

**AIRise**

**Impaired  
Driving Solutions**

# **Impaired Driving Impacts Every Community**

What other models need to understand about  
impaired driving



# Who Are Impaired Drivers?



# The Difference



Impaired drivers engage in **behavior** that is dangerous and frequently cause serious injuries or fatalities.

# Impaired Drivers are Unique

- Often lack an extensive criminal history
- High degree of denial and separation
  - Alcohol is legal, highly prevalent, and encouraged by societal norms... Marijuana and some other drugs are beginning to follow this trend
  - Tend to be employed
  - May have a stable social network
  - Do not view themselves as “criminals”
- Repeatedly engage in dangerous behavior

***Impaired drivers tend to score lower on traditional risk assessments***



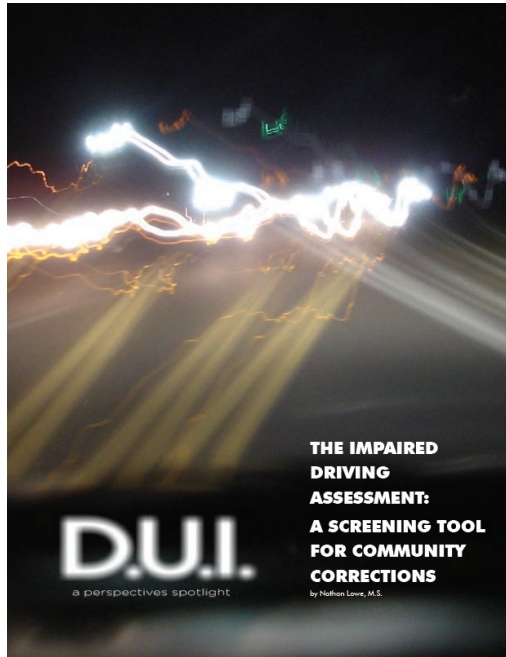


## Risk for Impaired Driving

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



# Validated Tools are Critical



## Impaired Driving Assessment

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**Revolutionizing DUI Assessment**  
Computerized Assessment and Referral System (CARS)

**What is CARS?**

- CARS is a report generator that provides immediate diagnostic information for up to 15 major psychiatric disorders (e.g., depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder).
- CARS is designed to identify mental health concerns in addition to substance use disorders that influence DUI behavior.
- CARS provides referrals to treatment services based on an individual's diagnostic information and ZIP code.
- CARS is adapted from the World Health Organization's Composite International Diagnostic Interview (CIDI), an internationally validated assessment.

**25%** Repeat drunk drivers comprise, on average, 25% of the impaired driving population.<sup>7</sup>

**45%** Research has found that 45% of repeat drunk drivers have a major mental health disorder in addition to alcohol or drug use disorders.<sup>8</sup>

People who have been convicted of DUI represent a population with an extremely high rate of substance use disorders.<sup>14</sup>

Screening for mental health issues beyond alcohol use disorders is rare within DUI treatment programs.<sup>7</sup>

DUI offenders who suffer from psychiatric disorders other than alcohol or drug use disorders re-offend more, and more quickly, than others.<sup>8</sup>

COMPUTERIZED ASSESSMENT REFERRAL SYSTEM | FOUNDATION FOR ADVANCING ALCOHOL RESPONSIBILITY | CHA DIVISION ON ADDICTION | HARVARD MEDICAL SCHOOL

## Computerized Assessment and Referral System

[www.carstrainingcenter.org](http://www.carstrainingcenter.org)



## Screening Tool:

DUI-RANT

<https://research.phmc.org/products/criminal-justice-tools>

# Drug-Involved



In 2016, among fatally-injured drivers, 43.6% of drivers with know drug test results were drug positive.

