

# IMPAIRED DRIVING RISK ASSESSMENT



A PRIMER FOR POLICYMAKERS



The logo for the Traffic Injury Research Foundation (TIRF) is an orange diamond shape. Inside the diamond, the letters "TIRF" are written in white, bold, sans-serif font. Above the letter "I" is a small blue triangle pointing downwards.

**TIRF**

The knowledge source for safe driving

TRAFFIC INJURY RESEARCH FOUNDATION

# The 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 research 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.

Traffic Injury Research Foundation  
171 Nepean Street, Suite 200  
Ottawa, Ontario K2P 0B4  
Ph: (613) 238-5235  
Fax: (613) 238-5292  
Email: [tirf@tirf.ca](mailto:tirf@tirf.ca)  
Website: [www.tirf.ca](http://www.tirf.ca)

Traffic Injury Research Foundation  
Copyright © January 2013  
ISBN: 978-1-926857-35-0

# **IMPAIRED DRIVING RISK ASSESSMENT:** A PRIMER FOR POLICYMAKERS

Robyn D. Robertson / Katherine M. Wood

*Traffic Injury Research Foundation*



# ACKNOWLEDGMENTS

This primer was contracted with the Traffic Injury Research Foundation (TIRF) and funded by the Canadian Institutes of Health Research (CIHR) Team in Transdisciplinary Studies in Driving While Impaired Onset, Persistence, Prevention and Treatment.

TIRF gratefully acknowledges the assistance of the following individuals who provided assistance in organizing focus groups and recruiting participants for this project.

Jeanette Espie, Executive Director  
Office of Traffic Safety, Alberta Transportation

Wendy Schilling, Program Developer  
Alberta Impaired Drivers Program, Alberta Motor Association

Rita Thomas, Manager, Remedial Measures  
Back on Track, Centre for Addiction and Mental Health  
Ontario

Anne-Chantal Roy, Secrétaire de direction- PÉCA  
L'Association des Centres de Réadaptation en Dépendance du Québec (ACRDQ)  
Quebec

Wanda McDonald, Manager, Addiction Services, Mental Health, Children's Services, and Addictions Branch, Department of Health and Wellness, Nova Scotia

TIRF also wishes to thank the following individuals for their assistance and input to inform the development of a national survey for justice professionals and/or their guidance and support to facilitate the fielding of the survey to attorneys and probation officers across Canada.

Sheilagh Stewart, Crown Counsel  
Ontario Ministry of the Attorney General

Dr. James Bonta, Director, Corrections Research  
Public Safety Canada

Don Evans, President  
Canadian Training Institute

Robert Palser, Crown Prosecutor  
Department of Justice, Alberta

Jerry Fife, Manager of Community Services  
New Brunswick

Paul Goldstein  
Saskatchewan Crown Attorneys Association

Lisa Carson and Dale Harvey  
Manitoba Crown Attorneys Association

Chris Vanderhooft, Senior Crown Attorney  
Manitoba Prosecution Service

Samiran Lakshman President  
British Columbia Crown Counsel Association

TIRF extends its gratitude to the many focus group and survey participants who willingly shared their experiences, expertise and insights regarding the use of risk assessments in the remedial driver licencing and criminal justice systems. Without their cooperation and interest this work would not have been possible.

TIRF also thanks the reviewers of this report who graciously assisted in its development and who provided feedback and comments on earlier drafts. Their knowledge and perspectives allowed us to create a user-friendly and useful report that can benefit professionals across the country.

Thomas G Brown, Ph.D.  
Director, Addiction Research Program  
Pavilion Foster/Douglas Hospital Research Center  
Assistant Professor  
Dept. of Psychiatry, McGill University Faculty of Medicine

Mitch Fuhr, Director, Driver Fitness & Monitoring Branch  
Alberta Transportation (Ministry)

Wendy Schilling, Program Developer  
Alberta Impaired Drivers Program, Alberta Motor Association

Rita Thomas, Manager, Remedial Measures  
Back on Track and Safer Bars, Centre for Addiction and Mental Health, Ontario

Nathan Baker, Barrister & Solicitor, Ontario

Don Cooley, Manager  
Community Justice and Diversion Programs, Operation Springboard, Ontario

Candide Beaumont, Coordonnatrice  
L'Association des Centres de Réadaptation en Dépendance du Québec (ACRDQ)

Michelle Baird, Clinical Therapist,  
Addiction Prevention and Treatment Services, Capital Health, Nova Scotia

Sharon M. Mitchell, Policing Services Consultant,  
Public Safety Division, Department of Justice, Nova Scotia

Marcel Doucet, Manager of Addiction Services,  
Guysborough Antigonish Strait Health Authority, Nova Scotia

Nicole Parsons, Clinical Therapist  
Addiction Prevention & Treatment Services, Capital Health, Nova Scotia

Patrick Daigle, Clinical Therapist  
Addiction Prevention and Treatment Services, Capital Health, Nova Scotia

Cindy Caudron, Regional Manager, Probation Services,  
Corrections Division, Department of Justice, GNWT





# TABLE OF CONTENTS

<b>Acknowledgments</b>	<b>iii</b>
<b>Executive Summary</b>	<b>ix</b>
<b>1. Background</b>	<b>1</b>
<b>2. Introduction</b>	<b>2</b>
<b>3. Purpose and Methods</b>	<b>4</b>
<b>4. Remedial Programs and Services Results</b>	<b>6</b>
4.1 Agency Goals	6
4.2 Agency Approach	7
4.3 Staff Qualifications	8
4.4 Staff Training and Knowledge	9
4.5 Programs and Services	10
4.6 Participant Characteristics	14
4.7 Caseload and Resources	16
4.8 Instruments and Data Collection	18
4.9 Assessment Outcomes	20
4.10 Outcome Measures of Program	21
4.11 Program Strengths and Limitations	23
<b>5. Justice System Results</b>	<b>29</b>
5.1 Agency Goals	29
5.2 Agency Approach	30
5.3 Staff Qualifications	32
5.4 Staff Training and Knowledge	33
5.5 Services	33
5.6 Participant Characteristics	37
5.7 Caseload and Resources	38
5.8 Instruments and Data Collection	39
5.9 Assessment Outcomes	41
5.10 System Outcome Measures	41
5.11 System Strengths and Limitations	42
<b>6. Recommendations</b>	<b>46</b>
6.1 Recommendations for remedial programs and services	46
6.2 Recommendations for the justice system	48
6.3 Conclusions	49
<b>7. References</b>	<b>51</b>



# EXECUTIVE SUMMARY

## Background

- > Although a general decreasing trend in the number of persons killed in a traffic crash involving a drinking driver has occurred in Canada between 1995 and 2008, the progress achieved since the late 1990s has been nominal and the number of persons killed and injured in crashes involving drinking drivers remains high.
- > In 2009, 32.3% of fatally injured drivers in Canada had a blood alcohol concentration (BAC) over the legal limit of .08 (Mayhew et al. 2011). In addition, in 2009, 714 people were killed in Canada in road crashes that involved a driver who had been drinking and approximately 2,913 drivers (excluding Newfoundland and Labrador) were involved in alcohol-related serious injury crashes in Canada (Mayhew et al. 2011).

## Introduction

- > Growing economic challenges mean that jurisdictions are seeking ways to use resources more effectively and efficiently to best manage drunk drivers to protect the public. The use of research-based risk assessment tools and practices is one means to attain this goal and a linchpin to making the best use of available resources.
- > There are two types of systems that process impaired drivers in Canada and rely upon, to varying extents, information stemming from risk assessments of these drivers: 1) the criminal justice system; and, 2) remedial impaired driver programs that are an administrative sanction imposed by the driver licencing authority.
- > The term “risk” has different meanings among different practitioners, and the goals of risk assessment practices within these two systems differ substantially. Yet, both approaches to the risk assessment of impaired drivers are extremely relevant to reduce impaired driving.

## Purpose and Methods

- > The purpose of this report is to provide an overview of risk assessment practices in Canada for impaired drivers, and to provide a snapshot of the practices used by driver licencing and criminal justice practitioners. Its goals are to summarize current

risk assessment practices and to describe the different ways that impaired drivers are assessed for risk in both systems. The report includes some recommendations to inform and/or guide future efforts to develop or improve best practices related to risk assessment in both systems.

- The contents of this report are based upon:
  - » Focus groups involving 28 remedial impaired driver program practitioners and criminal justice professionals in Alberta, Ontario, Quebec and Nova Scotia;
  - » Conference calls with a judge and a probation officer in the Yukon and Northwest Territories;<sup>1</sup> and,
  - » A survey of 65 justice professionals (Crown attorneys, defence attorneys and probation officers) representing six jurisdictions that responded to the survey (Alberta, Manitoba, Saskatchewan, New Brunswick, British Columbia and Ontario).

## Remedial Programs and Services Results

- This section contains the results of the focus groups that were conducted in four jurisdictions across Canada representing several regions of the country.
- **Agency goals.** Staff that participated in the focus groups representing remedial impaired driver programs and services in the driver licencing system agreed that these programs and services have two main objectives:
  - » To help offenders separate drinking and driving activities and to develop alternative behaviours; and,
  - » To educate offenders about the effects of alcohol and drug use with the goal of reducing their use of, and problems with, these substances.
- **Agency approach.** Common themes that emerged regarding approach included:
  - » Many programs have a theoretical foundation and theories include bio-social,<sup>2</sup> psycho-educational<sup>3</sup> and social psychological theories.
  - » Most programs emphasize harm reduction as a preferred approach over abstinence.
  - » The use of client-centred, individualized approaches is preferred and enables clinicians to work one-on-one with clients and develop a rapport with them.

---

<sup>1</sup> There are no remedial impaired driver licencing programs in the Territories.

<sup>2</sup> Bio-social theories assert that biology has significant explanatory power in understanding why persons act as they do, however, these theories also acknowledge the role of the physical and social environment in influencing behaviour. Bio-social theories reject explanations of behaviour that take into account only cultural, social and/or environmental features.

<sup>3</sup> Psycho-educational theories are based upon a humanistic approach to behaviour modification and claim that behavioural change is an ongoing, dynamic process that requires a trusting and mutually respectful relationship between the therapist and patient. The emphasis is on problem-solving, the reinforcement of positive coping mechanisms, the development of new coping mechanisms, the use of positive language, self-regulation, and the encouragement of independent positive decision-making. Assessments of behaviour are ecological and attempt to account for all aspects of a person's life that may influence behaviour.

