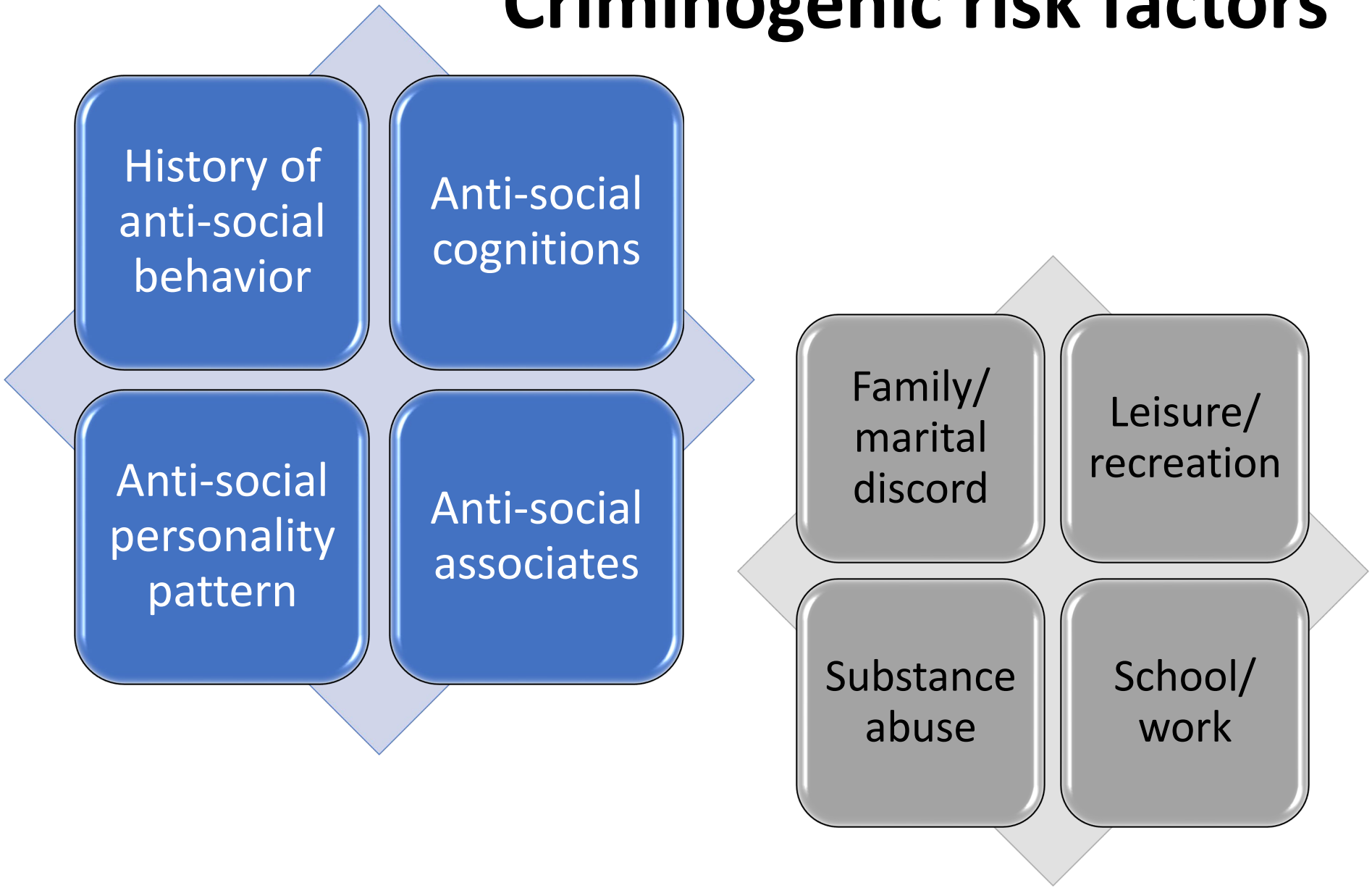


Treatment

Behavior change

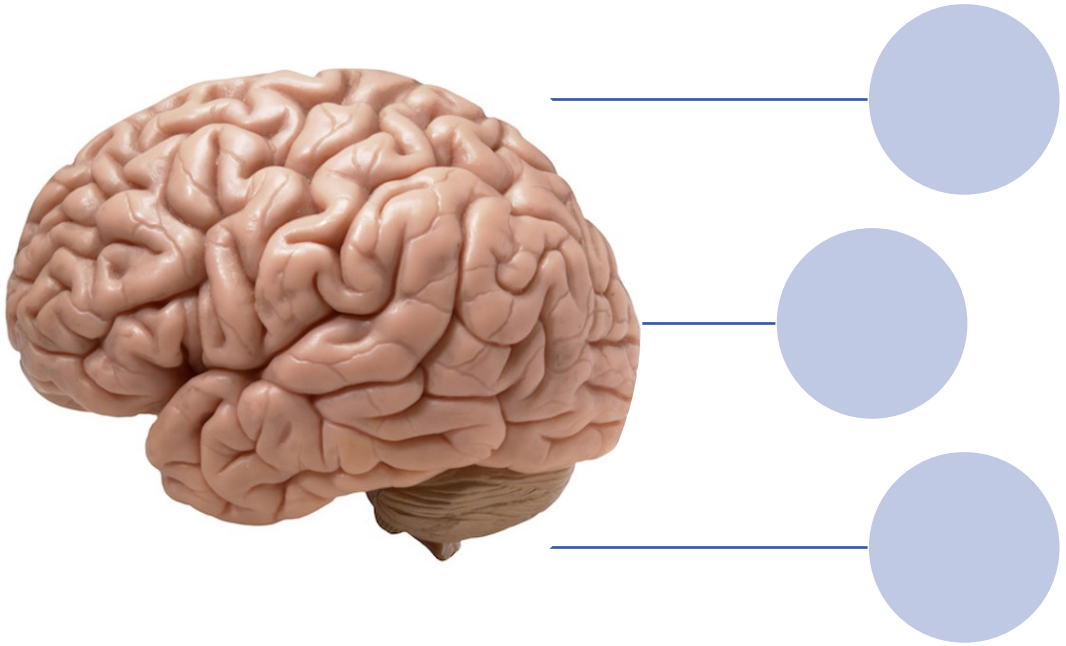

Identifying those
most at-risk

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.