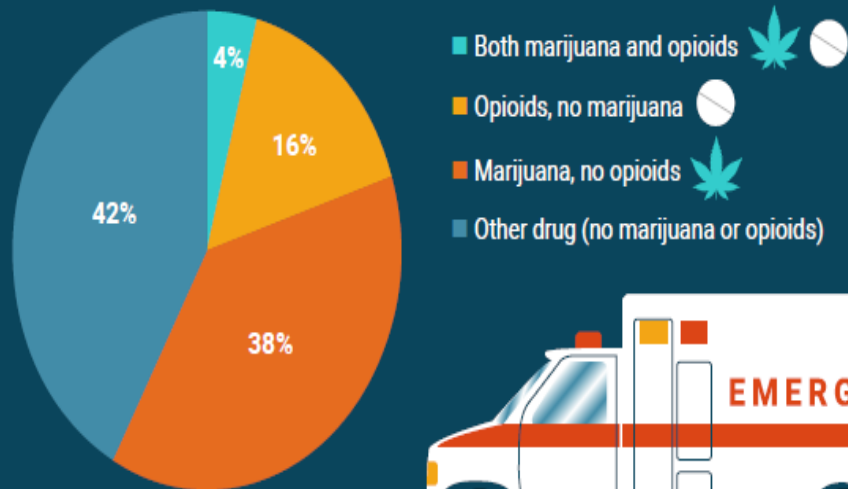
50.5% were positive for two or more drugs

40.7% were positive for alcohol also

# Prevalence of Marijuana & Opioids

**FIGURE 4**

Marijuana and opioids in drug-positive fatally-injured drivers, FARS 2016



Source: NHTSA FARS



## NHTSA 2013-2014 Roadside Survey

- Marijuana was by far the most prevalent drug
- 12.7% positive weekend nights
- 8.7% positive weekend days
- In 2007, nighttime presence was 8.7%

## Washington 2014-2015 Roadside Surveys

- Before, 6-mo, 12-mo after legalization
- THC-positive drivers increased 14.6% to 19.4% then to 21.4%
- Daytime use was greater than nighttime

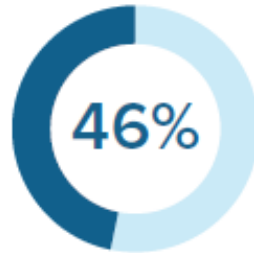
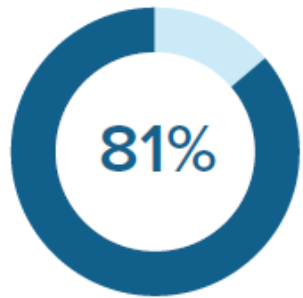
## Colorado

- Fatalities with driver THC-positive increased from 18 (2013) to 77 (2016)



# Marijuana Users' Perception of Risk

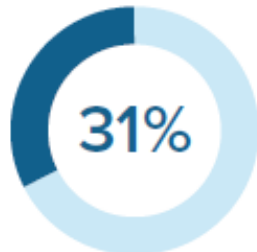
The majority (81%) of respondents are aware that driving under the influence of cannabis is illegal.



Close to half (46%) do not know whether a legal limit (per se) exists for cannabis.



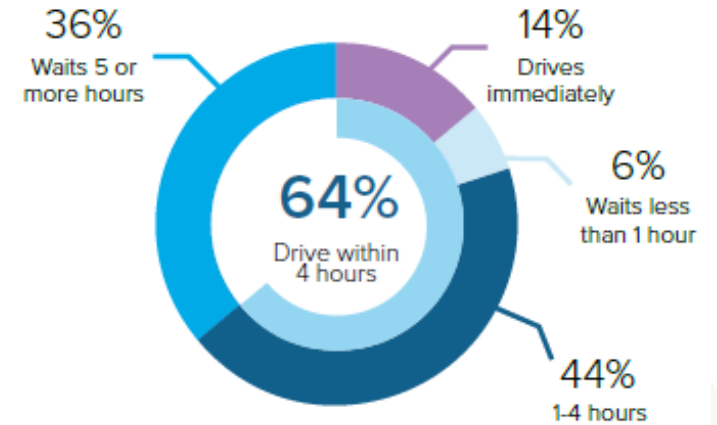
The majority (62%) are unaware of the penalties that cannabis DUIs bring. Only 1 in 5 believe that fines and probation apply.



