

## THE PERSISTENT DWI OFFENDER: POLICY & PRACTICE CONSIDERATIONS

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### Introduction

The experiences of driving while impaired (DWI)<sup>1</sup> offenders in the criminal justice system vary considerably as a function of their level of offense and other criminal history. Those individuals who have not previously been involved in the justice system often possess distinct characteristics compared to offenders who have been processed through the criminal justice system on one or more prior occasions.

In 2017, the Working Group on DWI System Improvements explored the similarities and differences between first and persistent offenders in terms of their experiences in the justice system and the characteristics of their behavior. The objective was to explore ways to increase the effectiveness of justice system responses to persistent offenders pre- as well as post-adjudication. An emphasis was also placed on considering the research evidence related to effective education campaigns to explore messaging that reflected the experiences of persistent offenders and could help to reduce repeat DWI behavior.

### Navigating the DWI system

The experiences of first DWI offenders in the criminal justice system are often distinct from those of persistent offenders. Unlike persistent DWI offenders, being charged with a DWI offense is often the first encounter with the criminal justice process for these first offenders. Research shows that most first DWI offenders will never be arrested for a DWI or any other offense again. Often, the experience and costs of going through the criminal justice process sufficiently deters future drinking and driving behavior among them. This is not to suggest that justice systems should not have in place appropriate procedures and assessments to help identify those first offenders who are at risk of committing future DWI offenses. Effective assessment results are an important component of the criminal justice system response to first DWI offenders, since all persistent DWI offenders were once first offenders.

**All persistent DWI offenders were once first offenders, so effective assessment results are an important component of the criminal justice system response to first DWI offenders.**

1. The abbreviation DWI (driving while intoxicated or impaired) is used throughout this report as a convenient descriptive label, even though some states use other terms such as OUI (operating under the influence) or DUI (driving under the influence), and in some states, they refer to different levels of severity of the offense. We have used DWI not only to maintain consistency throughout the report but also because it is more descriptive of the offense usually associated with drunk drivers.

**First DWI offenders.** Nevertheless, it is important to recognize that neophyte offenders may find navigating the criminal justice process overwhelming, disjointed and confusing. They contend with various individuals throughout the many stages of the system. The behaviors and attitudes displayed by assorted representatives of different parts of the system may be, at any given time, authoritarian, perfunctory, helpful, disrespectful, confounding or sympathetic. These wide-ranging encounters coupled with the mystifying and often protracted legal processes and abstract legal terminology coupled with myriad fines and fees contribute to a “first-timer’s” anxiety, confusion and desire to never endure the experience again.



In fact, most people’s understanding of criminal justice policies and procedures are gleaned from fictional depictions in books, on television, or in movies. The reality is that from the time they are confronted by law enforcement and suspected of driving while impaired, DWI offenders withstand a series of never-before experienced and little understood events. Each step in the process creates anxiety-riddled unknowns. Common concerns include:

- > What is going to happen next?
- > Am I going to jail?
- > Do I need an attorney?
- > What will my family/boss/friends think?
- > What are the financial ramifications?
- > What do I do now?

Throughout the process, offenders must deal with predicaments that they have not previously experienced, as well as make decisions that had not been contemplated; many of these decisions are associated with substantial and serious personal and financial ramifications.

In short, simply enduring the criminal justice process and its corresponding consequences is often sufficient to successfully deter future impaired driving by most first DWI offenders. Moreover, research clearly shows that, in these cases, piling on of monetary obligations and onerous conditions of supervision for this population may unnecessarily disrupt prosocial activities and relationships that support positive outcomes and, consequently, have an adverse impact on recidivism reduction (Gendreau 1997; Andrews & Bonta 1998; Harland 1996; McGuire 2001, 2002).

**Persistent DWI offenders.** However, the experiences of persistent DWI offenders in the justice system are quite dissimilar. These offenders are often more adept at traversing the system and are better-informed about what to expect as well as strategies designed to mitigate or delay negative consequences.