- » Case plans should achieve a good balance between structure and flexibility in order to adapt plans to the needs of offenders, which can change over time.
- > **Staff qualifications.** Historically, staff members may or may not have been required to hold a university degree, diploma or certification in a relevant discipline but they often possessed vast personal and/or practical experience that was relevant to the job. Conversely, today, a university degree, a diploma or certification is a standard requirement for all new hires (either undergraduate and/or post-graduate). Relevant fields include addictions, social work or social services, humanities, psychology, counselling, nursing, recovery, and teaching and facilitation. A minimum level of practical experience and regular accreditation may also be requirements.
- > **Staff training and knowledge.** According to staff, the level of hands-on training and supervision that new staff members receive varies substantially across jurisdictions. Orientation, training and mentoring is very structured in some jurisdictions; efforts are more ad hoc in others. Continuing education opportunities are often a function of resources.
- > Perceptions among staff members regarding their level of knowledge, particularly with regard to appropriate theories of behaviour, the validity and reliability of risk assessment instruments used, and the interpretation of results can vary across jurisdictions. Of interest, staff members generally agreed that the ability to properly score the instruments is paramount, particularly because the interpretation of scores can be subjective and based heavily on a clinician's judgment.
- > It is unclear whether and to what extent the knowledge of staff members regarding the use of risk assessment instruments is objectively measured at hiring or on an ongoing basis.
- > **Programs and services.** The onus is on offenders to call and register for remedial programs, and agencies that deliver them report that there is a portion of offenders who never enroll or complete the program in order to be eligible for re-licencing.
- > Jurisdictions generally offer two separate remedial impaired driver programs and both are typically developed with a research foundation that guides program content and structure. They are offered in multiple locations to best accommodate all residents of a jurisdiction. Programs for first offenders are approximately one-day in length whereas programs for repeat offenders are two days, are more intensive, and are delivered using several different strategies. A few jurisdictions also have other private programs that offenders may elect to enroll in as part of a plea agreement, to avoid jail, or in lieu of the provincial program.

- > Due to small numbers of participants, few jurisdictions offer gender or culturally-sensitive programs, or services for offenders with deficits in executive function.<sup>4</sup> While most jurisdictions offer referral services and engage in the quality control of services, few of them provide follow-up services. There are also some barriers associated with the availability of services including: lack of transportation, inaccurate information about services, and cost.
- > **Participant characteristics.** Based upon focus group discussions with staff, program participants across Canada are perceived to share some common characteristics, including:
  - » a majority of offenders do complete the requisite program;
  - » offenders would not otherwise seek treatment services if not for their conviction;
  - » many are “embarrassed” (that they were caught);
  - » most delay participation in programs;
  - » offenders initially minimize their substance use; and,
  - » they engage in unlicensed driving to some extent.
- > Differences include:
  - » BAC levels ranging from low to high;
  - » a range of reported drinking behaviours with different diagnoses;
  - » different levels of involvement with drugs; and,
  - » different stages of change at the time of program entry.
- > Additionally, staff members perceive that there are growing numbers of participants from other jurisdictions in Canada, women and younger drivers. Some drivers may not become re-licensed for extended periods of time.
- > **Caseload and resources.** The number of participants served by remedial impaired driver programs varies from a few hundred offenders each year in smaller jurisdictions up to several thousand offenders in larger jurisdictions. In recent years, it appears that the number of participants has grown across jurisdictions and this is believed to be a function of changes in impaired driving laws and administrative penalties in particular. Programs targeted towards convicted impaired drivers exiting jail are generally much smaller. It is estimated that 70-85% of offenders who are mandated to participate do so.

<sup>4</sup> According to the Encyclopedia of Mental Disorders, the term executive function “describes a set of cognitive abilities that control and regulate other abilities and behaviours. Executive functions are necessary for goal-directed behaviour. They include the ability to initiate and stop actions, to monitor and change behaviour as needed, and to plan future behaviour when faced with novel tasks and situations. Executive functions allow us to anticipate outcomes and adapt to changing situations. The ability to form concepts and think abstractly are often considered components of executive function”.

- > The number of programs delivered and locations where these programs are delivered vary according to jurisdictional size and the number of participants. Larger jurisdictions in Canada may offer programs in more than 30 locations; it may be ten locations or less in smaller jurisdictions. There are more first offender courses in more locations relative to fewer programs for repeat offenders in fewer locations. The average number of participants can range from 10 to 40 participants. Each program employs several clinicians and the number of courses delivered may vary across clinicians.
- > It is estimated that clinicians spend 20 to 30 hours with clients depending on their needs.
- > **Instruments and data collection.** The risk assessment instruments that are utilized by remedial impaired driver programs across Canada are selected according to available research evidence and the specific goals of the program. Due to the strengths and weaknesses associated with many available instruments, a majority of jurisdictions rely on several instruments during the assessment process to produce a more complete picture of an offender. In many jurisdictions staff members also rely on other sources of data or information to create the most complete picture of the offender.
- > Some of the most commonly used instruments include:
  - » ADS (Alcohol Dependence Scale);
  - » RIASI (Research Institute on Addiction Self Inventory);
  - » AUDIT (Alcohol Use Disorders Identification Test);
  - » IDTS (Inventory Drug-Taking Situations);
  - » DAST (Drug Abuse Screening Test);
  - » MAST (Michigan Alcoholism Screening Test);
  - » SASSI (Substance Abuse Subtle Screening Inventory); and,
  - » Lifestyle measures.
- > A key factor in the selection of instruments is cost due to limited resources. There is a strong desire to adopt instruments that have been rigorously evaluated on impaired drivers.
- > It is essential that clinicians are able to establish a strong rapport with clients as they are the main source of information for the assessment. In some jurisdictions staff may be able to combine self-reported information with some objective data.
- > One gap that has been noted by staff members is that instruments and data collection procedures often do not measure and/or account for such factors as cognitive deficits, psychiatric disorders, or literacy, and often do not account for

ethnicity or gender. The lack of follow-up with offenders post-program is also a recognized gap. This makes it difficult for clinicians to gauge their level of effectiveness.

- > **Assessment outcomes.** In most jurisdictions, assessment outcomes are used to assign offenders to appropriate services and develop a tailored treatment plan to address their specific needs. Offenders may play an active role in its development to encourage a higher level of commitment and ensure objectives are achievable.
- > There may be additional recommendations for offenders post-program that are forwarded to the appropriate licencing authority, as required, such as alcohol/drug counselling services, self-help groups, medical consultation, employment counselling or mental health services. However, remedial program agencies have no authority or mechanisms to follow-up with offenders and those who fail to complete requirements are not re-licensed.
- > A key limitation of the assessment process reported by staff members is that they are often unfamiliar with the outcomes associated with the assessments they conduct and recommendations that they make in each case. This makes it difficult for them to determine whether their assessment and recommendations reduced future offending or for agencies to evaluate their programs.
- > **Outcome measures of program.** Several process evaluation measures are collected by remedial program agencies. These measures provide an indication of how well the program operates and insight into opportunities to strengthen the program. Rigorous internal quality assurance protocols are also often used to improve program design and delivery.
- > Outcome measures of impaired driver remedial programs are equally important to gauge the extent to which the program is meeting its objectives. Some key outcome measures are often tracked such as change in participants' attitudes, participant exit surveys, and follow-up surveys completed several months after the program. A key limitation is that there are few objective measures of effectiveness pertaining to future behaviour.
- > A key barrier to measuring effectiveness through an outcome evaluation is the inability to access information about participants' subsequent driver licencing status and events such as arrests or loss of licensure for alcohol offences. This is often due to privacy legislation and protection of personal information, as well as a lack of data automation.
- > **Program strengths and limitations.** According to focus group participants, there is strong consensus regarding the strengths associated with impaired driver remedial programs and services in Canada, as well as some limitations.
- > Strengths exhibited by some programs include:



- » individualized approach and diversity of available services;
  - » well-designed, research-based programs and services;
  - » quality assurance protocols;
  - » well-trained clinicians and program staff;
  - » affiliation with research institute or university; and,
  - » communication with other agencies.
- > Limitations exhibited by some programs include:
- » quality of risk assessment instruments;
  - » access to information;
  - » availability of time;
  - » availability of resources;
  - » lack of transportation options;
  - » implementation of new legislation;
  - » inconsistent awareness among justice professionals; and,
  - » lack of tailored remedial programs for youth.

## Justice System Results

- > This section contains the results gathered from the criminal justice participants in the focus groups and individual interviews that were conducted in six jurisdictions across Canada representing several regions of the country. It also contains the results of a survey of 65 justice practitioners representing prosecutors, probation officers and defence counsel in six jurisdictions.
- > **Agency goals.** Focus group discussions revealed deterrence is a main objective of the justice system. Among lawyers, the main objective is deterrence of future offending. In contrast, the goal of probation agencies is to reduce recidivism among impaired driving offenders and to help reintegrate offenders into the community; there is a stronger emphasis on the former than the latter as a result of resources. Nationally, survey results showed that 97% of justice professionals in the six jurisdictions reported that the primary objective of the justice system is to deter/reduce recidivism.
- > **Agency approach.** Approaches to sentencing impaired drivers, according to the nature of the offence and the BAC level, were fairly consistent across jurisdictions, although the level of consistency generally declined as the severity of the offence increased.

- > National results revealed that:
  - » 51% of respondents in the six jurisdictions reported that the typical sentence for a first offence with a BAC below .15 was a fine of \$1,000-\$1,500 with a one-year driving prohibition;<sup>5</sup>
  - » 40% of respondents indicated a fine of \$1,200-\$1,800 and a one-year driving prohibition for a first offence with a BAC above .15; and,
  - » approximately one-third (34%) of respondents reported that the typical sentence given to a repeat offender was a fine, jail and probation.
- > According to interviews with experienced practitioners in northern communities, the favoured approach of courts and probation agencies is to incorporate community perspectives in dealing with an offender and responding appropriately, mainly by leveraging offenders' strengths through client-centred strategies. This approach requires more training for court and probation staff to establish working relationships with each community, to learn the dynamics of the community and to have the community understand the goals and requirements of the court process and agree to be involved.
- > **Staff qualifications.** Academic qualifications and experience vary across justice practitioners (e.g., prosecutors, defence counsel, judges and probation officers) and according to professional requirements. While all professionals who practice law require a law degree, their years of experience or knowledge of impaired driving is frequently limited. There is more turnover among prosecutors than defence counsel (Robertson et al. 2008).
- > A majority of respondents were unaware of the tools used to assess risk in their respective jurisdictions. The following results are based on a limited number of responses from those who were aware of risk assessment instruments:
  - » Nationally, 19% of respondents reported that they were unfamiliar with the validity/reliability of the risk assessment tools employed in their jurisdictions.
  - » Less than half (48%) of respondents reported that they did not know who conducts the risk assessment of these offenders.
- > According to justice practitioners who participated in focus groups, very few impaired drivers undergo risk assessment in the criminal justice system. This may be one explanation for these results.
- > **Staff training and knowledge.** Knowledge and training among attorneys about impaired drivers is generally inconsistent and often a function of the types of educational opportunities that are available. National survey results show that 51% of respondents in the six jurisdictions reported that they are unfamiliar with remedial impaired driver programs offered in their jurisdiction, meaning that many

<sup>5</sup> The Criminal Code of Canada requires that first-time impaired drivers receive a one-year mandatory driving prohibition.

attorneys are unable to provide accurate information to their clients about program requirements.