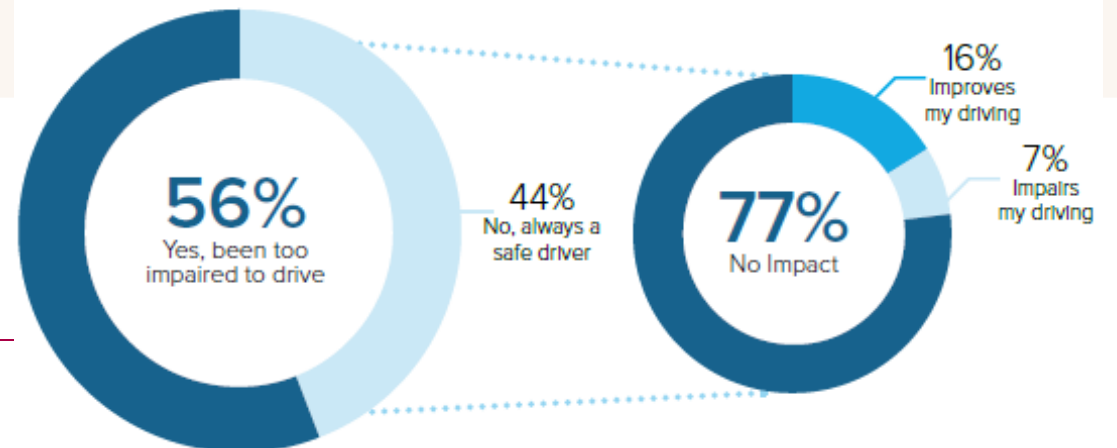
Rules around the presence of cannabis in vehicles are not well understood. Nearly one-third (31%) of respondents did not know if open cannabis containers are allowed in a vehicle.



## TYPICAL WAIT TIME BEFORE DRIVING AFTER CANNABIS



## DRIVING AFTER CANNABIS



# Female Impaired Drivers

**WHY WOMEN DRIVE DRUNK**  
*The Facts*

Men do the majority of impaired driving

But drunk driving arrests are on the rise among women of all ages

Many have a blood alcohol concentration (BAC) equal to, or higher than, men

**30%** since the late 1990s

**IMPAIRED DRIVING ARRESTS ARE OFTEN PRECIPITATED BY A MAJOR LIFE STRESSOR**

- A domestic argument
- An end of a relationship, or abandonment
- An illness or death in the family
- Job loss or financial problems

**MANY STRUGGLE WITH ALCOHOL ABUSE OR DEPENDENCE**

- They feel depressed, isolated and anxious
- They are dealing with mental health issues and self-medicate with alcohol, or combine alcohol with prescription meds
- Lack a stable support network
- Many are survivors of abuse or have a history of trauma

**WOMEN DRINK AND DRIVE FOR MANY DIFFERENT REASONS**

- Young women trying to fit in
- Women in relationships with heavy drinkers
- New mothers struggling with depression or anxiety
- Some cope together, by drinking on playdates
- Older empty-nesters or recent divorcees who are lonely

**IT'S A HIDDEN, BUT INCREASING, PROBLEM**

The number of women who admit to drunk driving hasn't changed since the '80s

But the number of arrests among women has increased almost

**WOMEN'S PROBLEMS NEED TARGETED SOLUTIONS**

**RESEARCH** shows that many women, as the sole caregivers and providers for their children, require:

- Affordable treatment and health services
- Flex hours for appointments
- Alternative transportation to sessions
- On-site childcare

**TREATMENT** programs must address women's issues:

- Women-only groups that provide a safe place to discuss the experiences that contributed to their substance use
- Comprehensive support for contributing factors such as:
  - Domestic violence
  - Mental health
  - Trauma

**PREVENTION** MUST START EARLY WITH TARGETED, ONGOING ALCOHOL EDUCATION FOR GIRLS AND WOMEN

TO LEARN MORE VISIT [TIRF.CA](http://TIRF.CA)

Funding provided by: **CENTURY COUNCIL**

[www.centurycouncil.org](http://www.centurycouncil.org)

- Ages range from late teens to 60's
- Diverse education, employment and family backgrounds
- More likely to be single (divorced or separated, never married)
- Often present with a more complex range of issues
  - Mental health disorders (often undiagnosed): trauma, anxiety, depression
- Women experience a more rapid development of alcohol use disorder