Unlike most first offenders, persistent DWI offenders manifest a different profile and issues. Compared to most first offenders, persistent DWI offenders tend to be less educated (Jones and Lacy 2001; Nochajski and Stasiewicz 2006) and have lower income levels (Nochajski and Stasiewicz 2006). They are more likely to be never married, divorced, separated or widowed (Wieczorek and Nochajski 2005; Simpson and Mayhew 1991). Among repeat offenders, it is more common to be arrested with higher BACs of .18 or over .20 (Wanberg et al. 2005) as is test refusal at roadside (Robertson and Simpson 2002). They also have a higher lifetime prevalence of drug dependence, alcohol dependence and alcohol abuse as well as higher prevalence of conduct disorder, bipolar disorder PTSD and generalized anxiety disorder (Nelson et al. 2012). Further, persistent DWI offenders are more likely to have more traffic offenses and be involved in crashes more frequently than first DWI offenders (McMillen et al. 1992a; Nochajski and Wieczorek 2000; Wieczorek and Nochajski 2005). Finally, a study in Massachusetts found that 61% of repeat offenders had criminal histories that involved substance-related crimes only and more than one-third had more extensive criminal history (Labrie et al. 2007).

**61% of repeat offenders had criminal histories that involved only substance-related crimes.**

Hence, in recognition of these characteristics of more persistent offenders, it is essential that the criminal justice system employ processes, tools, and evidence-based practices to change the behavior of these offenders, and in the absence of doing so, implement strategies that are proven to protect the public from these high-risk drivers. This fact-sheet describes the most salient features of effective countermeasures that warrant consideration when developing strategies, policies and practices to manage this population.

## Strategy, Policy & Practice Considerations for Persistent DWI Offenders

No two people are the same and this is equally true in relation to persons who commit DWI offenses. When speaking about DWI offenders, it is important to recognize that this designation does not mean that all individuals who commit DWI offenses can be identified by one set of general assumptions. The knowledge they possess, experiences they have had, behaviors they exhibit, and challenges they have encountered, and will subsequently face, are unique to each of person. Acknowledging these differences is important to achieve the objective of behavior change, and the following strategy, policy, practice considerations may prove useful when developing countermeasures to reduce offending among this persistent population.

**Review research to integrate into policies and practices.** Creating successful criminal justice system responses to reduce recidivism among persistent DWI offenders requires that representatives of each part of the criminal justice system gain knowledge about evidence-based and promising policies and practices. It is essential that practitioners remain abreast of research related to effective and ineffective strategies to manage DWI offenders specifically, and understand criminal behavior, substance abuse and mental health conditions generally. To this end, jurisdictions should consider, if practicable and feasible, specialization in DWI for all phases of the system by dedicating duties and caseloads specific to managing DWI offenders with the expectation that those assigned individuals will remain abreast of evidence-based interventions and practices.

DWI courts are perhaps the epitome of specialization, however, it may be impractical or impossible to have a DWI court or specialized

caseloads in small, rural jurisdictions due to the limited number of events or cases combined with the necessity of practitioners to accept responsibility for a wide variety of cases. In these situations, it is suggested that at least one practitioner from each segment of the criminal justice system (e.g., law enforcement, prosecution, defense, probation, judges, treatment) be identified and designated as a DWI subject matter expert. These individuals should receive and have access to regular, specialized training, current research, and professional publications sharing effective practices. At a minimum, these designated individuals could assist colleagues and become the “go to resource” for other practitioners.



### Identify issues and strengths early.

Understanding the characteristics and circumstances of individuals charged with a DWI offense at the earliest possible stage in the criminal justice system can help guide effective planning and responses throughout the remaining processes (e.g., sentencing, conditions of supervision). Identifying problem behaviors, substance abuse concerns and mental health issues, as well as pro-social endeavors and supports earlier during the pre-trial release phase can inform the setting of appropriate bond or pre-trial supervision conditions. Moreover, early detection of factors that may hinder or help facilitate compliance during the pre-trial period can help guide the selection of early interventions targeted towards identified issues and, thus, expedite potentially positive outcomes prior to the final disposition of a case.

**Use validated assessment tools.** Proven assessment tools that have been validated on a DWI population are useful to gauge the risk of future



offending, substance abuse and mental health issues and other factors. If consistently employed, these tools can address important risk factors and promote crime-free and pro-social behaviors.