- > **Services.** Generally speaking, the level of service for individual clients in the justice system varies depending on needs. In some jurisdictions, impaired driving cases account for 30-50% of trial time; in others, impaired driving caseloads are smaller and account for 15-30% of charges filed or criminal caseloads (Robertson et al. 2008).
- > A very small number of impaired drivers undergo a risk assessment. Nationally, 58% of respondents reported that they do not know how long it takes to complete an assessment.
- > When assessments are ordered, the Level of Service Inventory<sup>6</sup> (LSI) instrument is used and the assessment is part of the pre-sentence investigation (PSI). It may be completed by a social worker, a treatment professional, or possibly a probation officer. Focus group participants estimated that only 5% of offenders are assessed; survey results showed that nationally, 71% of respondents estimated that 0-10% of their impaired driver cases involved a risk assessment.
- > Criminal Code penalties for impaired driving offences are consistent across provinces and territories if a BAC is over .08 (or there is a refusal to provide a breath or blood sample). However, penalties for driving while disqualified for impaired driving do vary across courts from a fine to jail time.
- > More than one-third (38%) of respondents in each jurisdiction reported that they disagree that there are enough sentencing options available to manage the different levels of risk posed by impaired drivers; another 33% or more in each jurisdiction agreed that there are enough sentencing options available. Clearly opinions on this issue were inconsistent.
- > Nationally, 83% of respondents reported that returning to court was the main action available for offenders who breached a driving prohibition order or probation order.
- > According to interviews with experienced practitioners, impaired driver programs and/or services in northern Canadian communities are non-existent and criminal justice services are limited. In addition, when services are available, many communities have distinct traditions, cultures, languages and social structures, making it essential that courts and probation staff members are knowledgeable about different cultures and community practices.

6 The foundation of the LSI or LSI-Revised instrument is entrenched in social and psychological theories that explain the propensity towards criminal behaviour. It is a quantitative survey of attributes of offenders and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI-R helps predict parole outcome, success in correctional halfway houses, institutional misconducts and recidivism. The LSI-R has ten domains including criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug problem, emotional/personal and attitudes/orientation. The LSI-R can be used by probation and parole officers and correctional workers at jails, detention facilities, and correctional halfway houses to assist in the allocation of resources, help make decisions about probation and placement, make appropriate security level classifications and assess treatment progress. Although the original LSI was designed for use with probationers and parolees (Andrews 1982) it has proven useful with other community corrections samples and within prisons, jails and half-way houses, and forensic mental health clinics and hospitals.

- > There is no remedial licencing program that must be completed for those criminally convicted in northern communities, and few first offenders receive a probation sentence. Most impaired drivers are subject to probation following a jail term of 30-60 days for a second or subsequent offence. These communities rely upon an integrated case management approach to supervise offenders, meaning probation services, social services, treatment and mental health services are coordinated.
- > **Participant characteristics.** Information about impaired drivers that is available to court professionals to inform decisions varies. Nationally, a majority of respondents identified the main sources of information about impaired drivers as criminal history (97%), the arrest report (83%) and offender history (70%). The survey also revealed that approximately 18% of respondents in the six jurisdictions estimated that 21-30% of impaired drivers failed to comply with driving prohibition orders and/or probation orders.
- > **Caseload and resources.** Nationally, approximately 52% of respondents in the six jurisdictions reported there are sufficient court resources available to adequately adjudicate impaired driving cases. However, when queried about whether there were sufficient court resources to support other programs or services to deal with impaired drivers (such as risk assessment, treatment, and community services), nationally, 40% of respondents reported there are insufficient resources available. Other national results include:
  - » Almost one-quarter (23%) of respondents agreed that there are sufficient community resources or external services to support, assist, and/or monitor impaired drivers that are separate from the criminal justice system or remedial impaired driver programs.
  - » With regard to the availability of monitoring resources, 52% of respondents reported that impaired drivers are not adequately monitored in their jurisdiction to ensure their compliance with driving prohibitions or probation orders.
  - » More than half of respondents (62%) nationally reported that they believe a larger percentage of offenders should undergo a risk assessment.
  - » There are a number of factors that can impede the volume of or quality of risk assessments for accused drivers/offenders. These include: a lack of resources (74%), available time (65%) and financial costs (63%).
- > **Instruments and data collection.** The most common assessment instrument that is used across jurisdictions is the LSI. Offenders are also assessed with regard to family history of substance abuse and coping strategies.
- > A minority of respondents was aware of the risk assessment instruments used in their jurisdictions, and even smaller proportions were aware if these instruments

account for important differences across offenders relating to gender, cognitive deficits, ethnicity, psychiatric disorders or level of education.

- > Approximately half (51%) of respondents nationally reported that they did not know what kinds of information are generally gathered about offenders to inform a risk assessment with approximately 40% identifying criminal history and self-reported information. In sum, important gaps were observed in relation to the knowledge among criminal justice professionals concerning the types of information used for risk assessment purposes.
- > **Assessment outcomes.** Within the criminal justice system, assessment outcomes are important and, when available, these outcomes are often utilized in sentencing. Almost half (48%) of respondents reported that it is important that assessment reports are available in relation to sentencing.
- > Nationally, a strong majority (89%) of respondents reported that criminal history is given the greatest weight to inform sentencing recommendations and/or sentencing.
- > When queried about the most useful factors to predict recidivism among impaired drivers, 92% of respondents nationally reported that drinking/drug history was the most useful factor, followed by criminal history (85%).
- > **System outcome measures.** Nationally, 51% of respondents reported that they are aware of measures used in their profession to assess the overall management of impaired driving cases in relation to the outcomes that are achieved.
- > **Program strengths and limitations.** Focus group participants reported consensus regarding a few strengths associated with the use of risk assessments for impaired drivers in the criminal justice system, as well as some limitations.
- > Strengths include:
  - » emphasis on leveraging offender strengths; and,
  - » level of accountability.
- > Limitations include:
  - » limited access to research;
  - » lack of risk assessment instruments specific to impaired drivers;
  - » limited resources;
  - » use of mandatory minimums;
  - » perceptions about drunk drivers;
  - » communication across agencies;
  - » awareness of outcomes; and,

- » lack of youth-oriented programs and services.

## Recommendations

- > Several recommendations to improve the risk assessment and management of impaired drivers in relation to remedial impaired driver programs and services in the driver licencing system, and the justice system emerged from focus group participants and survey responses.
- > Recommendations for remedial programs and services:
  - » Improve quality of risk assessment instruments that are utilized.
  - » Increase training for staff.
  - » Increase emphasis on prevention activities.
  - » Encourage the use of best practices.
  - » Strengthen program measures.
  - » Provide transportation options.
  - » Increase communication and information-sharing.
  - » Explore the need for tailored programs and services for younger participants.
- > Recommendations for the justice system:
  - » Consistent use of alcohol interlock devices.
  - » Target unlicensed drivers.
  - » Create affordable options for offenders.
  - » Increase communication and information-sharing.

## Conclusions

- > It is unmistakable that the criminal justice and driver licencing systems employ the measurement of risk and apply risk assessment instruments using very different strategies and for different purposes. It is important to recognize these clear distinctions to ensure that these strategies are not only complementary but synergistic. Such distinctions are paramount to help shape the development of effective policies, processes and legislation designed to protect the public from these offenders in the short- and long-term.
- > Principle barriers to knowledge transfer of research regarding risk and risk assessment include: the lack of time, the lack of resources, the lack of access to publications, journals and academics themselves, and the heavy caseloads that define the environment that criminal justice and driver licencing practitioners encounter on a daily basis.

- > More widely available research would help increase understanding of risk in relation to impaired drivers and inform approaches to the use of these instruments. This is an essential priority in light of the sheer number of impaired drivers that are processed in each system annually and the profound economic and social costs of this issue.
- > Increased recognition among government officials of the value of risk assessments to inform the streaming of offenders into different interventions in both systems is also a critical need. Shrinking economies, reduced staff, and increasing pressures to provide the same, or higher, levels of service demand that agencies and jurisdictions make their best efforts to reduce recidivism (criminal recidivism and relapses to drinking and substance misuse). The pursuit of formal outcome evaluations, particularly of remedial impaired driver programs should be actively encouraged and strongly supported.
- > The importance of risk assessment cannot be underscored enough in light of recent trends towards escalating sanctions for low BAC drivers who are more often mandated to participate in remedial programs originally designed for criminal offenders. Evidence in the criminal justice literature suggests that applying intensive interventions to offenders who pose a lower risk of recidivating not only wastes resources, but can also have an undesirable effect – an increase in their likelihood of recidivism (Andrews et al. 1990; Lowenkamp and Latessa 2002; Lowenkamp et al. 2006). While this research is not specific to an impaired driver population, the findings certainly speak to the importance of proper risk classification and the potential dangers associated with mixing offenders with different levels of risk.





# 1. BACKGROUND

Drinking and driving has been widely recognized as a major social problem in Canada for more than three decades. Due to the significant number of fatalities and serious injuries caused by drinking drivers each year, and the growing concern associated with the problem (Simpson and Mayhew 1991), jurisdictions have worked to develop a comprehensive approach to address it. Since the 1980s, education and awareness programs have proliferated, enhancements have strengthened criminal and administrative laws, and enforcement activities have become prominent and commonplace.

Heightened attention along with a myriad of efforts to combat the problem have resulted in significant declines, with the proportion of fatally injured drivers with blood alcohol concentrations (BACs) in excess of the legal limit dropping 27% between 1981 and 1988 (Simpson et al. 1996). In the 1990s, progress continued, but declines were less pronounced as the proportion of fatally injured drivers with a BAC over the legal limit dropped just 13.9% between 1990 and 1998 (Mayhew et al. 2011).

These shrinking declines were attributed to the fact that the characteristics of the problem had changed. It was suggested that the deterrent effect associated with available countermeasures was less pronounced among heavier drinkers who persisted in driving after drinking, often with high BACs (Simpson et al. 1996) and who were responsible for a very significant part of the problem (Beirness et al. 1997; Simpson et al. 1996). Hence, major reductions in the magnitude of the problem have been more difficult to achieve.

Although a general decreasing trend in the number of persons killed in a traffic crash involving a drinking driver continued in Canada between 1995 and 2008, the progress achieved since the late 1990s has been nominal and the number of persons killed and injured in crashes involving drinking drivers remains high. In 2009, (the most recent year for which data are available), 32.3% of fatally injured drivers in Canada had a BAC in excess of the legal limit of .08 (Mayhew et al. 2011). In addition, in 2009, 714 people were killed in Canada in road crashes that involved a driver who had been drinking and approximately 2,913 drivers (excluding Newfoundland and Labrador) were involved in alcohol-related serious injury crashes in Canada (Mayhew et al. 2011).

## 2. INTRODUCTION

In light of the shrinking declines in the impaired driving problem in the past decade, renewed efforts are needed to better target those Canadians who continue to drive after drinking and place others at high-risk for death and injury. To this end, there is growing awareness among researchers and practitioners of the limitations of a solely punitive approach to the problem, although there is less awareness of these limitations at a political or public level – the “get tough” philosophy still dominates much of the application of justice.