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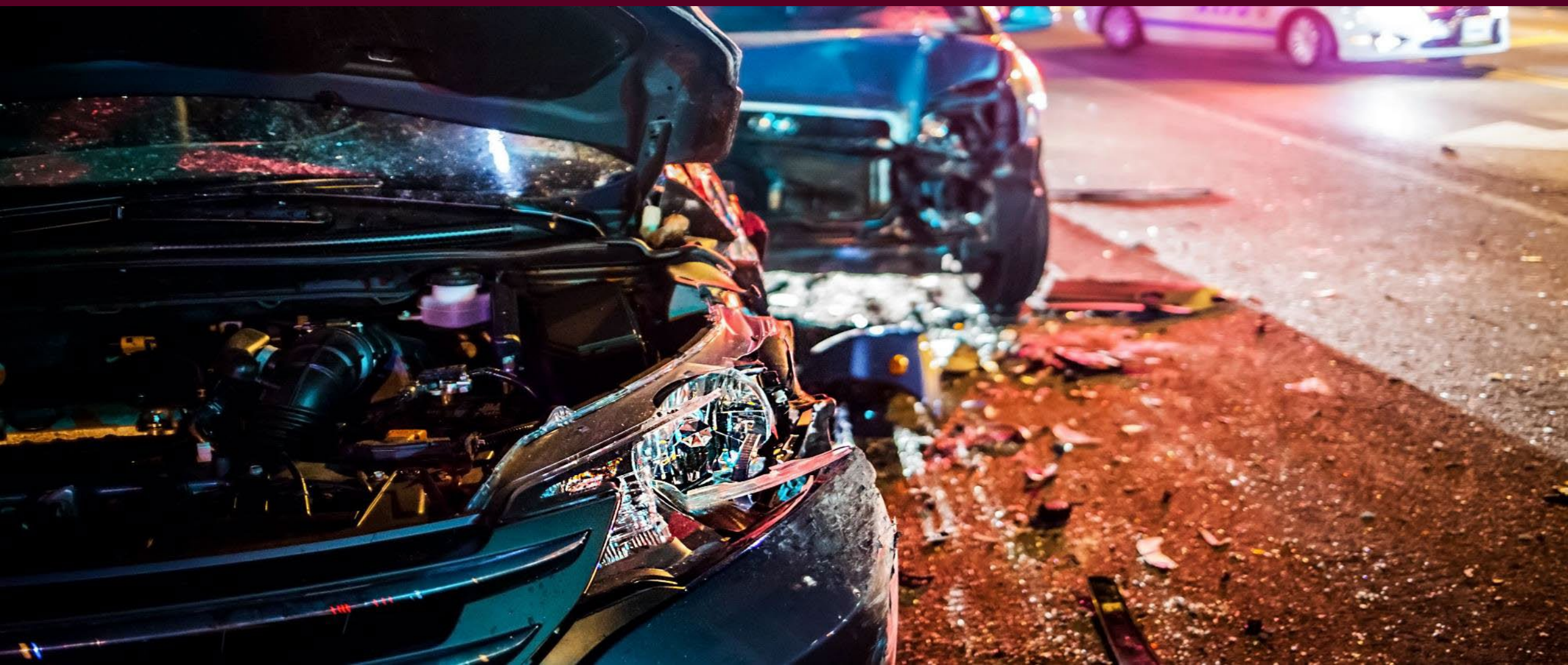
Funding provided by: **CENTURY COUNCIL**

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- Many women define their experiences in terms of emotional reactions: shame, depression, anxiety
- They were concerned that emphasis was placed on the offense and not the underlying facts
- Women reported that their sentence failed to account for life circumstances or address their issues