SCREENING & ASSESSMENT

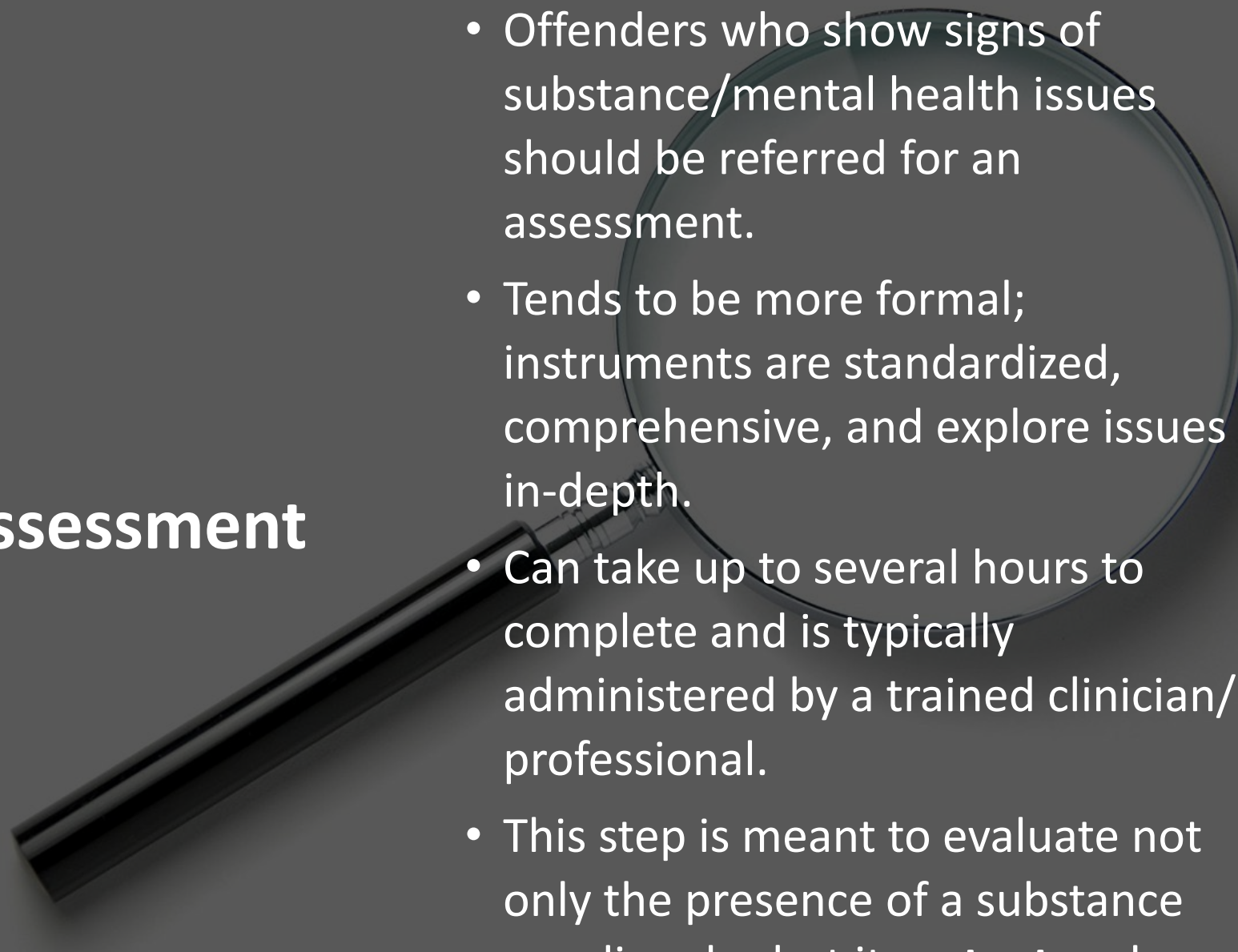
Screening

- First step in determining whether a DUI offender should be referred:
  - » Those who do not have substance use/mental health issues are identified.
  - » Those who may have issues can be sent for a more in-depth assessment.
- Screening is a way to strategically target limited resources by separating offenders into categories.
- The process in and of itself can also serve as a brief intervention:
  - » Requires the individual to begin to think about their use patterns.

Screening - who needs further assessment?

Where should we devote our resources?

Assessment



- Offenders who show signs of substance/mental health issues should be referred for an assessment.
- Tends to be more formal; instruments are standardized, comprehensive, and explore issues in-depth.
- Can take up to several hours to complete and is typically administered by a trained clinician/ professional.
- This step is meant to evaluate not only the presence of a substance use disorder but its **extent** and **severity**.

Assessment

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

- Assessments can be repeated at multiple points throughout an offender's involvement in the justice system to:
  - Identify progress
  - Inform changes to existing plans as needed

- Post-arrest
- Pre-trial
- Pre-sentencing
- Post-conviction
- Community supervision
- Treatment program

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)

Limitations of instruments

- Majority of tools ***ARE NOT*** designed for or validated among the 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.

	Ten Principles for Using Risk Assessment
1.	Do not assume that scoring a risk scale is equivalent to making a decision. The latter necessitates an analysis of the case beyond arriving at a risk estimate.
2.	Use risk scales specific to the type of offender and desired outcome to increase predictive accuracy. For example, a domestic violence instrument is a better predictor of intimate partner violence than a general recidivism measure.
3.	Be aware that static risk scales indicate the group of individuals who are at risk, whereas dynamic risk scales purport to indicate why and when a particular individual is at risk.
4.	Be wary of overriding risk estimates with clinical judgment. Validated risk scales are more accurate in predicting client outcomes than clinical judgment.
5.	Do not use multiple risk scales in the belief that it will increase predictive accuracy. Risk instruments typically assess common factors, so more is not necessarily better.
6.	Ensure proper training in administering a particular risk instrument, as this is more important than job, age, or experience.
7.	Be careful to target a client's multiple criminogenic needs. Recidivism reduction is best realized when more of the client's needs are met.
8.	Match client intervention to risk and need.
9.	Do not target low-risk clients or put them in prolonged treatment with higher-risk clients.
10.	Deliver intervention in a manner consistent with client's level of functioning and motivation, and provide an adequate dosage of intervention to realize reductions in reoffending.

Source: NDCI, 2013.

IMPAIRED DRIVERS:
NOT THE USUAL SUSPECTS

High-risk impaired drivers… who ARE these people?


HIGH RISK


#ANTI
SOCIAL

Is substance abuse/addiction the only causal factor we should be concerned about?


Look beneath the surface

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.