Risk assessment tools that are designed, ideally, to specifically evaluate DWI offender behavior concerns and intervention needs are important tools to reduce recidivism (e.g., NHTSA-funded Impaired Driver Assessment; IDA; Lowe 2013). These tools should be validated to ensure that the specific population being assessed (e.g., sex, gender, culture, social environment) is considered. It is a reasonable assumption that persistent DWI offenders possess a higher recidivism risk as compared to first DWI offenders since research suggests their risk profile is more pronounced (Robertson et al. 2014). Nevertheless, it is important to identify potential risks for individual offenders by examining their past behavior and current circumstances. To this end, it is vital that past criminal history and driving records are examined. Collateral contacts with family members, employers and significant others should also be initiated and completed to test the veracity of self-reported information shared by an offender. This information can provide much-needed insight into an individual's past and current behaviors, substance use and potential mental health concerns. Additionally, re-assessment of individuals in the coming months should be conducted in regular intervals to properly gauge continuing or waning risk concerns.

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An initial substance abuse and mental health screening should be administered, at the earliest possible point in the process, to help determine whether it is prudent to require a more comprehensive clinical assessment completed by a certified substance abuse or mental health professional. There are many short-form screening tools that can be administered that can identify potential concerns suggesting more thorough assessment (Robertson et al. 2014). Clinical assessments completed by a substance abuse or mental health professional either pre- or post-adjudication can help identify treatment

interventions that address substance abuse and/or mental health issues.

Throughout the assessment process and any ongoing court-ordered supervision it is also important to appraise existing relationships and activities of DWI offenders that support or reinforce pro-social behaviors and attitudes. These activities may include, but are not limited to employment, faith-based pursuits, and children's school or extracurricular activities. Pro-social relationships may include a supportive female spouse or partner, relatives, friends or Alcoholic Anonymous sponsor. These activities and relationships serve as protective factors against re-offending. As such, interventions and conditions of supervision should avoid, to the greatest extent possible, disrupting these supportive activities and relationships.

#### **Assign achievable, individualized supervision conditions to promote behavior change.**

Conditions of supervision that probationers must abide by or complete, and that courts or probation officers must monitor and enforce, should be realistic, relevant and/or supported by research.

- **Realistic.** Conditions of supervision are selected with consideration of the likelihood that probationers will successfully complete or abide by imposed conditions while on probation, and thereby avoid unnecessary technical probation violations. Fines, fees, surcharges or other required payments imposed by legislation should first acknowledge the ability of offenders to make payments prior to imposing unreasonable monetary demands. This would especially be true if probationers are unemployed or under-employed, and/or has other financial obligations (e.g., children and childcare, child support, treatment, or medical expenses). In this regard, court-ordered financial obligations should not impoverish probationers or impede them from obtaining life necessities. The collection of relevant financial information to assess the ability of probationers to pay these costs, and the use of a sliding fee scale can inform decisions regarding the imposition of financial obligations.

In addition, "piling on" of conditions without considering the ability of probationers to comply with or complete conditions should be avoided. Imposing a plethora of unrelated requirements may in fact impede the successful completion of a probation sentence. It is

not unusual in most jurisdictions to burden probationers with more than 20 probation conditions which creates a daunting situation even for individuals that are well-resourced and possess a strong support network. The standard use of conditions can unfortunately result in a nearly impossible predicament for most probationers.

Of equal concern, the capacity of probation departments and the assigned probation officers to effectively monitor, supervise or facilitate the conditions of supervision, as well as the ability and willingness of court-related personnel to respond quickly and in an efficacious manner, requires consideration. Imposing an inordinate number of conditions on probationers that officers must track simply increase the likelihood that some conditions will be overlooked or not enforced. This situation poses concern since the inability to monitor and enforce some conditions of supervision can merely reinforce beliefs among probationers that they can “get away” with non-compliance and avoid consequences for bad behavior. Further, monitoring an excessive number of conditions for individual probationers when many officers struggle to manage caseloads, creates a risk that more serious violations will not be identified. Perhaps most importantly, if courts are unwilling or unable to respond to violations of condition, it begs the question why they are imposed in the first place.