The good news is that there is increasing recognition of the importance and benefits of tools such as risk assessment and treatment as alternatives to complement punitive measures.



Research shows that properly-designed strategies and tools designed to match offenders’ risks and needs with appropriate programs and interventions have beneficial effects (Taxman 2007), including reductions in repeat offences as well as reductions in substance misuse that translate into long-term risk reduction and public safety.

At the same time, growing economic challenges mean that jurisdictions are seeking ways to use resources more effectively and efficiently to best manage drunk

drivers to protect the public. The use of research-based risk assessment tools and practices is one means to attain this goal and a linchpin to making the best use of available resources to achieve greater declines in the magnitude of the problem.

There are two types of systems that process impaired drivers in Canada and rely upon, to varying extents, information stemming from risk assessments of this population. First, all offenders that have a BAC above the legal limit of .08 are prosecuted in a court of law in the criminal justice system. Those offenders who are criminally convicted are subject to a broad range of penalties as part of sentencing that can include fines, a driving prohibition, a term of probation, or treatment services. The nature of the offence determines the types of penalties that are imposed. Second, criminally convicted impaired drivers are also subject to a range of administrative penalties imposed by the driver licencing authority in the driver licencing system. Sanctions can include licence suspension, an alcohol interlock and remedial impaired driver programs and services. These penalties must generally be completed in order for

offenders to regain their driving privileges. Of note, remedial impaired driver programs and services are often delivered by an agency that is separate from the driver licencing authority.

While the terms “risk” and “risk assessment” are frequently used in discussions of impaired drivers among researchers, policymakers and practitioners, it is paramount that a distinction is drawn between the use of these terms as they apply within criminal justice and remedial driver licencing settings. In the former, risk frequently refers to risk of repeat offending or recidivism. In this context, risk is defined in relation to the criminogenic risk factors that can contribute to re-offending behaviour, such as anti-social and pro-criminal attitudes, values and beliefs, association with anti-social peers, temperament and personality factors, history of antisocial behaviour, psychoactive substance misuse, family factors, and low levels of educational, vocational and financial achievement. In sharp contrast, within a remedial impaired driver program setting, the measurement of risk is more often in relation to risk of relapse with regard to drinking and substance misuse behaviours. To summarize, in the former, risk refers to the likelihood that an offender will subsequently engage in criminal activities in the community and potentially injure or kill members of the public as a result of their criminal behaviour. In the latter, risk refers to the likelihood that an individual will continue to consume alcohol and/or drugs in an unhealthy and potentially dangerous way that will cause harm to themselves.

So it is important to recognize that “risk” has different meanings among different practitioners, and the goals and objectives of risk assessment practices within these two systems differ substantially. Yet, both of these approaches to the risk assessment of impaired drivers are extremely relevant to achieving overall reductions in the impaired driving problem. As such, increased knowledge of risk assessment practices for impaired drivers as they progress through both criminal justice and remedial programs within driver licencing systems in Canada can benefit researchers, policymakers and practitioners.

### 3. PURPOSE AND METHODS

Research regarding the risk assessment of impaired drivers has grown in the past decade. In conjunction with this, demand for knowledge has increased as agencies seek to better utilize limited resources to effectively manage this population. Thus it is timely to take stock of available research and knowledge about this problem and current practices that are applied to impaired drivers in Canada in the administrative driver licencing and criminal justice systems in order to gauge the extent to which current research is being put into practice. Such efforts are instructive to measure success as well as to help identify future research needs and the development of effective strategies.



The purpose of this report is to provide an overview of risk assessment practices in Canada that pertain to impaired drivers, and to provide a snapshot of the practices used by driver licencing and justice practitioners. Its goals are to summarize current risk assessment practices and to describe the different ways that impaired drivers are assessed for risk in remedial impaired driver programs in the driver licencing system and also in the criminal justice system. The report concludes with some recommendations that can help

to further inform and/or guide any future efforts to develop or improve best practices related to risk assessment in both systems.

This report provides answers to the following questions:

- What practices are applied to assess impaired drivers in remedial programs?
- What practices are applied to assess impaired drivers in the criminal justice system?
- What opportunities exist to strengthen risk assessment practices in Canada?

The contents of this report are based upon:

- Focus groups involving 28 remedial impaired driver program practitioners and criminal justice professionals in Alberta, Ontario, Quebec and Nova Scotia;
- Conference calls with a judge and a probation officer in the Yukon and Northwest Territories;<sup>7</sup> and,

---

<sup>7</sup> There is no remedial driver licencing program in these Territories.

- > A survey of 65 justice professionals (Crown attorneys, defence attorneys and probation officers) representing six jurisdictions that responded to the survey (Alberta, Manitoba, Saskatchewan, New Brunswick, British Columbia and Ontario).

Locations for focus groups were determined based on regional representation, size and availability. Participants in the focus groups were selected by key remedial impaired driver agencies in each jurisdiction in order to provide a sufficient cross-section of management and frontline staff as well as a sufficient cross-section of levels of experience across practitioners. A range of key issues was explored with participants in the focus groups to gain a better understanding of the overall delivery of relevant programs and services and the use of risk assessment within them. These topics were determined based upon best practice literature pertaining to remedial programs. Topics were also selected based on the range of operational practices typically associated with the delivery of assessments and remedial impaired driver programs and services.

The survey was similarly constructed, based upon past experiences surveying criminal justice practitioners as well as input from legal professionals. It was disseminated through key contacts in the field in several jurisdictions. It should be noted that this research was designed as a largely qualitative study and participants in the focus groups and the survey were selected as a result of a snowball sample (Goodman 1961; Becker 1970).

Of interest, this report is also accompanied by a companion piece designed for frontline practitioners that summarizes the research literature pertaining to:

- > the profile and characteristics of male and female impaired drivers;
- > risk factors for male and female impaired drivers;
- > risk assessment instruments;
- > effective treatment interventions;
- > best practices for the treatment and rehabilitation of impaired driving offenders; and,
- > research gaps and future needs.

## 4. REMEDIAL PROGRAMS AND SERVICES RESULTS

This section contains the results of the focus groups that were conducted in four jurisdictions across Canada representing several regions of the country. The purpose was to examine the knowledge and experiences of remedial impaired driver program practitioners and the practices they apply to assess impaired drivers for risk in the driver licencing system. A few representatives of driver licencing and criminal justice agencies also were participants in these groups to provide additional insights and context around existing practices.

The results are presented according to a range of key issues and topics of concern as they relate to risk assessment. These include: agency goals and approach, staff qualifications,

staff training, range of services offered, participant characteristics, caseload and resources, types of instruments used and data collected, use of assessment outcomes, program outcome measures, and program strengths and limitations.

### 4.1 Agency Goals

Staff that participated in the focus groups representing remedial impaired driver programs and services in the driver licencing system agreed that these programs

and services have two main objectives. The first involves helping offenders separate drinking and driving activities and to develop alternative behaviours. The second objective relates to the education of offenders about the effects of alcohol and drug use with the goal of reducing their use of, and problems with, these substances. As part of this second objective, some programs explicitly address the assessment of the presence of or a risk for developing a substance abuse issue.

Of interest, a few jurisdictions also have remedial programs that can include impaired drivers exiting jail (e.g., Operation Springboard in Ontario). These programs often have similar goals comparable to traditional remedial impaired driver programs and services described above, however they are more focused around substance abuse generally. Participation in these programs typically requires approval of the Department of Corrections (DOC) and a risk assessment of eligible offenders. Those offenders that are identified as low-risk for re-offending by the DOC prior to release can participate in the program.



From the perspective of driver licencing agencies, goals are much broader and centre on improving road safety and reducing collisions generally, with impaired driving being just one subset of this broader goal. As such, transportation agencies frequently are engaged in the development of effective legislation for impaired drivers as well as program development, delivery and evaluation to measure the effectiveness of impaired driving initiatives. Transportation agencies emphasize the importance of removing impaired drivers from the road by suspending and/or revoking their driver's licence. However, these agencies also acknowledge that it is only possible to deal with drivers who are detected for impaired driving and that compliance with driver licence restrictions and/or re-licencing may not be consistently adhered to by this population.

## 4.2 Agency Approach

There were a few common themes that emerged from focus group discussions regarding the approach of remedial impaired driver programs and services to risk and risk assessment. First, many agencies have particular theories of behaviour on which their approach is based, including bio-social,<sup>8</sup> psycho-educational,<sup>9</sup> and social psychological theories, such as the Trans-theoretical Model (Stages of Change). These theories often provide a theoretical foundation for programs in treatment settings.

Second, there was agreement that the agency's approach to program delivery emphasizes harm reduction and that this was the most beneficial approach to help clients manage their substance abuse problems. Harm reduction was often a preferred approach, as opposed to abstinence, because the latter can be challenging for some offenders to achieve and in some cases is unnecessary. However, clinicians acknowledge that, in some cases, the best way to achieve harm reduction is through abstinence.

Third, there was also consensus among participants around the use of a client-centred, individualized approach in which staff members work one-on-one with offenders to complete a thorough assessment and to develop a rapport with each client. Staff members report that it is important to develop a rapport with offenders and to encourage them to be forthcoming about problems so that case plans can be tailored to their respective needs. Staff members report that case plans tend to be strength-based, meaning that each plan is designed to leverage the strengths (e.g., a strong support network) of an offender that are gauged by the assessment process. To this end, plans are designed with input from offenders. Staff members believe that this approach not only enables them to identify empirically-based interventions that are appropriate for offenders and can address the severity of their respective problems, but, more importantly, helps to create buy-in among offenders and encourages a higher level of commitment to complete the requirements of the plan.

<sup>8</sup> Bio-social theories assert that biology has significant explanatory power in understanding why persons act as they do, however, these theories also acknowledge the role of the physical and social environment in influencing behaviour. Bio-social theories reject explanations of behaviour that take into account only cultural, social and/or environmental features.

<sup>9</sup> Psycho-educational theories are based upon a humanistic approach to behaviour modification and claim that behavioural change is an ongoing, dynamic process that requires a trusting and mutually respectful relationship between the therapist and patient. The emphasis is on problem-solving, the reinforcement of positive coping mechanisms, the development of new coping mechanisms, the use of positive language, self-regulation, and the encouragement of independent positive decision-making. Assessments of behaviour are ecological and attempt to account for all aspects of a person's life that may influence behaviour.

Finally, there was also consensus that case plans should achieve a good balance between structure and flexibility in programming that can be adapted to specific needs of offenders which can change as they progress through the requirements of the plan.

### 4.3 Staff Qualifications

According to staff members, the professional qualifications required to be hired as a staff member in remedial impaired driver programs and services have evolved over time. To illustrate, staff members who were hired as clinicians and/or in a supervisory capacity more than a decade ago may or may not have been required to hold a university degree, diploma or certification in a relevant discipline. Although these staff members may have had less formal academic training, they often possessed vast personal and/or practical experience in a field that was deemed relevant to the job. Conversely, today, a university degree is a standard requirement for all new hires. Staff members report that they believe that this has occurred largely as a result of a gradual evolution in program standards and practices as knowledge of impaired driver programs has advanced and greater attention has been given to program delivery.