# Impaired Driving Treatment Court Partners







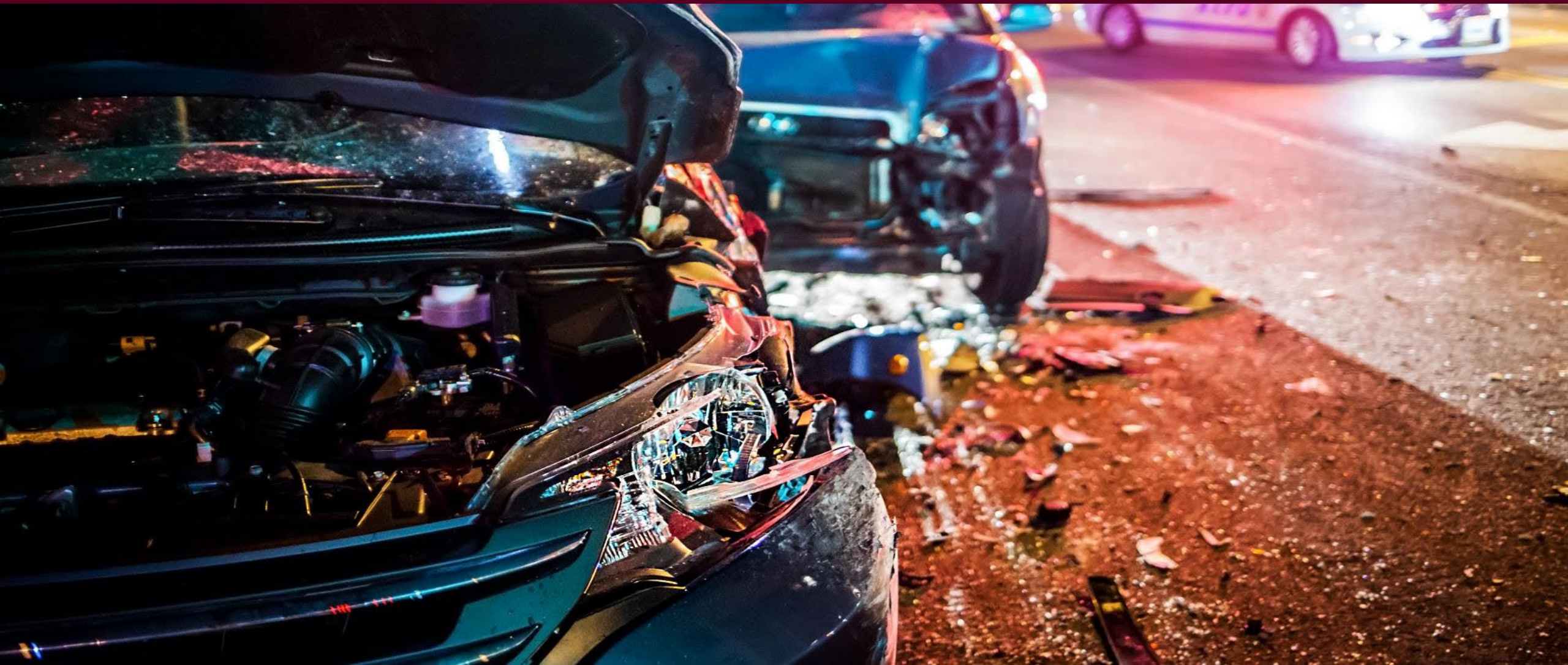
## Guiding Principle #5: Forge Agency, Organization, & Community Partnerships

- Law enforcement
- Victim advocacy groups... MADD  
conditional support for impaired  
driving treatment courts
- Recovery community
- Public
- Media





# Eligibility and Entry Considerations







## Timeliness

The time between arrest and program entry is 50 days or less

Recidivism 63%

Strive to reduce time to 30 days

Public safety is a key factor





**What's in it for me?**

**WHAT IS THE  
INCENTIVE TO  
ENTER YOUR  
COURT?**



# Incentivize Participation

Motivation is different for all potential candidates.  
Determine a wide array of incentives that will  
motivate participation.

Case Processing	Sentencing	Privileges
Introduce early	Reduced incarceration	Limited driver's license
Resolve case faster	Serve sentence in less restrictive manner	Use of tools and technology
Pre-trial options	Reduced fines and costs	Freedom
Voluntary vs. Mandatory	Probation violations	Life-changing