- > **Relevant.** Probation officers are encouraged to impose conditions of supervision that are individualized and most likely to produce positive probation outcomes. Conditions of supervision that are imposed simply because that is “the way it has always been done” should be re-evaluated. Assessments, as previously discussed, can assist in developing supervision requirements that address risk and encourage behavior change. Substance abuse or mental health treatment should only be ordered if indicated by clinical assessments. Finally, when treatment is ordered, consideration must be given to the availability of appropriate treatment and the ability of probationers to reasonably engage in the treatment (e.g., scheduling to avoid conflict with employment, lack of childcare, limited transportation options). Relevant treatment

should be able effectively and appropriately provide services that consider offender characteristics (e.g., sex, gender, culture, substance abuse and mental health issues) in their totality, as well as the ability to pay for services.

- > **Research-supported.** Conditions of supervision supported by the research are more likely to facilitate long-term positive change in behaviors and attitudes of persistent DWI



offenders. Conditions of supervision should encourage DWI probationers to be productive and pro-social community members while also being held accountable for their crime. The first consideration is whether each DWI offender requires active probation supervision. People deemed low-risk with significant pro-social supports may require basic monitoring of conditions without having to report physically to a probation officer. As mentioned, the experience of being processed through the criminal justice system may have enough of a deterrent impact to ensure that low-risk DWI offenders will remain crime-free. Notably, research demonstrating that further involvement with the criminal justice system (including numerous conditions of supervision that disrupt pro-social activities and relationships) may have negative results for low-risk individuals (Gendreau 1997; Andrews & Bonta 1998; Harland 1996; McGuire 2001, 2002). To this end, the guiding principles of DWI courts indicate that these courts should only focus on repeat DWI offenders (National Center for DWI Courts 2010). More generally, intensive interventions should be reserved for DWI offenders that are deemed medium to high risk for continuing illegal behavior.

### **Maintain rather than disrupt protective factors.**

Courts personnel and probation officers must be judicious when imposing conditions to ensure they do not hinder protective factors possessed by DWI offenders (e.g., employment, education, pro-social activities or time with family). To illustrate requiring office visits with probation officers, completion of community service tasks, or attendance in testing or programming during work hours may jeopardize the employment of DWI offenders.

To this end, consideration of the assessed needs of DWI probationers in a responsive manner can inform supervision conditions. For example, ordering a woman with a history of abuse by male partners to a mixed-sex substance abuse program that utilizes a confrontational approach rather than a program designed to assist women recovering from drug addiction while addressing past trauma can be detrimental. The former strategy is more likely to contribute to failure, and to more harm than good whereas the latter is responsive to the needs of the probationer.



### **Implement policies and practices that permit swift, certain and proportional responses to behavior.**

Behavioral science suggests that justice system responses to violations or accomplishments must be swift or timely to have the greatest impact on behaviors. These responses should also be anticipated and understood (certainty principle) by probationers achieve ideal outcomes. In this regard, every violation and accomplishment must be met with an anticipated result. This eliminates the perception by probationers that some violations are excused or ignored, or that achievements are not significant enough to be acknowledged.

In addition to swiftness and certainty, responses should be proportional to the infractions committed

or attainment accomplished by probationers. The use of a graduated approach can reinforce beliefs and perceptions that responses are reasonable, just and deserved (Hawken & Kleinman 2009; Kilmer et al. 2013; O'Connell et al. 2013).

The implementation of swift, certain and proportional responses can be accomplished by judicial actions by court personnel or administrative actions by probation officers. Consideration should be given to how responses can be expedited day-to-day and in accordance with state law. Additionally, research suggests that providing incentives with

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greater frequency than punishments is a more effective way to encourage compliance. In other words, when learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time when approached with "carrots" rather than "sticks". Behavioral scientists recommend applying a much higher ratio of positive reinforcements to negative reinforcements to better achieve sustained behavioral change. Research indicates that a ratio of four positive to every one negative reinforcement is optimal for promoting behavior changes. More importantly, these rewards do not have to be applied consistently to be effective (in sharp contrast to negative reinforcement) but can instead be applied randomly (Gendreau & Goggin 1995; Meyers & Smith 1995; Higgins & Silverman 1999; Azrin 1980; Bandura et al. 1963; Bandura 1996).