The drunk driver before you could actually be a polysubstance user

Capturing polysubstance use

- In a Miami-Dade oral fluid pilot 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 a 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 likely would have been prosecuted for alcohol-impaired driving.

When supervising, make sure to identify *ALL* substance use!

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.

INNOVATION:
NEW ASSESSMENT INSTRUMENTS


A P
COMMUNITY JUSTICE
& SAFETY FOR ALL
P A


MODERATE
RISK

- Provide guidelines for identifying effective interventions and supervision approaches that reduce the **risk** of negative outcomes in treatment and community supervision.
- Provide preliminary guidelines for service **needs** for DUI clients.
- Estimate the level of **responsivity** of clients to supervision and to DUI and AOD education and treatment services.
- Identify the degree to which the client's DUI has jeopardized **traffic safety** and to address this in the supervision plan.

IDA Components

Self-Report (SR)

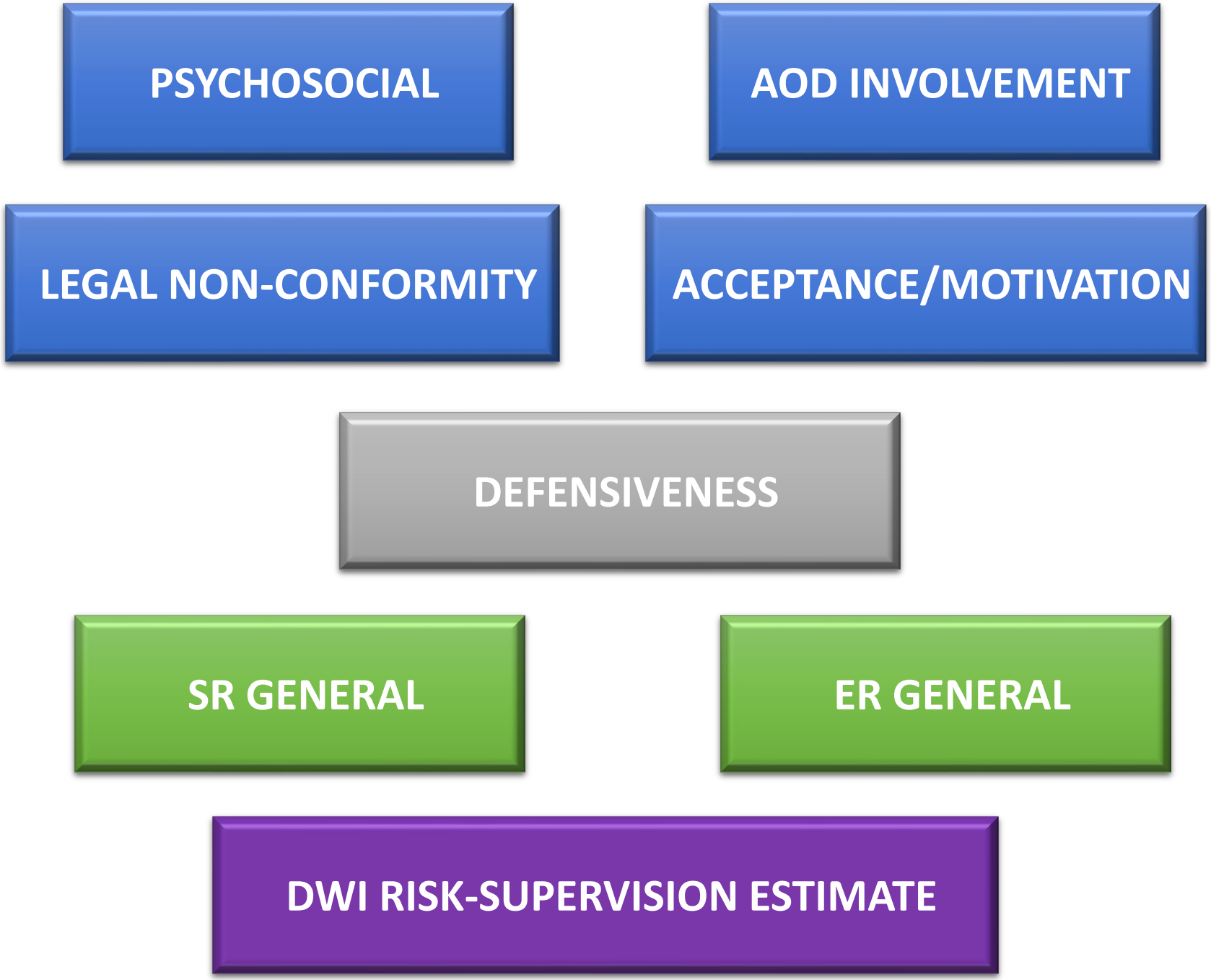
34 questions:

- 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.