Today, staff members are generally required to have academic qualifications from one of many disciplines that are relevant to clinical work among a substance abusing population. According to program staff, a degree (either undergraduate and/or post-graduate), a diploma or a certification in relation to addictions, social work or social services, humanities, psychology, counselling, nursing, recovery, and teaching and facilitation is a typical requirement. In addition, some programs also require that new staff have a minimum amount of practical experience working with substance abuse clients in the field.

In many jurisdictions, there is also a distinction between clinicians (those who conduct the assessment of clients) and evaluators (those who review the assessments). Those who become evaluators must possess much more practical field experience and generally also a post-graduate degree. Some programs further require that new staff undergo an accreditation process before they work with clients, and may also further mandate that this accreditation be renewed; this may occur on an annual or bi-annual basis.

It is also worth noting that, according to staff members, there is variation in the length of time that staff members are typically employed by remedial impaired driver programs across jurisdictions. For example, it is common in some jurisdictions to find staff members that have been employed for more than two decades by the same program, whereas in other jurisdictions it may be rare to have staff members who have been employed for more than five years. Staff members acknowledge that some programs can experience higher turnover which may be due, in part, to external conditions (e.g., poor geographic location, lack of resources) as well as internal conditions (e.g., lack of available training and continuing education opportunities). For these reasons, it appears that the level of institutional knowledge and/or practical experience among staff members across programs and services



can vary considerably. It was also acknowledged that the recruitment of new staff can be challenging, particularly in rural areas.

## 4.4 Staff Training and Knowledge

The level of hands-on training and supervision that new remedial impaired driver program staff members receive also varies substantially across jurisdictions. For example, staff orientation and training is very structured and a formal training process has been developed and implemented in some jurisdictions whereas in other jurisdictions this may not occur to nearly the same extent.

Similarly, mentoring and supervision is also a priority but more so in some jurisdictions than in others. In jurisdictions with a more structured approach, new staff members frequently shadow an experienced staff member, or the first few sessions that new staff members conduct may be observed by a supervisor who then provides coaching and feedback for a short duration prior to staff working unsupervised. Debriefing and discussion of challenging cases among staff is another strategy that may be employed. In these instances, staff members are often encouraged to take the required time to properly and thoroughly assess each client, and consistency across staff and program locations is deemed essential. However this may occur less frequently in other jurisdictions in accordance with resources and demands for service. It is noted that some jurisdictions have also developed a quality assurance process that is regularly utilized to varying extents. With this level of support, many staff members believe they are well-equipped to conduct proper assessments of clients.

In a few jurisdictions, new staff may receive less formal opportunities for training or support. In some cases, training is informal and/or limited and the level of orientation received may be a function of staff initiative and availability. At these times, new staff may observe an education class and one or two client sessions with an experienced clinician before taking on their own caseload. Similarly, there may be minimal oversight of new staff in that assessments are reviewed by a supervisor more to ensure that the paperwork is properly completed and case files are properly compiled, and not necessarily to review the quality of the assessments or the recommended case plans.

Additionally, opportunities for continuing education for existing staff are more often available in some jurisdictions than others, although there is certainly a strong desire for it across all jurisdictions. The availability of opportunities is often a function of limited resources.

Perceptions among staff members regarding their level of knowledge, particularly with regard to appropriate theories of behaviour, the validity and reliability of the risk assessment instruments used, and the interpretation of results can vary across jurisdictions. Staff members in some jurisdictions report that they are very familiar with the validity and reliability of the instruments that are part of the assessment process, and that this is frequently due to a high level of staff training and mentoring. On this basis, staff members perceive that they are knowledgeable about addictions and have a good understanding of the reliability and validity

of instruments that are used, and are confident in their interpretation of scores. In particular, staff members report they feel adequately-equipped to properly assess an offender's current life context and situation in relation to the results of the tests and the development of the treatment plan.

Conversely, in a minority of jurisdictions, the perceptions of new staff members regarding their level of knowledge in relation to these topics was that they were less familiar with the reliability and validity of the instruments used and less equipped to adequately interpret scores of these instruments. To this end, it is unclear whether and to what extent the knowledge of staff members in relation to the use of risk assessment instruments is objectively measured either during the hiring process or on an ongoing basis.

Of interest, staff members generally agreed that the ability to properly score the instruments is paramount, particularly because the interpretation of scores can be subjective and based heavily on a clinician's judgment. Staff members agreed that this is a particularly important skill that should be developed through an appropriate level of mentoring and supervision of new staff.

Some staff members also suggested that it would be helpful to have more information about effective strategies to deliver adult education programs in order to enhance the skills of clinicians, particularly those who work in group settings. This topic is currently not a focus of staff training.

## 4.5 Programs and Services

According to available remedial impaired driver program information from provincial/territorial licencing authorities as well as interviews with program staff in several jurisdictions, impaired drivers are required to complete some type of remedial program in order to be eligible for re-licencing in all provinces.<sup>10</sup>

**Program and service delivery.** Offenders typically receive information about the requirement to complete such a program from police at the roadside or during the arrest process (e.g., information is provided on notice of suspension) and/or from court staff at the time of conviction or sentencing. Additionally, licencing authorities typically forward program information to offenders along with a formal notice that their driver's licence has been suspended or revoked and indicating what action they must take to be re-licenced.

However, the onus is on offenders to call and register for these programs, and agencies that deliver remedial impaired driver programs and services report that there is a portion of offenders who never enroll or complete the program in order to be eligible for re-licencing. The lack of automation or the inability to share information across agencies often makes it challenging for remedial program agencies to accurately gauge the number of offenders who are eligible for but do not complete the program.

---

<sup>10</sup> Territories in Canada do not currently require impaired drivers to complete a remedial impaired driver program in order to regain their driving privileges.

Jurisdictions generally offer two separate remedial impaired driver programs and both are typically developed with a research foundation that guides program content and structure. Programs are often offered in multiple locations in order to best accommodate all residents of a jurisdiction.

The first program type is an alcohol education program designed for first offenders. It is approximately one-day in length. This type of program is relatively standard across all jurisdictions and its general focus is to increase awareness among offenders of the effects of alcohol on the body and also the consequences associated with driving after drinking. To some extent it can be argued that this program is designed as a brief intervention.

The second program is more intensive and designed for second and subsequent offenders. This latter program includes an assessment component, individual and group counselling sessions, and the development of a case plan. These programs may further examine the stages of change and tailor services to meet offender needs according to the relevant stage of change. In addition, once the program is completed, staff members may make additional recommendations to the licencing agency depending on the case.

The method used to deliver these more intensive programs can vary according to jurisdiction. For instance, in some jurisdictions these programs are delivered over a period of two days and they may or may not be residential. Of note, while residential programs have a number of benefits, they can be more challenging to deliver if adequate facilities across a jurisdiction cannot be easily or affordably secured. For this reason, the scheduling of these courses may be more limited and not as many programs may be offered.

In a small number of jurisdictions, the management of offenders with more significant substance use problems can be more individualized. As opposed to participation in a standard two-day program, offenders may be required to meet with a clinician on a one-on-one basis for a more intensive assessment and to develop a case plan that may last several months. As part of the development process, clinicians conduct an interview with the offender, and possibly identify collateral contacts that can provide additional information about the offender and their history. This information is used to inform the development of a treatment plan or framework that includes input from the offender to ensure it is practical and achievable. In some instances, offenders may further be encouraged to involve family members in this process.

Once the development of the plan is completed, offenders may meet with the clinician at multiple points over a period of several months and revisions to the plan may be made in consultation with the clinician. During the last meeting, the clinician will determine if the objectives have been met and then prepare a recommendation regarding next steps that is submitted to the driver licencing authority.

Of interest, in some jurisdictions it is the assessment process that determines what level of program offenders must complete. In a few jurisdictions, the initial assessment may result in a more comprehensive assessment before a determination is reached. Conversely, in other

jurisdictions program participation is determined solely by the number of impaired driving offences.

In addition to the formal remedial impaired driver programs offered through the provincial licencing authority (although typically delivered through a separate agency), some jurisdictions also have other private or for-profit programs for offenders that are somewhat comparable. Offenders may elect to enroll in these programs either in lieu of the provincial program or in addition to it as part of a plea agreement or to avoid jail. A few jurisdictions also offer specially designed programs for impaired driving offenders who pass a criminal risk assessment prior to release from jail. For those offenders exiting jail, communication about the availability of remedial impaired driver programs targeted towards them may be less formal and offenders may not be aware of these programs or may only hear about them through word of mouth.

**Gender and culturally-sensitive services.** Few jurisdictions currently offer gender-sensitive programs or female-only programs or groups which may be due to the small number of female offenders who participate in these programs. According to available research, gender-specific treatment has been recommended among general populations of women being treated for substance abuse. In particular, it has been found that single-gender treatment (i.e., women only) may be perceived more positively than mixed-gender treatment (Greenfield et al. 2007). However, few evidence-supported gender-specific programs are available in Canada and it is still unknown which aspects of women-only programs actually affect positive outcomes.

Similarly, due to small numbers of participants, few programs offer specialized programming for minority populations such as First Nations, Inuit and Métis. Of importance, research on Aboriginal offenders has revealed that they have some different characteristics than other offenders including higher rates of substance abuse, unemployment, and poorer living conditions (Moore 2003). They also tend to be younger and have less education than non-Aboriginal offenders (Frideres and Gadasz 2005). In an effort to better address this sub-population of offenders, the criminal justice system has recognized that successful Aboriginal justice systems and, by extension, programs must take into account Aboriginal cultural values and traditions which include the principles of collectivity, community reintegration, mediation, and healing. In response, the Correctional Service of Canada (CSC) has developed a National Aboriginal Strategy and Aboriginal-specific programming in federal institutions across the country. The goal of the strategy is to integrate Aboriginal views of justice and reconciliation as well as spiritual and cultural interventions into traditional correctional programming to assist in the rehabilitation of Aboriginal offenders (CSC 2011). As such, it may be worthwhile to consider the extent to which specialized approaches may be appropriate to better serve this population within a remedial impaired driver program setting.

**Services for offenders with deficits in executive cognitive function.**<sup>11</sup> According to staff members, risk assessment practices in remedial impaired driver programs and services rarely include the assessment of offenders for deficits in executive cognitive functioning or offer services specifically for these offenders. While research shows that these offenders are more likely to delay participation in remedial programs and have difficulty retaining intervention content, which can have important implications for program delivery strategies, it is unknown the extent to which these offenders actually participate in remedial programs or whether current programs are effective with this sub-population.