However, it should not be assumed that what is punishing or rewarding for one probationer is equally punishing or rewarding for another. Therefore, it is important to gain an understanding of what factors are most likely to motivate attitude and behavior change for each DWI offender.

### **Effective use of alcohol-monitoring technology. There are numerous technological tools that can promote positive outcomes for persistent DWI offenders.**

The most appropriate technology used in concert with appropriately assessed behavioral and psychological interventions can improve outcomes. Additionally, technological



applications offer flexibility to deliver the appropriate level of supervision based on risk. These technologies facilitate customized responses to compliance and non-compliance with court-ordered conditions. This can be accomplished by stepping up of supervision conditions for non-compliance or stepping down with reduced supervision conditions for continued compliance.

**Alcohol-monitoring technologies facilitate customized responses to compliance and non-compliance with court ordered conditions.**

It is important to note that there is no one technological solution that is suitable for all DWI offenders and each of the available alcohol-monitoring tools pose challenges in their application. Nevertheless, there are tools for persistent DWI offenders that provide better monitoring and more effectively deter impaired driving when used as intended. The following are some of the most commonly relied upon technologies.

- > **Breath alcohol testing devices.** These devices accurately measure breath alcohol concentration (BrAC) when devices are properly calibrated and maintained. The science of breath alcohol testing, and the correlation of results with blood alcohol testing (BAC) is well-established. In general, two types of breath testing devices are used in the processing and supervision of DWI offenders: small hand-held breath testing devices and larger desktop breath testing devices used for evidential purposes. Hand-held field testing devices are generally based on electrochemical platinum fuel cell analysis and, depending upon jurisdiction, may be used by police and probation officers in the field to measure the BrAC of suspected impaired drivers or probationers. These devices include preliminary breath test (PBT) devices or passive alcohol sensors (PAS).

Similarly, hand-held devices are common supervision tools utilized by probation officers and initiatives like the 24-7 program in South Dakota. These devices are specially designed to accommodate a much larger number of breath tests as compared to a standard PBT device. This type of monitoring, involving twice-daily breath testing, is used to test program participants

during two designated windows of time. Desktop devices more often use an electrochemical fuel cell sensor, an infrared spectrophotometer, or a combination of the two.

Conversely, many hand-held breath testers sold to public consumers use a silicon oxide sensor (also called a semiconductor sensor) to determine the breath alcohol concentration. These sensors are far more prone to contamination and interference from substances other than breath alcohol. The sensors require recalibration or replacement at least every six months. Higher end hand-held breath analyzers and professional-use breath alcohol testers use platinum fuel cell sensors. These too require recalibration but at less frequent intervals than semiconductor devices, depending on the frequency of use. However, research regarding the efficacy of these devices is quite limited (Canadian Automobile Association 2018).

- > **Remote alcohol detection.** There are primarily two types of technologies that measure BAC remotely and collect, store and transfer data for a supervising agency. The first technology is a device that is worn by the DWI offender that continuously measures BAC through perspiration up to every 30 minutes or as scheduled by probation officers. This wearable device (often an ankle bracelet) is connected to modem through a landline allowing for daily download of data from the bracelet. The modem stores data that includes alcohol readings, tamper alerts and body temperature throughout a 24-hour period.

The second technology is a stand-alone breath testing unit that can be installed in the residence of DWI offenders (or other convenient location) and DWI offenders must perform tests during designated windows of time or when prompted to do so. These units may also be equipped with camera capabilities to capture images of the person performing the test. Continuous remote alcohol monitoring utilizes a bracelet attached to a person's ankle that continuously tests vapors through the skin and includes tamper detection.

- > **Alcohol ignition interlock device (IID).** These devices require drivers to provide a breath sample with a BAC below .02 or .25 (depending on state regulations) before they

can start their vehicle. Most often the IID is connected to the starter of a vehicle, and the flow of power to the engine is interrupted until an acceptable breath alcohol sample is provided. These devices also require random running re-tests after a vehicle has been started to ensure that drivers remain alcohol-free throughout their trip. Drivers are trained to pull over the vehicle to a safe location before



performing the re-test. In the event drivers fail the start test the vehicle will not start, whereas the failure of a running re-test will result in flashing lights or a honking horn until an acceptable breath sample is provided or the vehicle is shut off. Of importance, a failed breath test will not interfere with a running engine.