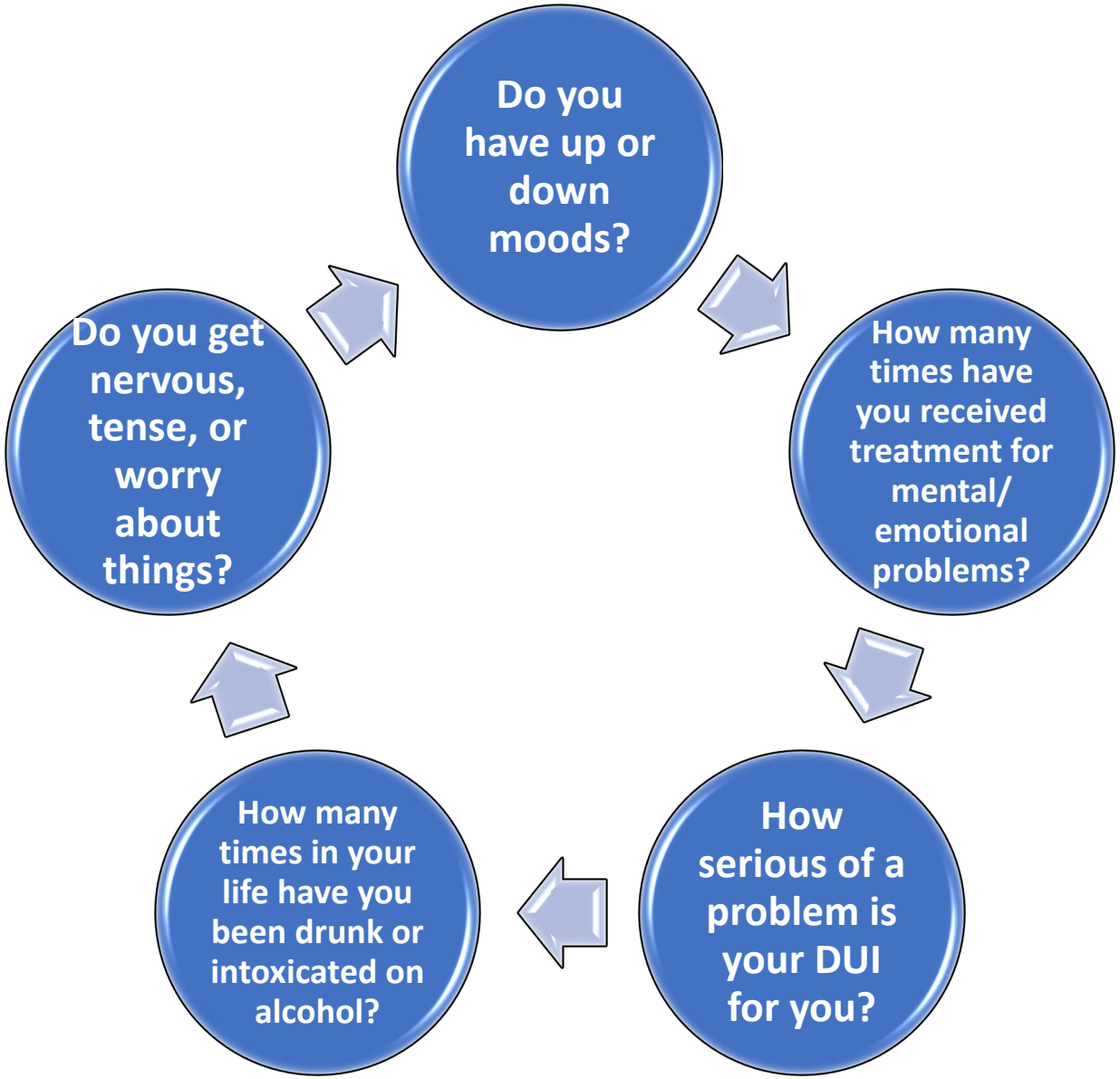
Evaluator Report (ER)

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.


PSYCHOSOCIAL
AOD INVOLVEMENT
LEGAL NON-CONFORMITY
ACCEPTANCE/MOTIVATION
DEFENSIVENESS
SR GENERAL
ER GENERAL
DWI RISK-SUPERVISION ESTIMATE

Self-report questions (e.g.)



Evaluator report (e.g.)

- # of non-DUI involvements with criminal justice system
- # of DUI/AOD education program episodes
- # of treatment program episodes
- Past interlock use
- Past electronic monitoring use
- Level of supervision, treatment and expected compliance

Configural Analysis 1

Very "low" scores across all of the four SR basic scales, "high" on DEFENSIVENESS, and "low-medium" or higher on ER GENERAL indicates defensiveness and need to address this with the client in an interview.

B. IDA SELF-REPORT (SR) AND EVALUATOR REPORT (ER) PROFILE

SCALE NAME	RAW SCORE	Low			Low-Medium		High-Medium		High		
		DECILE RANK									
		1	2	3	4	5	6	7	8	9	10
1. PSYCHOSOCIAL	1				2	3		4	5	6 7 8	9 10 26
2. AOD INVOLVEMENT	5			6 7	8 9	10	11 12	13	14 15 16	17 19 21	22 24 32
3. LEGAL NON-CONFORM	1				2	3	4	5	6 7	8 9 10	11 12 27
4. ACCEPTANCE/MOTIVATE	4		4	5		6	7	8	9	10 11	12 13 18
5. DEFENSIVENESS	9									10	11 12 16
6. SR GENERAL		0 4 6 7	8 9 10	11 12 13	14 15	16 17	18 19 20	21 22 24	25 27 29	30 33 37	38 43 77
7. ER GENERAL	6							7	8 9	10	11 13 25
8. DWI RISK-SUPERVISE EST.		0 9 10	11 12 13	14 15 16	17 18	19 20 21	22 23 24	25 27 29	30 32 35	36 39 42	43 50 96
		1	10	20	30	40	50	60	70	80	90 99
IDA NORMATIVE SAMPLE N=922		PERCENTILE									

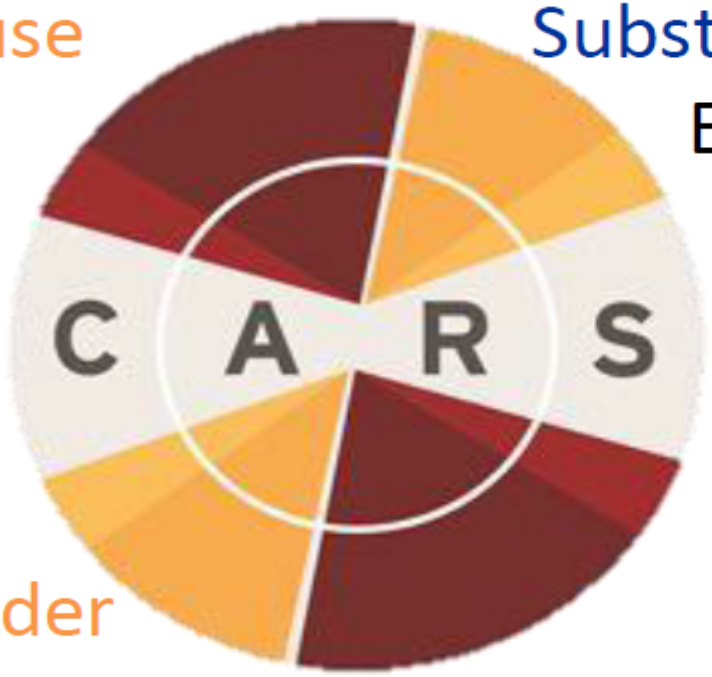
Online training is FINALLY available!

https://appa.academy.reliaslearning.com/Using-the-Impaired-Driving-Assessment--APPA-UTIDA-G.aspx