# Court Docket

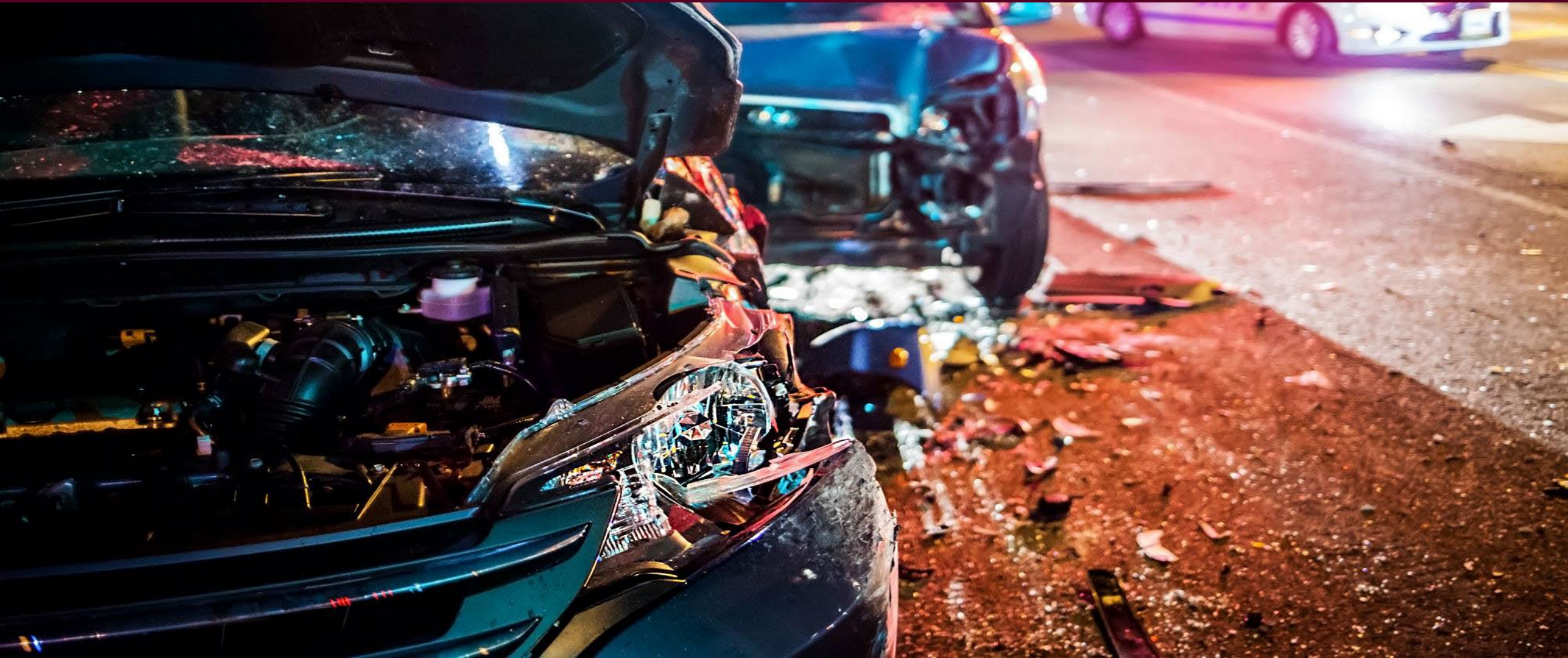
If operating a hybrid court, recommendation is to separate impaired drivers into a different calendar

Remember: Impaired drivers have a unique perspective that they're not like other HR/HN individuals





# Coordinated Care & Case Management







# Treatment Considerations

- Ambivalent/Pre-contemplative
- Attitudes
- Use of medications for addiction treatment





# ACCEPT

- A**ssess what is and is not working in the treatment plan
- C**hange the treatment plan to address those identified problems or priorities
- C**heck the treatment contract if the participant is reluctant to modify the treatment plan
- E**xpect effort in a positive direction – “do treatment” not “do time”
- P**olicies that permit mistakes and honesty; not zero tolerance
- T**rack outcomes in real time – functional change (attitudes, thoughts, behaviors”  
not compliance with a program



## Non-Clinical Considerations

- Prosocial Decision-Making programming (formerly called criminal thinking programming)
- Education programming... usually to comply with state mandates