Data from vehicle events are captured in a data recorder, and more recently, a growing number of manufacturers have integrated a camera feature to capture an image of the person providing the breath sample. Data are downloaded from the device at the completion of each service interval (usually 30, 60 or 90 days) and reported to various authorities as required. The calibration of devices is checked regularly, and fees for installation and monitoring are paid by DWI offenders.

IIDs have proven tool to deter impaired drivers when the device is installed (Willis et al. 2005; Kanable 2010; Elder et al. 2011; Fielder et al. 2013; McCartt et al. 2013; Voas et al. 2013; Beck et al. 2015; Kaufman & Wiebe 2016). These reductions remain evident even after the interlock is removed (Voas et al. 2016; Vanlaar et al. 2017). There is a growing amount of scientific evidence from individual jurisdictions showing that IIDs also reduce alcohol-related crashes (McCartt et al. 2013; Vanlaar et al.

**Installed IIDs have proven to deter impaired drivers from driving and reduce alcohol-related crashes.**

2017). Similarly, studies using population-based approaches have also shown interlocks reduce alcohol-related crashes nationally. In particular, Kaufman and Wiebe (2016) used data from 1999 to 2013 to compare alcohol-involved crash fatalities between 18 states with universal mandatory interlock laws and 32 states without. Results indicated installing interlocks on all new vehicles, impaired driving fatalities would reduce by 15%, and an estimated 2,500 lives would be saved annually in the U.S. (Kaufman and Wiebe 2016). A study conducted by McGinty et al. (2016) examined the effects of partial and mandatory/all offender interlock laws on alcohol-involved fatal crash rates. Results indicated an association between mandatory/all offender laws, where 1250 BAC 0.08 fatal crashes were prevented between 1982 and 2013.

Based on this compelling evidence, IIDs are an appropriate tool to supervise DWI offenders. The use of IIDs also eliminates a “hard” suspension of driving privileges thus allowing individuals the opportunity to continue to drive to work, transport their children, drive oneself to treatment or to attend other prosocial activities. Hard suspensions prevent impaired drivers from driving legally, however there is evidence demonstrating that many of these offenders simply drive unlicensed while suspended or revoked for DWI. Conversely, an interlock-restricted driver’s license enables DWI offenders to drive legally after an IID has been installed.

- > **Other technological tools.** There are many different tracking and monitoring solutions that provide real-time location, home confinement capabilities, automated call services and kiosk check-in locations; some with remote alcohol sensing technologies. There are also a variety of tools that can be used to screen for drug usage. Finally, the importance of having integrated information systems or, at least, access to data from other criminal justice and department of motor vehicle systems to efficiently monitor



DWI probationers and other contacts they may have with police, such as alcohol-related arrests and driving infractions, cannot be overstated.

**Appropriate treatment alternatives** – It is essential that practitioners in the DWI system are schooled in the latest science related to substance abuse treatment, mental health services, and associated behavioral issues. The neurological impact of alcohol and drug use, brain injuries, fetal alcohol exposure and trauma on the brain is significant and often affects the ability of person to recover from alcohol and drug abuse, control emotional stability and change behaviors. Substances that are often abused each have different impact on brain chemistry which, in turn, often have different timetables for detoxification and relief from addictive cravings. However, neurologic science has been able to demonstrate that the brain, over time, can repair itself from damages caused by addictive substances. Brain injuries, fetal alcohol syndrome and trauma can have a negative impact on one's cognitive functioning and the ability to grasp concepts or control of behaviors which are often misinterpreted as a defiant attitude toward treatment programming. Additionally, there have been pharmacological break-throughs that have shown some prescription drugs to be effective in reducing cravings of some addictive substances and other prescription drugs that can mitigate depression, mania and other psychological issues.