Computerized Assessment and Referral System

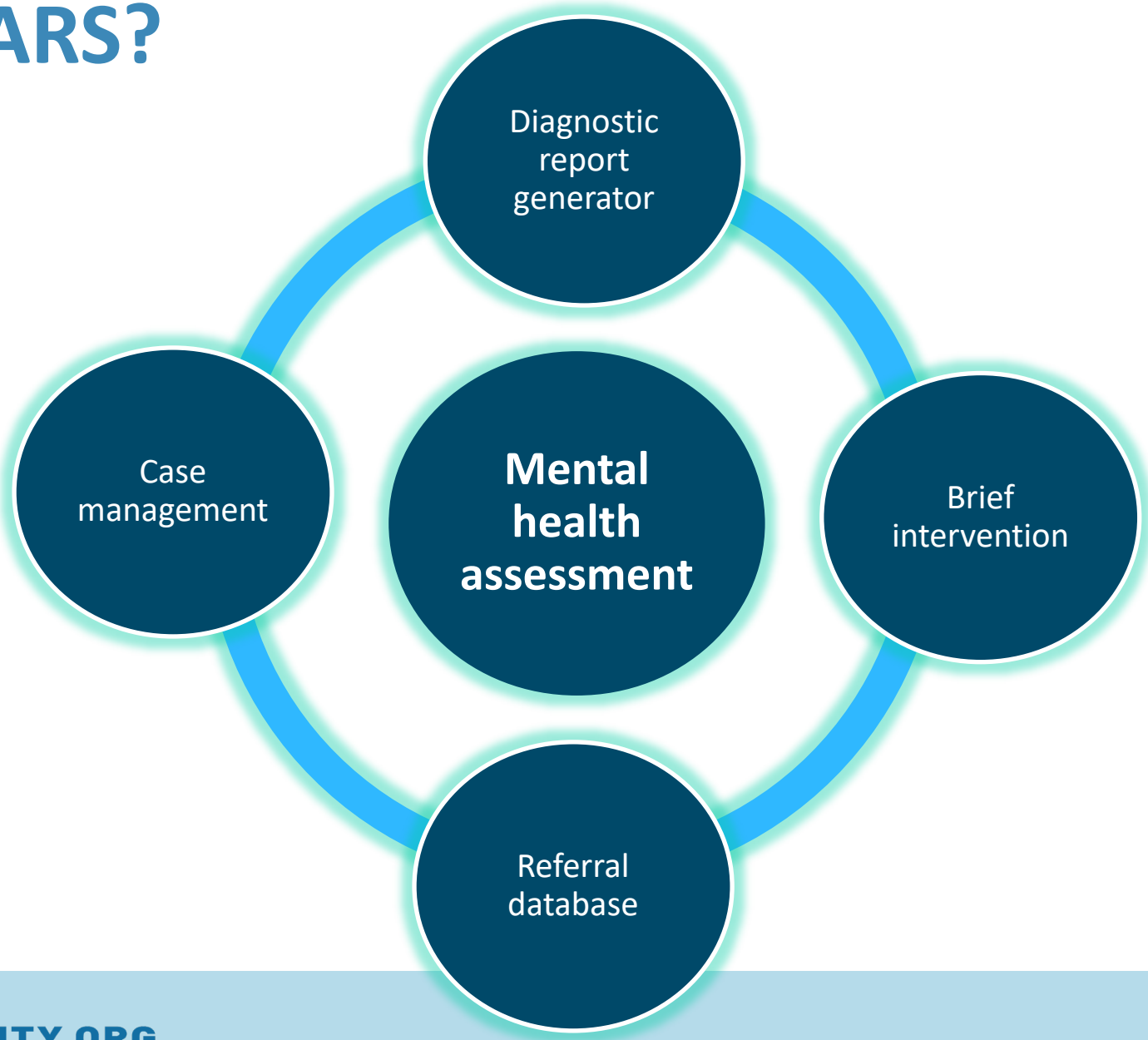
The development of CARS

- CARS is a standardized mental health assessment that is adapted from the World Health Organization's Composite International Diagnostic Interview (CIDI).
- Developed by Dr. Ron Kessler and his team at Harvard, the CIDI is a structured interview for psychiatric disorders.
  - Internationally validated
  - Used extensively in research including the National Comorbidity Survey

Generalized Anxiety Disorder Major Depressive Disorder Dysthymia Bipolar I Disorder Bipolar II Disorder Panic Disorder Alcohol Abuse Alcohol Dependence Post Traumatic Stress Disorder Substance Abuse Substance Dependence Personality 

Eating Disorders Tobacco Use DUI Behavior Oppositional Defiant Disorder Intermittent Explosive Disorder DUI Behavior Conduct Disorder Criminal History Personality Disorder Psychosocial Risks Peer Networks Psychosis Gambling Disorder Obsessive Compulsive Disorder Attention Deficit Hyperactivity Disorder… and more

What is CARS?


Diagnostic report generator
Case management
Mental health assessment
Brief intervention
Referral database