**Referral services.** In most jurisdictions, staff members also are familiar with and/or have access to other specialized services that are available in their respective jurisdictions that offenders can be referred to as needed (albeit to varying degrees). This includes a wide range of treatment services (e.g., detoxification, in-patient, pharmacotherapies). Staff members are also able to make referrals to those offenders with additional issues (e.g., victims of abuse, persons with mental health issues, persons with very low literacy or who do not speak an official language).

**Follow-up services.** The degree of follow-up practices associated with the completion of remedial impaired driver programs varies. In many jurisdictions, clinicians can make recommendations to offenders, and to the licencing agency as required, but they have no ability to follow-up to determine if offenders have actually done what was recommended. In other jurisdictions, follow-up is part of the program and must be completed before offenders can be re-licenced. And, in a small number of jurisdictions, other agencies may follow-up with offenders instead of the remedial program agency.

**Quality control of services.** Many jurisdictions have implemented quality control procedures to varying degrees to ensure program standards are adhered to and the program material is consistently delivered across a jurisdiction. Similarly, some jurisdictions also utilize supervisory staff to conduct quality assurance in relation to the review of treatment plans as well as any recommendations put forward for all drivers who have been assessed.

**Availability of services.** Regardless of the type of program or service, or the method by which it is delivered, one common issue that affects the availability of services to offenders that is noted by remedial program staff is that offenders must secure their own transportation to attend the program or obtain the service. In some instances, offenders must travel a considerable distance across an urban centre or to other communities in order to access services, and this can be problematic for those with limited or no access to transportation or who are unable to afford transportation to another location. In these instances, offenders are typically unable to complete the program and do not become re-licenced, although they may still engage in driving to some extent.

---

<sup>11</sup> According to the Encyclopedia of Mental Disorders, the term executive function “describes a set of cognitive abilities that control and regulate other abilities and behaviours. Executive functions are necessary for goal-directed behaviour. They include the ability to initiate and stop actions, to monitor and change behaviour as needed, and to plan future behaviour when faced with novel tasks and situations. Executive functions allow us to anticipate outcomes and adapt to changing situations. The ability to form concepts and think abstractly are often considered components of executive function”.

Across jurisdictions, the cost of the program or services was considered by program staff to be a limitation to the availability of services for offenders. It was reported that some persons do not complete the program because they cannot afford it; a small portion may have the program paid for by a third party such as an employer.

Staff members generally agree that another barrier that affects the availability of services is that offenders often have incomplete or inaccurate information about the program or services at the point of enrollment and/or when they attend the program. While this may not affect the availability of services per se, it does certainly influence offenders' perceptions about the availability of services and the ease of accessing them to become re-licensed. This can contribute to a certain amount of frustration among offenders and can be time-consuming for program staff members who must correct misperceptions and misinformation on a regular basis. It can ultimately result in offenders opting to drive unlicensed as they become frustrated in their efforts to navigate the re-licensing process.

At the same time, staff members often have limited information about the driving offences that led to an offender's participation in the program which can make it challenging for staff to correctly direct offenders to the appropriate services that are available. For example, in some cases, the remedial impaired driver program agency may just receive a letter indicating that an offender should be assessed without any explanation as to why this assessment has been ordered. In many cases, remedial program staff members are only able to access a driver abstract with a limited amount of information. A few programs require offenders to produce their driver abstract as part of the registration process. As such, it can be difficult both for staff members and offenders to determine which of the available programs or services they must complete, particularly in the case of out-of-province offenders. These situations also have implications for offenders' perceptions of the availability of services.

A final issue that is related to the availability of services is that offenders can be denied admission to the program if they have special needs that cannot be accommodated by program staff or if they are intoxicated. In both program settings, staff members across jurisdictions generally agree that a very small number of clients may be denied admission or removed from the program for these reasons. Offenders can be removed prior to the completion of the program as a result of non-participation or disruptive behaviours although this is an outcome for an extremely small number of participants in either instance.

## 4.6 Participant Characteristics

**Similarities.** Based on focus group discussions with staff, it appears that program participants across Canada share some common characteristics. First, a majority of offenders do complete the requisite program as participation is a mandatory condition of re-licensing. Staff members across jurisdictions generally agree that more first offenders enroll in, and complete, the alcohol education program, and a somewhat lower percentage of recidivists complete the more intensive program targeted towards them. There is also consensus that

once offenders do enroll in the requisite program, completion rates for both first and repeat offenders are estimated by staff to be more than 90%.

Second, it is the perception of staff members that many offenders criminally convicted for impaired driving who participate in remedial programs and who are diagnosed with some degree of substance misuse would not otherwise seek out treatment services for drinking problems. In this regard, staff members believe that the biggest motivator for offender participation in remedial impaired driver programs is re-licencing.

Third, many offenders are “embarrassed” that they were arrested for drinking and driving (i.e., mainly embarrassed that they got caught). Fourth, a majority of offenders delay program participation until their suspension period is almost completed. It is believed by staff members that this delay is a result of offenders either not being motivated to complete the program until they are eligible for re-licencing, and in a smaller number of cases, of offenders not being aware of the requirement to complete the program. Staff members report that it is not uncommon for offenders to report that they were not informed about, or aware of the requirement to complete the program for re-licencing.

Fifth, once enrolled in the program, a majority of staff reported that, while offenders may initially “minimize” or be reluctant to disclose the extent of their substance use, once a rapport with them has been established, offenders are generally very forthcoming with regard to their substance use and situation, including drug use. Often clinicians gather more and detailed information about an offender’s case or circumstances than is received from the licencing agency. For example, while information about a drug arrest may not be available to clinicians at the time of assessment, offenders generally will still acknowledge their involvement with drugs in some detail.

Sixth, it is the perception of program staff that a majority of offenders that participate in the program likely drive to some degree during their licence suspension or driving prohibition period, and this belief is also supported by research showing that between 25 and 75% of offenders who are suspended, revoked or otherwise unlicensed continue to drive (Griffin III and De La Zerda 2000; McCartt et al. 2003). Staff members also report that they have limited knowledge about the extent to which police officers in their jurisdiction are able to actively monitor suspended drivers, or the frequency of initiatives targeted towards this population. However, they agree that, based on their experiences delivering remedial impaired driver programs and contact with program participants, offenders perceive that the likelihood of detection for unlicensed driving is low.

**Differences.** Generally speaking, the characteristics of program participants can also significantly vary. To illustrate, the average BAC of participants ranges from close to the legal limit of .08 to in excess of .25. In terms of risk assessment, participants range from those with low-risk social drinking habits to high-risk alcoholics, and represent those who suffer from varying degrees of substance misuse involving one or more types of drugs. While a majority of offenders are diagnosed with a problem involving alcohol, a not insignificant percentage

is also identified as having involvement and/or problems with drug use. Staff members report that the use of marijuana among program participants is common, particularly among repeat offenders.

Offenders may also enter the program at different stages according to the stages of change model.<sup>12</sup> Many participants can be described as “precontemplative” (i.e., have not begun to think about their drinking and the need for change), however others may be ready to change or at later stages in the model, particularly if they have been previously involved in treatment programs.

Staff members estimate that a not insignificant portion (5-15%) of participants in remedial impaired driver programs may reside in other provinces or territories in Canada, or may have recently moved to the jurisdiction from other provinces or territories in Canada. It is also perceived by staff that this proportion may be growing. This is equally true in relation to the perceived number of female participants. In addition, some participants have also previously completed the program or enrolled in services as a result of prior impaired driving convictions and this is estimated by staff members to account for 25% of participants in some programs. According to staff members, it is also not uncommon for some offenders to have additional convictions for driving offences other than impaired driving (e.g., driving while disqualified).

In northern communities, according to an interview with a probation officer, offender characteristics may be slightly different. It is believed that the number of young impaired drivers (aged 19-25) is growing, and some of these are repeat offenders. Also of concern, the BAC reading among these offenders is often well-over the legal limit (of .08) and these offences more often involve non-traditional vehicles (e.g., boats, four-wheelers), as well as traditional vehicles that are frequently overloaded with passengers without seatbelts. Hence the consequences associated with crashes are often more severe as a result of vehicle type and are more likely to result in serious injury and death.

Finally, staff members generally agreed that a minority of offenders are able to work out other transportation arrangements such that they do not feel the need to become re-licensed. This is illustrated by some offenders who lose their licence as a result of a drunk driving conviction, and who may not enroll in a program or otherwise undertake to become re-licensed for several years until their circumstances once again change such that they require a licence.

## 4.7 Caseload and Resources

The number of participants served by remedial impaired driver programs varies from a few hundred offenders each year in smaller jurisdictions up to several thousand offenders in larger jurisdictions. In recent years, it appears that the number of participants has grown across

<sup>12</sup> The transtheoretical stages of change model posits that individuals with behaviour problems, such as substance dependence, experience several conditions and differ in their willingness to acknowledge that they have a problem and work towards change (Alexander 2000). Interventions or treatment strategies are most likely to be successful when geared toward that stage of change that the individual client is in. Adapted from Prochaska et al.'s (1992) readiness for change process stages, the various stages include: 1) Pre-contemplation (lack of awareness of a problem; no contemplation of change; 2) Contemplation (recognition of a problem; contemplation of change; 3) Preparation (consideration of behaviour change); 4) Action (taking steps to change behaviour such as participation in treatment); and, 5) Maintenance (relapse prevention).



jurisdictions and this is believed to be a function of changes in impaired driving laws and administrative penalties in particular. However, programs targeted towards convicted impaired drivers exiting jail are generally much smaller and such programs may process approximately 100 offenders annually.

Staff members and representatives of driver licencing agencies generally estimate that approximately 70-85% of offenders who are mandated to complete a remedial program do so. Staff members also report that they have no legal authority or ability to follow-up with offenders who fail to enroll in the course and that it is not their place to do so. In addition, staff members often report that they are not able to track the entire pool of eligible offenders who should complete these courses, and the only way these offenders are identified is when they actually contact remedial impaired driver programs or services.

The number of programs delivered and the locations where these programs are delivered each year vary as a function of jurisdictional size and the number of participants. For example, in larger jurisdictions in Canada, programs and services can be offered in more than 30 locations, whereas in smaller jurisdictions they may be offered in ten locations or less. In all cases, there are many more alcohol education courses for first offenders relative to fewer intensive programs for repeat offenders and this is also true for the number of locations where they are offered. The average number of participants in each course can range from 10 to 40 depending on the type of class and demands for service. Each program has several clinicians that work (many on contract) with the remedial program agency and the number of courses delivered may vary across clinicians.

Many agencies that deliver remedial impaired driver programs have standards that require responses to inquiries be provided within a fixed period (e.g., five business days) so that clients are able to enroll in remedial programs quickly (e.g., within two weeks). Staff members from some jurisdictions report that it can be challenging to meet these requirements, particularly as program participation grows and in rural areas. Staff members from these jurisdictions report that wait times to take a course or access services can range from a few weeks to a few months. There can be similar delays in scheduling appointments with clinicians for an assessment, again due to high demands for service and/or a lack of services in rural areas.