# Importance of Addressing Transportation

**Transportation plans need to be developed immediately upon entry.**

**To not address this issue may set up the participant to fail.**

**Participants also need to understand the potential consequences for illegal driving behavior.**



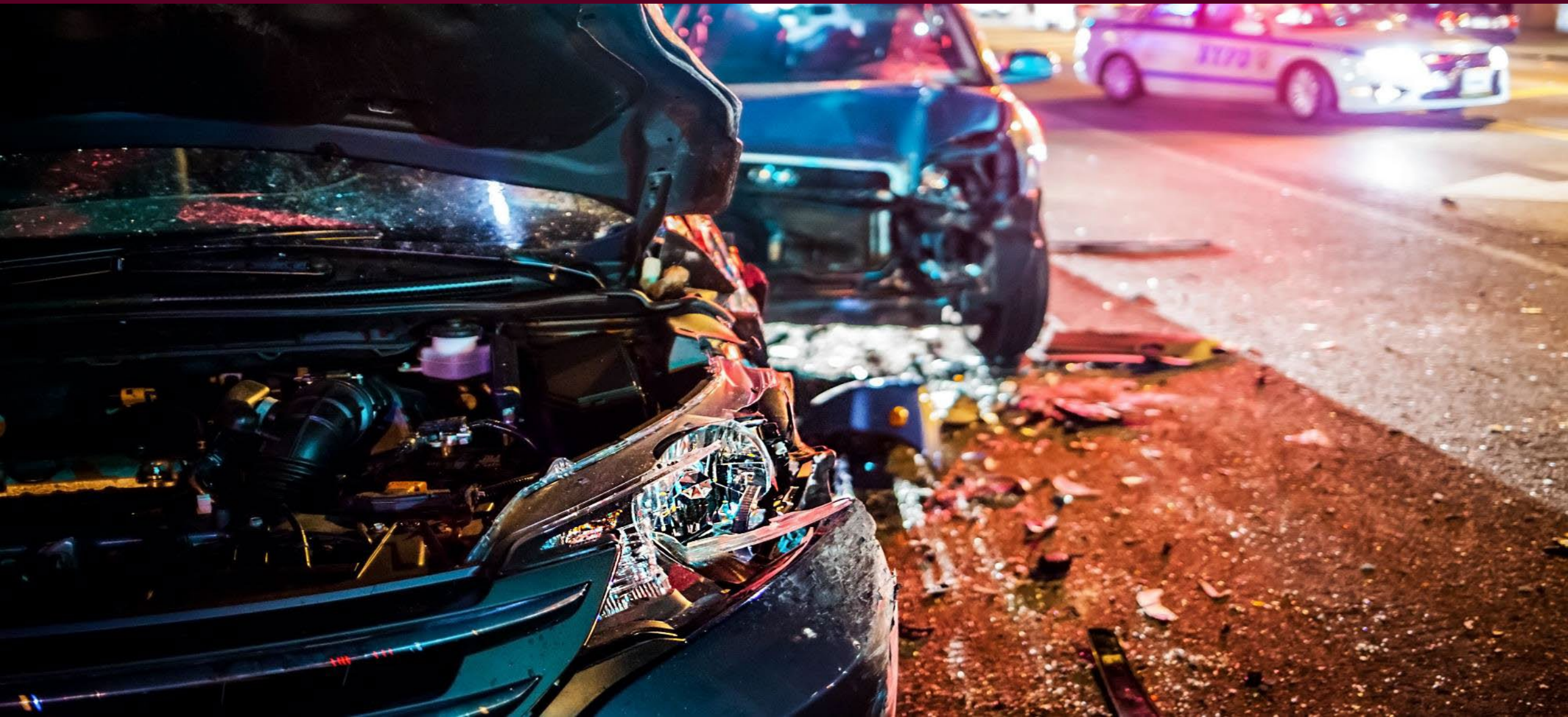
# Non-Clinical Considerations

- Alcohol testing
- Polysubstance testing
- Use of technology





# Responding to Specific Behaviors







## Driving Without a License

- Prohibition and possible response to this violation should be clearly written, vocalized, and provided to participant
- Behavior response is a high-magnitude sanction
- Opportunity to revisit transportation plan
- Response to new impaired driving offense?



# Balancing Treatment and Public Safety

## Scenario

Probation or law enforcement is conducting a home check with a participant. During the visit, the officer suspects the participant is under the influence. After a discussion, the participant admits to using alcohol and marijuana. The participant committed no other program violations.

What should the officer do?

Are there any factors that impact your decision?

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# Balancing Treatment and Public Safety

## Treatment

- Every instance of use requires a therapeutic response
- May mean a different level of care or no change at all
- Determined by treatment professionals

## Public Safety

- Every instance of use requires steps to separate use from driving
- May mean brief detaining of the participant
- Therapeutic response needs to be immediate



# Use of Jail

**In accordance with behavior modification principles, jail is a high-magnitude sanction used as a graduated response in short doses (no longer than six days)**

**Jail should not be used to hold a participant until a therapeutic response can be delivered... consider jail alternatives.**

**Jail should not be used to keep a participant safe, from overdosing, for withdrawal, or for the health of a pregnancy.**

# Why We Do Not Incarcerate For Use

BUREAU OF JUSTICE ASSISTANCE

## MANAGING SUBSTANCE WITHDRAWAL IN JAILS: A LEGAL BRIEF

A disproportionate number of people in jails have substance use disorders (SUDs).<sup>1</sup> Incarceration provides a valuable opportunity for identifying SUD and addressing withdrawal.<sup>2</sup> Within the first few hours and days of detainment, individuals who have suddenly stopped using alcohol, opioids, or other drugs may experience withdrawal symptoms, particularly when they have used the substances heavily or long-term. Without its identification and timely subsequent medical attention, withdrawal can lead to serious injury or death.