Goal of CARS

Accurately identify issues + **Targeted treatment** = **Better outcomes**

Substance dependence

Mental health issues

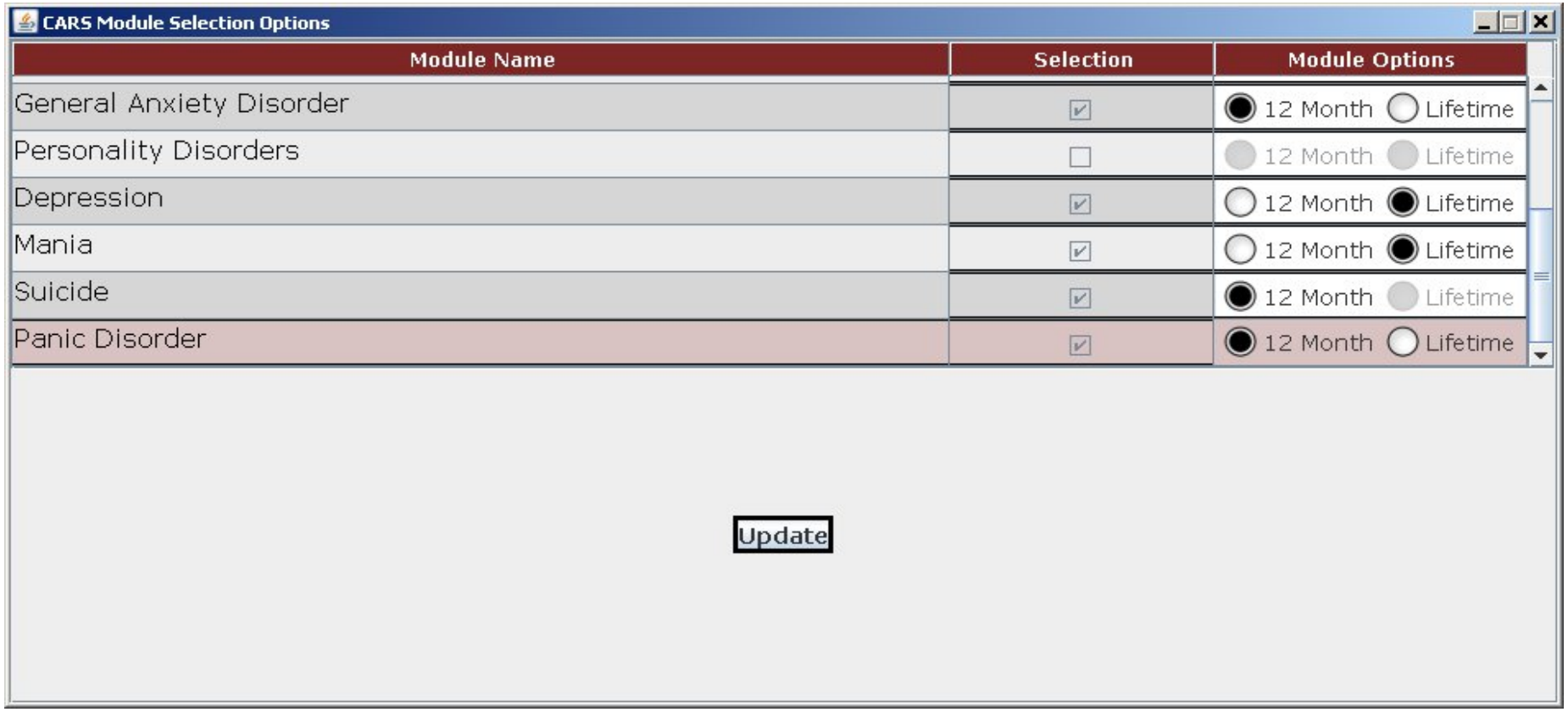
Intervention

How does CARS work?

- CARS is a completely electronic assessment tool. It is available as ***free*** open source software.
- Three versions of CARS:
  - Full assessment
  - Screener
  - Self-administered screener
- Enhanced flexibility for user:
  - Choose modules
  - Choose between lifetime and past 12-month presence of disorders

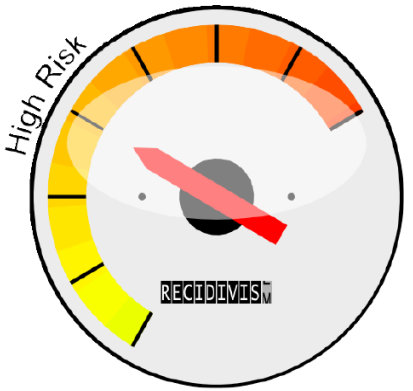
CARS comprehensive mental health screener domains		
Panic disorder	Social phobia	Eating disorders
Intermittent explosive disorder	Attention deficit/ hyperactivity disorder	Obsessive compulsive disorder
Depression	Generalized anxiety	Suicidality
Mania/bipolar disorder	Post-traumatic stress disorder	Conduct disorder
Oppositional defiant disorder	Psychosis	Nicotine dependence
Alcohol use disorder	Drug use disorder	Gambling disorder
Psychosocial stressors	DUI/criminal behavior	

How does CARS work?



How does CARS work?

- Individual diagnostic reports are programmed to provide information about the mental health disorders for which a person qualifies or is at risk, as well as a summary risk factors.
- CARS includes a section on DUI behavior.
  - Data obtained from the questions in this section is integrated with other risk factors to generate an overall DUI recidivism risk score.
  - A graphic is generated as part of the outcomes report that indicates where an individual is within a range of low to very high risk.



IDA vs. CARS?

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**?

COMPREHENSIVE APPROACH: ASSESSMENT, SUPERVISION, TREATMENT


It’s not just about the DUI…
It’s about the individual who committed the DUI…

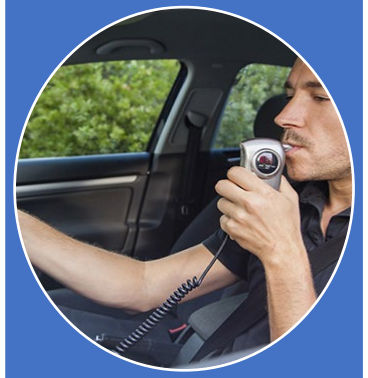

Treat the individual, not the offense.