Alcohol education courses for first offenders can range from one to one and a half days or approximately 11 hours. The education delivered to offenders includes information about the effects of alcohol on the body, information about penalties for drinking and driving, group discussion and a video. The size of alcohol education classes generally ranges from 10-15 participants in smaller jurisdictions and can be up to 20 participants in larger jurisdictions.

Repeat offender programs include much more content and incorporate more one-on-one and group activities with offenders. These programs are generally delivered over two days or a weekend beginning late Friday afternoon and ending late Sunday afternoon. Time is divided fairly equally into small group and large group sessions in conjunction with some individual

time with a clinician. Participants often receive a workbook with exercises to complete at fixed times throughout the course. The size of programs for repeat offenders can range from 20-40 participants although this is often a function of how many clinicians are available to deliver the course.

In those jurisdictions in which offenders meet individually with a clinician to develop a case plan in lieu of a two-day intensive program, the first meeting for an initial assessment with the offender can last 20-45 minutes or can be as long as 120 minutes. For those offenders who require a more in-depth assessment this can take approximately eight hours in total (although the assessment may be completed over multiple sessions). Once the assessment is completed, the clinician will again meet with the offender in order to develop a treatment plan and this may take between 45 and 90 minutes. Following the development of a treatment plan, the clinician may again meet with the offender up to three times over several months, and in many cases the frequency of the meetings is a function of progress in achieving the requirements of the plan.

In addition to the time spent with offenders, clinicians also invest quite a bit of time reviewing offender case files, gathering information and/or interviewing collateral contacts as appropriate. Clinicians also calculate the results of the self-report risk assessment instruments completed by offenders prior to their meeting and interpret the scores. They also require time to prepare case notes and to draft a plan to discuss with each offender. Finally, clinicians must complete standard paperwork for the case file, sometimes in combination with a narrative about the offender, as well as prepare any recommendations that are to be submitted to the licencing agency for further action. The time to complete these tasks is estimated to take an average of four hours.

To summarize, it is estimated that per client, the time clinicians spend with offenders can range from one and a half days up to three days per offender depending on their needs; another way to estimate the time spent per offender is approximately 20 to 30 hours.

## 4.8 Instruments and Data Collection

The risk assessment instruments that are utilized by remedial impaired driver programs across Canada are selected according to available research evidence in conjunction with the specific goals of the program. Of equal importance, many jurisdictions also periodically review and evaluate the instruments they use to determine if there are improvements that can be made. In light of the strengths and weaknesses associated with many of the available instruments, a majority of jurisdictions rely on the outcomes of several instruments during the assessment process in order to produce a more complete picture of an offender. To supplement information gathered using these instruments, in many jurisdictions staff members also rely on other sources of data or information to create the most complete picture of the offender that is available.

**Instruments.** Each jurisdiction may rely upon a slightly different combination of instruments, many of which are self-report tools. Some of the most commonly used instruments include:

- > ADS (Alcohol Dependence Scale);
- > RIASI (Research Institute on Addiction Self Inventory);
- > AUDIT (Alcohol Use Disorders Identification Test);
- > IDTS (Inventory Drug-Taking Situations);
- > DAST (Drug Abuse Screening Test);
- > MAST (Michigan Alcoholism Screening Test);
- > SASSI (Substance Abuse Subtle Screening Inventory); and,
- > Lifestyle measures.

ADS and DAST are well known in the addictions community. The RIASI is also well known and is recognized for having been evaluated for validity and reliability using an impaired driver population. The use of these instruments is often standardized across a single jurisdiction, however in a few instances there may be minor variations in the combination of tools utilized. Although many staff members have limited authority to exchange the tools that are currently used for assessment, program supervisors and staff managers generally welcome their input into the selection of instruments.

In many cases, remedial programs and services use these instruments because they are free and resources are often limited. However, it is recognized by program staff that some of these tools are outdated and that better tools exist. There is a strong desire to adopt instruments that have been specifically validated on an impaired driver population and that have a high degree of reliability.

For those offenders who participate in programs specific to those exiting a jail setting, the provincial Department of Corrections typically requires that a criminal recidivism risk assessment be completed in order to ensure that these offenders do not pose a risk to the community. In these instances, the DOC relies on the Level of Service Inventory (LSI)<sup>13</sup> instrument that has been specifically designed to assess risk of criminal recidivism.

In addition, staff members report that agencies that deliver remedial impaired driver programs in a few jurisdictions may utilize internal instruments (designed by researchers) to gather information that is important to the assessment process. In instances where such instruments are developed, staff members report that they are always evaluated to gauge the extent to which the instrument provides a valid measure of items included in the instrument.

<sup>13</sup> The foundation of the LSI or LSI-Revised instrument is entrenched in social and psychological theories that explain the propensity towards criminal behaviour. It is a quantitative survey of attributes of offenders and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI-R helps predict parole outcome, success in correctional halfway houses, institutional misconducts and recidivism. The LSI-R has ten domains including criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug problem, emotional/personal and attitudes/orientation. The LSI-R can be used by probation and parole officers and correctional workers at jails, detention facilities, and correctional halfway houses to assist in the allocation of resources, help make decisions about probation and placement, make appropriate security level classifications and assess treatment progress. Although the original LSI was designed for use with probationers and parolees (Andrews 1982) it has proven useful with other community corrections samples and within prisons, jails and half-way houses, and forensic mental health clinics and hospitals.

**Data collection.** The client provides the main source of information that clinicians have to work with and some are more forthcoming and open with regard to their case and circumstances than others. It is for this reason that the ability of clinicians to establish a rapport with each offender is so vital. If offenders are not forthcoming, clinicians may remain largely unaware of an offender's use of substances, treatment history and/or any criminal history.

In most jurisdictions, clinicians are able to combine self-reported information gathered through these instruments and the offender interview with limited access to driving abstracts and/or criminal history information, as well as some objective data sources (e.g., some treatment history if the offender previously participated in a program or used services). In some cases, clinicians may also be able to access additional information by contacting collateral contacts (e.g., medical doctor, family member) that can provide a perspective on the offender. Generally speaking, more information is gathered about more serious offenders.

**Challenges.** One gap that has been noted by staff members is that instruments and data collection procedures often do not measure and/or account for such factors as cognitive deficits, psychiatric disorders, or literacy. They indicated that assessment instruments are designed for participants who are able to read at or above an eighth grade level, and that they are often not equipped to accommodate participants who are illiterate. They also reported that assessment instruments that are used often do not account for some offender characteristics such as ethnicity or gender.

Another gap that was identified was that many programs have limited or no follow-up with clients to collect information, although a few programs are required or able to conduct a six-month follow-up with the offender to determine progress to a limited extent. In this respect, it can be very difficult for clinicians to gauge their level of effectiveness if case outcome information is not collected.

## 4.9 Assessment Outcomes

In almost all jurisdictions, results from the assessment process are used to assign offenders to appropriate services and/or to develop an appropriate treatment plan to address the specific needs of offenders. This treatment plan is based upon all of the information that a clinician acquires about an offender and incorporates available services. As mentioned previously, offenders may play an active role in the development of the case plan as this helps to create a higher level of commitment on their part and ensure that the objectives are achievable.

Official approval and acceptance of the case plan is most often clinician-centred, meaning that the clinician works one-on-one with the offender to develop the plan, and this plan is not often reviewed or evaluated by supervisors or mentors unless there is a specific request from the clinician for input from their colleagues. Group decision-making or case review among clinicians is rare but can occur in relation to serious, high-risk or complex cases.

The results of the assessment and/or treatment plan are carefully reviewed with offenders and any recommendations regarding their case are also reviewed with them. These recommendations are then forwarded to the appropriate licencing authority, as required, and may include alcohol and drug counselling services, self help groups, medical consultation, employment counselling services or mental health services, depending upon individual needs.

It is important to note that remedial program agencies have no authority or mechanisms to follow offenders to ensure that they adhere to the recommendations. Even if these agencies were able to follow-up with offenders, they have no authority to impose any consequences for failing to complete the assessment process or fulfill the recommendations. Similarly, driver licencing agencies have limited ability to follow-up with offenders to ensure requirements are completed. Ultimately, those who fail to complete mandated penalties are not re-licenced.

Of some importance, the outcomes of the assessment process are just one piece of information that licencing agencies use to determine the licence status of offenders. For example, data sources that can inform decision-making can include outcomes of the assessment and narrative (summary), driver/crash records, criminal history, and police incident reports if available. At the same time, the weight of recommendations made by clinicians is frequently quite high, and this is due in part, to the increasingly professionalized, research-based and quality-control approach adopted by staff in these programs.

One of the limitations of the assessment process noted by staff members is that they are often unfamiliar with the outcomes associated with the assessments they conduct and recommendations that they make in each case. There are some cases in which staff members feel that offenders could benefit from more intensive services and this is shared with offenders and also included in reports to licencing authorities. However, staff members are often unable to gauge the extent to which licencing authorities require offenders to adhere to these recommendations, or the extent to which offenders actually do adhere to them. This means that staff members are often unfamiliar with the outcomes in each case which makes it difficult for them to determine whether their assessment and recommendations reduced future offending.

In all jurisdictions remedial programs maintain records of offenders who complete requisite programs, utilize services, and for whom recommendations are developed. This is beneficial in the event that offenders subsequently return as a result of another conviction. From a broader perspective, the importance of documentation of individual client outcomes cannot be underscored enough and is instrumental for evaluation purposes to gauge the effectiveness of services and programs.

## **4.10 Outcome Measures of Program**

Several process evaluation measures are collected by remedial program agencies such as number of participants who access the program or service, the completion and drop-out rates of the program, the number of courses delivered, and the number of referrals and types of

recommendations made. Not only do these measures provide an indication of how well the program operates, but they can also provide insight into opportunities to further strengthen the program.

Several impaired driver remedial programs have also developed rigorous internal quality assurance protocols that are regularly applied. Such protocols help to ensure that the quality of services is consistent across a jurisdiction, appropriate procedures and policies are adhered to, and staff members have the tools and resources required to effectively deliver these programs. Program administrators pay close attention to the outcomes of these audits and use the results to improve program design and delivery as needed.

Outcome measures of impaired driver remedial programs are equally important from several perspectives. Such measures can gauge the extent to which the program is meeting its objectives. There are some key outcome measures that are commonly tracked and utilized by remedial impaired driver programs for continuous quality improvement. These are discussed in more detail below.

Perhaps the most important outcome measure that program staff relies upon is the change in participants' attitudes from when they begin the program to when they complete the program. This is true regardless of whether participants are engaging in a structured one or two-day program, or an individualized assessment and treatment plan.