Deaths from withdrawal are preventable, and jail administrators have a pressing responsibility to establish and implement withdrawal policy and protocols that will save lives and ensure legal compliance. This brief describes the scope of the challenge, provides an overview of constitutional rights and key legislation related to substance use withdrawal, and outlines steps for creating a comprehensive response to SUD.

### Scope of the Challenge

Among sentenced individuals in jail, 63 percent have an SUD, compared to 5 percent of adults who are not incarcerated.<sup>3</sup> 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.<sup>4</sup> Among women

When Kelly Coltrain was booked for unpaid traffic violations in 2017, she told jail staff that she was drug dependent and had a history of seizures. Her request to go to the hospital for help with withdrawal symptoms was denied. She was placed in a cell that required 30-minute checks, but these checks rarely occurred. For the next 3 days, she was observed (by video camera) vomiting, sleeping often, and eating little. On her third night in jail, she started convulsing; then, all movement ceased. For at least the next 4 hours, no deputies or medical staff came to the cell to determine why she was still. Kelly's family filed a wrongful death suit, which was settled in 2019 for \$2 million plus 4 years of federal district court monitoring of the jail during implementation of new policies and procedures to ensure proper care of inmates at risk of withdrawal.<sup>2</sup>

incarcerated in local jails, the average annual mortality rate due to drug/alcohol intoxication was nearly twice that of their male counterparts.<sup>5</sup> The median length of stay in jail before death from alcohol or drug intoxication was just 1 day,<sup>6</sup> indicating that individuals on short stays, including those who are detained in pretrial status, are equally at risk.

It is not uncommon for individuals to experience substance withdrawal at the time of entry into jail, when access to their drug of choice is abruptly stopped. Estimates within specific regions vary widely, from 17 percent of people entering New York City jails being in acute opioid withdrawal<sup>7</sup> to a record 81 percent of people entering a Pennsylvania county jail needing detoxification services—half of them for opioid use disorders.<sup>8</sup>

<sup>1</sup> As noted in the Substance Abuse and Mental Health Services Administration's *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings* (2019), medically supported withdrawal (also referred to as medical detoxification) is "designed to alleviate acute physiological effects of opioids or other substances while minimizing withdrawal discomfort, cravings, and other symptoms."

This project was supported by Grant No. 2019-AR-BX-K061 to Advocates for Human Potential, Inc. awarded by the Bureau of Justice Assistance, a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Advocates for Human Potential, Inc. was supported by the Addiction and Public Policy Initiative of the O'Neill Institute for National and Global Health Law at Georgetown University Law Center. This project was developed in partnership with the National Institute of Corrections, an agency within the Department of Justice's Federal Bureau of Prisons.

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# Public Safety

- Treatment is priority 1.
- Public safety is priority 1A.
- Responses to active use must consider public safety.
- Statute-mandated incarceration.



# Public Safety



- Responses to impaired driving have generally been punitive in nature.
- Often accompanied by mandated “education” classes.
- Impaired driving treatment court practitioners understand the criminogenic part. They often fail to recognize and stress the need for treatment.

# Continuous Alcohol Monitoring (CAM)

- Research supports the use of CAM technology for the first 90 days
- Careful considerations
  - Longer doesn't necessarily equate to better
  - Cost
  - What's the goal?





# Role of Interlocks: Florida, United States

## Mandating alcohol-use-disorder treatment for impaired drivers with interlocks

- Required treatment after 3 violations: 1 violation = 2 lockouts within 4 hours
- 640 repeat impaired drivers/AUD treatment vs. 806 not mandated to treatment
- Individualized treatment lasting on average 8-12 weeks
- Required to complete treatment before interlock is removed

32% lower recidivism over three years

Estimated to save 3.13 crashes and 2.18 injuries per 10 arrests prevented

Cost-benefit of \$632,000

# Role of Interlocks: Michigan, United States

## Within a “sobriety court” program

97% complied with order to install interlock

0.6% removed without authorization

1% tampered with interlock

## Compared those that had interlock vs those that did not

Alcohol *and* drug use was substantially lower

Improved levels of education

Higher rates of employment

Spent less time incarcerated

Higher rates of successful program completion

Lowest recidivism rates for impaired driving and general crimes (1-4 years)

**AIIRise**

# Impaired Driving Solutions