PUBLIC SAFETY
PUBLIC SAFETY
PUBLIC SAFETY
PUBLIC SAFETY
PUBLIC SAFETY

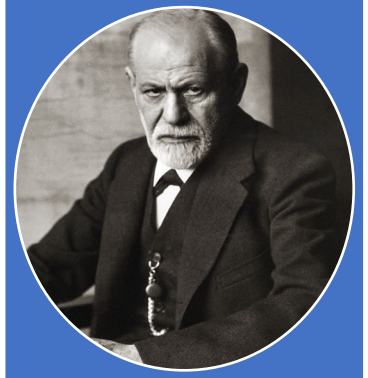
Criminal Justice Continuum

DUI Offense

Screening/ Assessment



Supervision



Treatment

Behavior change

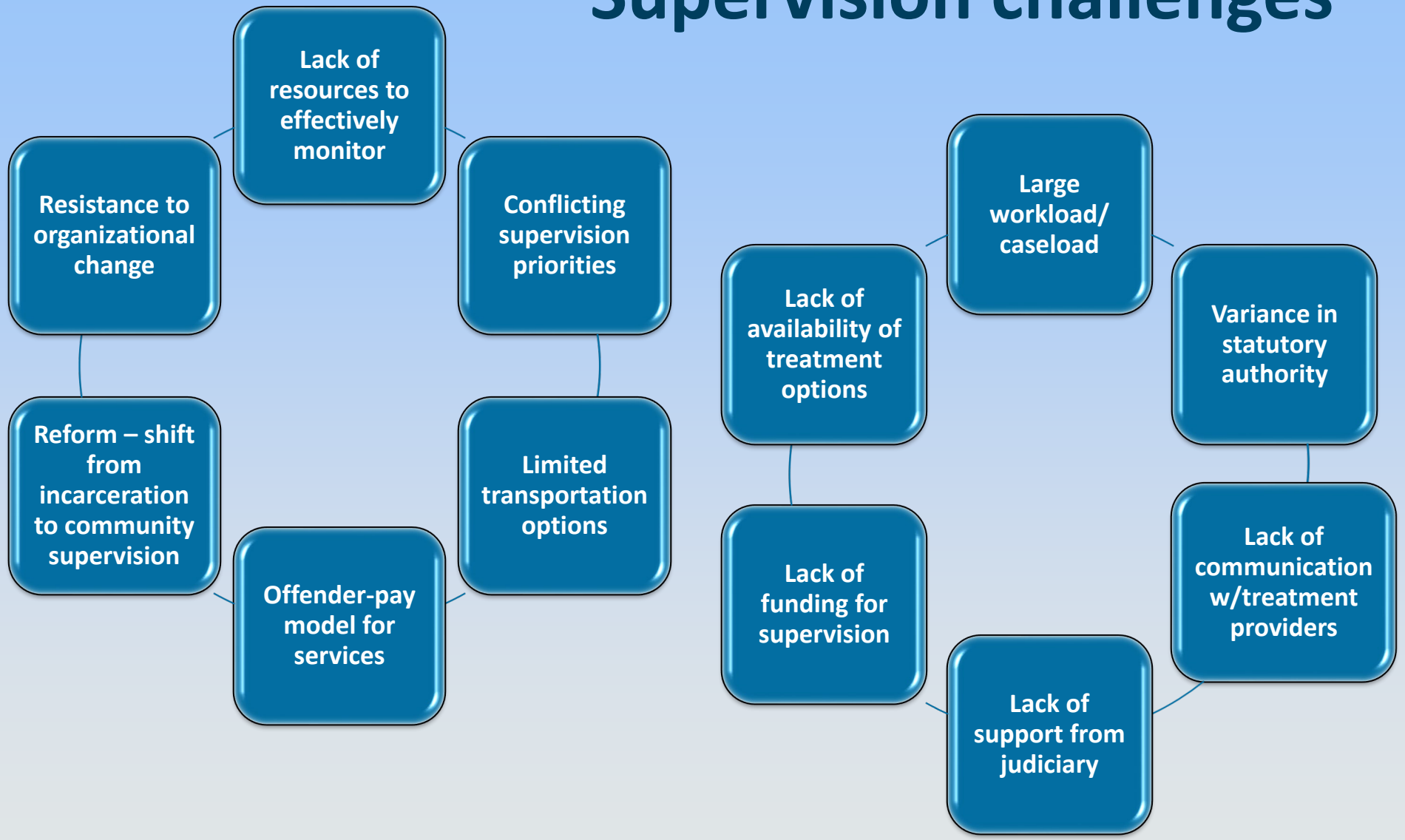
Financial implications for DUI supervision

- Extensive costs are associated with the offense of DUI including court/lawyer fees, fines, monitoring/treatment costs, etc.
- Costs build over time which compromise an individual's ability to pay.
- Most DUI programs employ an offender-pay model. Indigency provisions may exist for some monitoring technologies.

Bail/bond	**Court fines**	**Attorney fees**
Towing/impound fees	**Re-licensing fees**	**Increase in insurance premiums**
Alcohol/drug monitoring technologies	**Substance use testing**	**Probation service fees**
Assessment fees	**Treatment and/or education costs**	**Alternate transportation fees**

Avg. DUI costs = $10,000-20,000

Supervision challenges



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?

Utilize all available tools!

Variety of technologies available

What technology are you using in your court?


PROS | CONS
TECHNOLOGY IS A TOOL,
NOT A REPLACEMENT FOR GOOD
SUPERVISION PRACTICE.

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

Programming: Everyone is different!

- Some common programs and practices do not work well for women.
- Individuals may not be responsive to AA/12-step programs.
- VIPs can increase feelings of shame and guilty.
- May not be able to relate to others in mixed group treatment settings.
- If something isn't working… ***ASK WHY.***

Is treatment effective?

- Many individuals do not comply with treatment requirements.
- Relapse is common and to be expected.
- There is no cure for substance use disorders; addiction is a life-long disease.
- Rates are similar to other diseases (e.g., diabetes, heart disease, obesity).

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

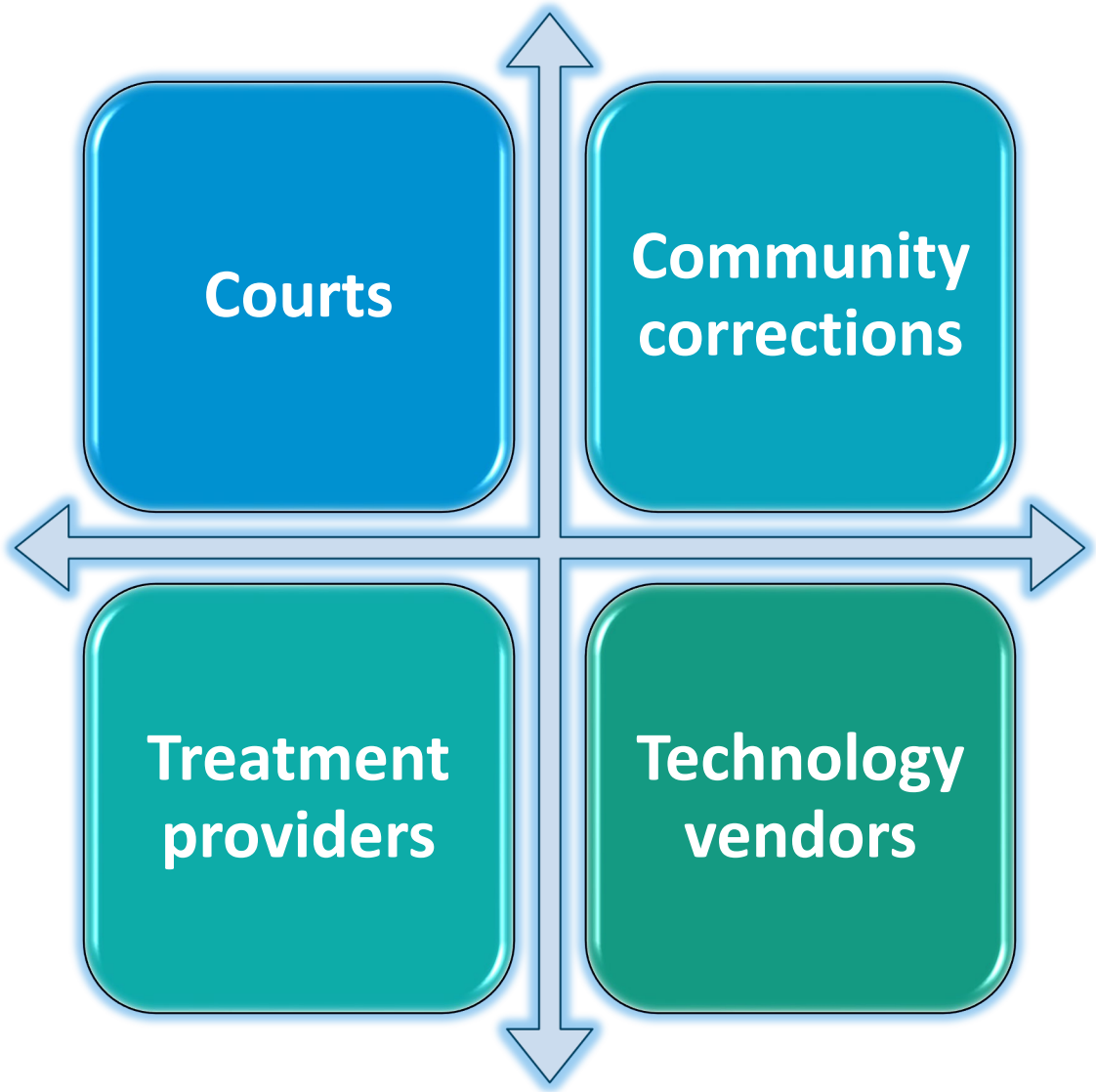
Are you involving family members?