There is no substance abuse, mental health or behavioral issues treatment approach that is appropriate or effective for everyone. As such, court-ordered treatment requirements should consider the availability of an approach or regimen that is designed to address issues that are specific to the individual characteristics of probationers (e.g., gender, culture, past trauma, type of substance abused) prior to sentencing.

**Court-ordered treatment requirements should address issues that are specific to the individual characteristics of the probationer.**

Additionally, selected treatment providers should be able to demonstrate that their approach,

tools and services are supported by research and/or, at least, produce positive outcomes. Finding available treatment alternatives that consider unique individual characteristics and implementing, with fidelity, research-supported approaches is challenging in large metropolitan communities and nearly impossible in isolated rural communities. Not having individually appropriate services available to DWI offenders merely increases the likelihood of treatment failure. Persons working in the justice system should acknowledge this conundrum as part of their response to failed treatment outcomes and consider that negative outcomes may not be solely a function of something a DWI probationer did or did not do, but, instead, that the treatment approach was not appropriate for a particular offender.

Finally, few people ever successfully remain alcohol or drug free throughout the treatment or recovery periods. Successful long-term abstinence is often preceded by one or more incidents of "falling off the wagon." Relapse during treatment attempts should be anticipated. Most treatment providers understand this phenomenon and it should be part of their recovery programming. Therefore, failure to remain abstinent from alcohol and drugs should be addressed by justice system personnel as a violation of the conditions of supervision but not as serious as failure to complete treatment.



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## About the Working Group

The Working Group on DWI System Improvements is a prestigious coalition of senior members of organizations representing frontline professionals in all segments of the criminal impaired driving system (law enforcement, prosecution, judiciary, supervision, and treatment). This coalition was formed in 2003 to advance the recommendations stemming from the DWI System Improvements report series, previously funded by Anheuser Busch. During its 14-year tenure, this distinguished consortium has shaped the focus on and development of impaired driving initiatives in the United States with its unique perspective on knowledge transfer of critical research findings, as well as the translation of legislation, policies, and programs into operational practices. The Working Group is a recognized source of institutional knowledge and expertise that has become a valuable resource to practitioners, agency administrators, and policymakers across the country. The efforts of the Working Group on DWI System Improvements have served to identify critical system needs, to make needed educational materials available, to articulate the complex issues associated with program and policy implementation embedded within broader systems, to give voice to the concerns of practitioners in the impaired driving system and to identify achievable solutions.

Since 2004, the Working Group has met annually to produce much-needed educational primers, policy documents and guides for justice professionals to help strengthen the efficiency and effectiveness of the impaired driving system for dealing with persistent impaired driving offenders. These documents can be accessed at [www.dwiwg.tirf.ca](http://www.dwiwg.tirf.ca).

- > 2004 – Working Group on DWI System Improvements: Proceedings of the Inaugural Meeting
- > 2006 – A Criminal Justice Perspective on Ignition Interlocks 10 Steps to a Strategic Review of the DWI System: A Guidebook for Policymakers
- > 2007 – Screening, Assessment, and Treatment: A Primer for Criminal Justice Practitioners Improving Communication and Cooperation
- > 2008 – Impaired Driving Priorities: A Criminal Justice Perspective



- > 2009 – Impaired Driving Data: A Key to Solving the Problem Funding Impaired Driving Initiatives Understanding Drunk Driving
- > 2010 – Effective Strategies to Reduce Drunk Driving
- > 2011 – Performance Measures in the DWI System
- > 2012 – Impaired Driving in Rural Jurisdictions: Problems and Solutions
- > 2013 – DWI Dashboard Report: A Tool to Monitor Impaired Driving Progress
- > 2014 – DWI Dashboard Strategic Guide: Addressing Gaps in the DWI System
- > 2015 – Post-Conviction Services for DWI Offenders: Building Community Partnerships

## Traffic Injury Research Foundation

The mission of the Traffic Injury Research Foundation (TIRF) is to reduce traffic-related deaths and injuries. TIRF is a national, independent, charitable road safety institute. Since its inception in 1964, TIRF has become internationally recognized for its accomplishments in a wide range of subject areas related to identifying the causes of road crashes and developing programs and policies to address them effectively.

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