Are you employing gender-sensitive approaches?

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

Are you using a trauma-informed approach?

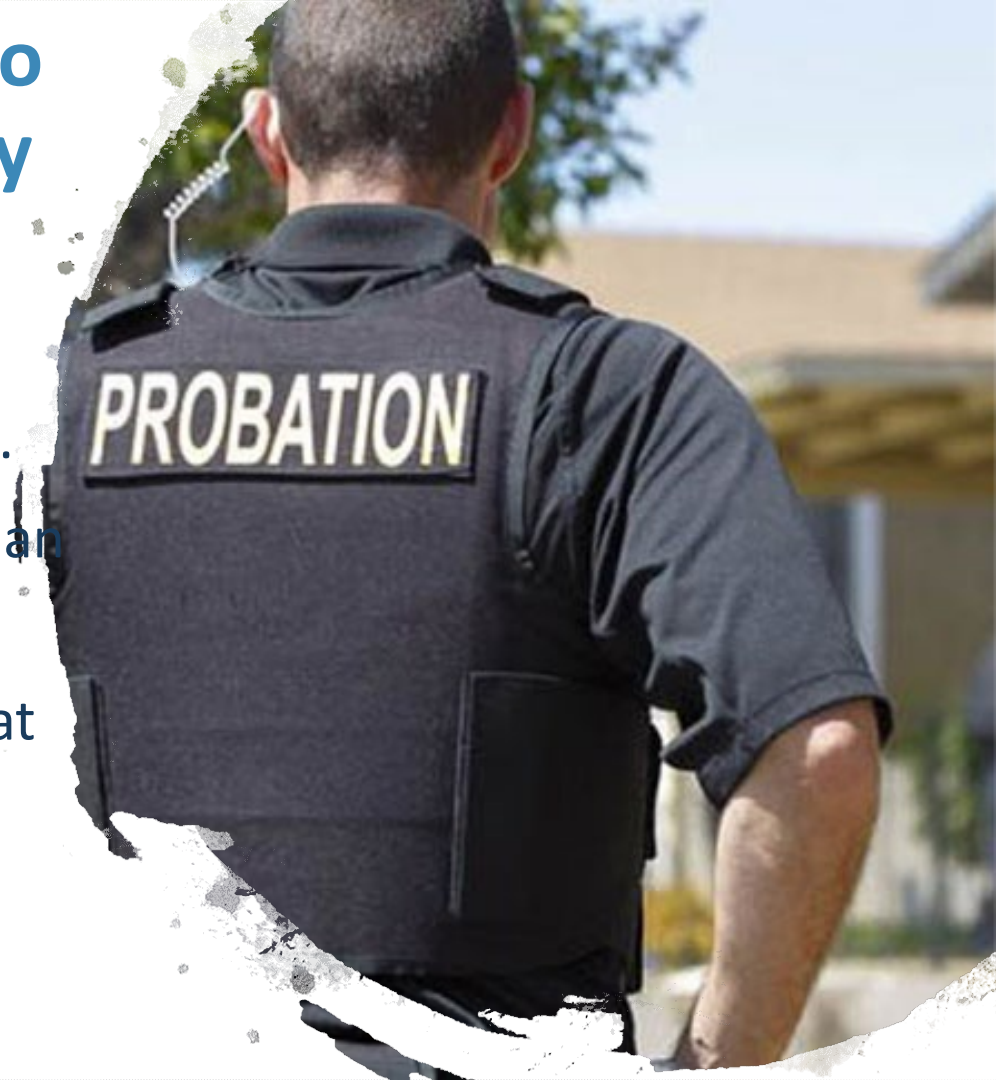
Are you addressing co-occurring issues concurrently?


Courts
Community corrections
Treatment providers
Technology vendors

Endeavor to be a well-oiled machine instead of a train wreck…

What everyone needs to know about community supervision…

- Blended caseloads mean a lack of DUI expertise among practitioners.
- DUI cases are just one of many on an officer's caseload…
- Time constraints limit the work that can be done with DUI clients.
- *"I don't know what I don't know."*
- Develop a department S.M.E.
- Probation needs to have a seat at the table when decisions are made.



What courts need to know when selecting technology…

- Match technology to client risk level.
- Technology is worthless if the results are not monitored/actions are not taken in response to violations.
- Implement in accordance with evidence-based practice guidelines; ensure that you receive timely results.
- Rely on vendors:
  - Can provide testimony in court.
  - Can assist in problem-solving/ trouble-shooting.
  - Can serve as a resource/expert.

Consider costs
(offender vs. agency pay)

What community supervision and technology providers need to know about treatment…

- Treatment decisions should be made based on assessment results.
- Client confidentiality issues.
- Effective case/treatment plan - lack of info from community supervision hampers treatment success.
- Not all treatment is alike.
- A conviction for DUI does not necessarily mean that an individual has a substance use disorder and/or requires treatment.
- The use of alcohol monitoring technologies without treatment show limited results.


Dig beneath the surface


Where do we place these people?

Focus on the behavior – it's more than just drug use!

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

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.


Be forward thinking…

But also exercise some restraint…


QUESTIONS?

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