To illustrate, staff frequently report that offenders may initiate the program or process by minimizing the extent of their drinking and other substance abuse, hesitating to share experiences or perspectives, and failing to engage in any of the structured activities or acknowledging the negative consequences that drinking has had on their life. Staff members further note that it is not uncommon to see a change in attitude emerge as the course unfolds. They report that, in many cases, by the conclusion of the course or treatment plan, offenders who have completed the requirements appear better able to objectively view their drinking behaviours and identify some of the effects they have had on them. Staff members also suggest that offenders are more likely to acknowledge that effecting change requires real work and commitment. Based on their experiences delivering the course, staff members believe that offenders become engaged to varying extents in the development of strategies to help them avoid drinking, and that they appear more motivated to seek out supports and services that can continue to help them address these problems than they were at the outset of the course. The extent to which they follow through once the program is completed is unknown.

Another measure that is frequently utilized is the administration of a participant survey at the conclusion of the course or plan. Surveys ask participants about their experiences of the course and what parts of it they liked or disliked, and their reasons why. Suggestions for improvements are also solicited.

One limitation that was consistently highlighted as a concern among program staff members was that there are few formal program outcome measures as this information can be

more challenging to collect. Some programs employ a follow-up survey of participants and endeavour to measure such variables as reductions in hazardous alcohol and drug use and offenders' ability to continue to separate drinking and driving. Some programs report very high reductions (e.g., 80%) in drinking behaviours among participants, however these surveys are based only upon self-report data which can be fraught with limitations.

Anecdotally, the perceptions of staff based on their hands-on experience working with offenders are also a measure. According to focus group participants, many clinicians that deliver these programs strongly believe that the quality of their programs is very high and evidence-based. They note that clinicians have the opportunity to witness first-hand the change in attitudes that participants experience over the duration of their involvement with them. For these reasons, clinicians frequently believe that the services and programs they deliver have beneficial effects on participants.

A number of programs have also undergone one or more evaluations either internally or externally by an independent research agency. This is very positive, particularly in light of the fact that it is not common for road safety programs to be formally evaluated. Staff members take these evaluations very seriously and welcome them to help identify opportunities for improvements.

Of importance, one of the main barriers that agencies encounter in conducting a formal outcome evaluation of remedial programs is their inability to access information about participants' subsequent driver licencing status and post-program events such as arrests or loss of licensure for alcohol offences. This is often a function of privacy legislation and protection of personal information, as well as a lack of data automation that impedes sharing of such data across agencies. In addition, few agencies possess sufficient resources to follow-up and track these participants on an ongoing basis. To this end, their inability to identify those who are required to enroll in programs or services or the subsequent behaviour of those that do, is a barrier.

## 4.11 Program Strengths and Limitations

### Strengths:

Based on discussions with focus group participants, there is strong consensus regarding the strengths associated with impaired driver remedial programs and services in Canada, as well as some limitations. These are discussed in more detail below.

**Individualized approach and diversity of available services.** According to staff members, two of the most important strengths of remedial programs are the individualized approach to the delivery of programs and services, and the diversity of available services that can meet the spectrum of needs among this population. In a correctional setting, offenders are assigned to interventions and treatment based on a risk-need-responsivity model (Ward et al. 2007). The basic premise of this model is that the risk level of offenders should be identified through assessment, and intensity of interventions and/or treatment should be

proportional to that level of risk. Responsivity refers to tailoring an intervention to best meet the capabilities and needs of an individual offender. The key component of this model is matching an offender to an intervention based on their propensity or risk to reoffend (Ogloff and Davis 2004).

According to staff members, their ability to select from a range of available programs and services and to develop treatment plans that include an offender's objectives is of considerable value because this enables them to leverage the strengths of each offender and encourages buy-in from them in order to create the greatest opportunity for their success. On this basis, staff members generally believe that programs are effective in achieving their goals for a significant number of participants. They also report that their day-to-day experiences with offenders during the course of programs suggests to them that offenders are receptive to the need for services and that program outcomes are generally positive, although they have no objective basis for these conclusions.

**Well-designed, research-based programs and services.** Jurisdictions have generally developed programs and services with a strong research focus and evidence-informed foundation. Not only are these programs inspired by sound theories of behaviour change and addiction, but there are continued efforts to regularly review new research and adapt programs as knowledge expands. Much time and energy are regularly devoted to the development of program structures, the training of staff, and the creation of effective delivery mechanisms that enhance the quality of these programs. These initiatives are routinely informed by research.

**Quality assurance protocols.** Many jurisdictions have developed and regularly utilize rigorous quality assurance protocols to ensure consistency in operations. Such protocols can include supervisor-led daily staff debriefing of observations of programs and groups and review of casework and treatment plans, provision of detailed training manuals to staff, and program audits to examine procedures relating to security, confidentiality, and use of approved processes and content.

**Well-trained clinicians and program staff.** Agencies that deliver remedial impaired driver programs across jurisdictions have generally strived to incorporate solid qualifications for new staff members that are employed to deliver programs and services. Staff members report that post-secondary degrees or diplomas in a relevant field combined with work experience are the norm. Significant "on the job" training, continuing education and supervision are required in some jurisdictions, and this is also directed at staff with many years of experience in the field. In addition, supervisors and managers are generally very engaged and provide a high level of support for their staff. There is a strong encouragement for clinicians to learn from each other.

According to staff members, these processes, in conjunction with the well-designed and evidence-informed programs, has contributed to a high level of commitment among staff, and in some jurisdictions is a factor in very low staff turnover. Staff members further believe



that this positive atmosphere has also contributed to very good relations and communication between staff, supervisors and managers. In most instances, they report that administrators welcome input from clinicians regarding what is and is not working, and they are generally receptive and open to new ideas.

In some jurisdictions there is also a very strong structure in place to support the training and mentoring of new staff. Protocols ensure that new staff members are able to shadow experienced clinicians, receive constructive feedback, and receive an appropriate level of supervision until they accumulate sufficient experience to work independently. These protocols are felt to have contributed to high levels of job satisfaction and relatively low levels of turnover among staff.

**Affiliation with research institute or university.** Those remedial programs or services that are closely affiliated with either a research institute or a university appear to be better informed about current research pertaining to the validity and reliability of risk assessment instruments, effective treatment protocols, and evidence-informed practices. Staff members report that easy access to researchers has been beneficial to help keep staff abreast of new research and facilitate the implementation of new research findings into existing program practices.

**Communication with other agencies.** Agencies that deliver remedial impaired driver programs and services generally have links to, and communication with other provincial agencies (e.g., transportation, driver licencing, justice). Provincial impaired driving committees and related initiatives can further strengthen communication.

Relationships with driver licencing agencies are an important factor and there appears to be strong interest among these parties to work closely with, and be responsive to remedial program agencies. In some jurisdictions, partnerships with justice are also present, although communication tends to be more person-oriented than agency-oriented. Hence, among those remedial program staff members that have contact with justice professionals, relationships are productive and they are more able to pick up the phone to seek answers to questions. When agencies are geographically close to each other, it further facilitates natural communication making these relationships even stronger.

## Limitations:

**Quality of risk assessment instruments.** One of the limitations raised by staff members in some jurisdictions pertains to the quality of available instruments, and the need to improve them. While some of the current risk assessment instruments are fairly robust in terms of their validity and reliability with regards to future problem drinking in certain populations and settings, these instruments may not have been validated specifically on impaired drivers seeking re-licencing. Some instruments are also more susceptible to deception by respondents, whereas others are not. It is for this reason that many jurisdictions utilize several different risk assessment instruments in an effort to capture information along more dimensions and to create a more complete picture of an offender's drinking

behaviours and related issues. In addition, some utilized instruments were selected, in part, because they were affordable. Other risk assessment instruments that are perceived to have undergone more rigorous evaluation and testing are available on the market, however the costs associated with the use of these instruments is much higher. The bottom line is that, according to staff members, the instruments employed to assess risk among impaired drivers are satisfactory, but there is certainly room for improvement with regard to the level of independent evaluation of these instruments and their reliability and validity.

**Access to information.** Another limitation associated with the delivery of remedial impaired driver programs and services that is identified by staff members is their limited access to information. To illustrate, staff members may not have access to important information contained in an offender's driver record (often due to legislation regarding privacy and the protection of personal information), although it is helpful to have relevant information to inform decisions regarding the delivery of programs and services.

Staff members acknowledge they can sometimes partially overcome this limitation once a rapport with the client has been established and offenders are more forthcoming about their history. However, they report that it can be more difficult to establish rapport with some offenders, particularly if they are resistant to participating in an assessment or the development of the case plan, and it is in these cases that access to more information would be useful to help gauge risk.

This limitation similarly affects the ability of staff members to track participant outcomes. Staff members generally receive limited or no feedback regarding whether offenders continue to drink and drive, have subsequent arrests or convictions for impaired driving, and seek treatment services in the future. As a consequence, it is difficult for clinicians to gauge the extent to which offenders are truly separating drinking from driving, not only during the delivery of programs and services, but also in the longer term. Although the provision of interlock data to staff members can facilitate the tracking of offender progress, a minority of offenders participate in interlock programs, and when they do, this access to data rarely occurs.

Of importance, this inability to access relevant information to track outcomes of cases can make it challenging for jurisdictions to undertake a robust evaluation of their programs and services and gauge how well they assess risk. While many jurisdictions rely upon such things as participant surveys and process measures which do provide one window on outcomes, without the ability to measure other factors it can be challenging for them to have a clearer picture of their overall effectiveness. Such factors include how many offenders: follow through with any recommendations for additional services; relapse; are arrested and/or convicted for another impaired driving charge; and seek treatment services in the future.

**Availability of time.** In some jurisdictions, another limitation raised by staff members relates to challenges associated with trying to cover all of the course or assessment content in the time allotted. As knowledge and understanding of impaired driving behaviour has grown, the

content of remedial impaired driver programs and services has evolved. In addition, feedback from participant surveys may often indicate that, while a majority of the content is relevant, more or less time should be spent on certain topics. Hence, staff members that deliver remedial impaired driver programs and services may find themselves challenged to package the breadth of information in the time allotted in a way that is meaningful to offenders, and that keeps them focused and engaged throughout the duration of the program.

**Availability of resources.** According to staff members, the scarcity of resources can be a limitation in many jurisdictions and they are under increasing pressure to do more with less. They report that the costs of risk assessment instruments, for facilities to deliver the program, and for highly qualified staff combined with the growing number of offenders who are eligible for services, and who require more intensive services has resulted in agencies having to make difficult decisions to control costs. This has led to longer wait times for services, higher caseloads, and lower levels of staff training or supervision in some jurisdictions. One strategy that is being employed to help overcome this challenge is the upfront payment of fees, and the addition of administrative surcharges for specific items (e.g., the processing of refunds, special processing, withdrawals) as is feasible and appropriate. It is recognized that this challenge is not unique to remedial impaired driver programs and services, and that it is a much broader issue that provinces and territories struggle with more generally.

**Available transportation options.** The delivery of remedial impaired driver programs and services is often dependent on the ability of offenders to travel to specific locations. In many jurisdictions there is a strong effort to try and deliver services in as many convenient locations as is practicable, however the number of locations is often determined by cost. In urban areas, this is less of a problem in that offenders are more often able to rely upon public transportation options. This is less often the case in more rural areas. Some offenders are able to make alternative arrangements for transportation with family, friends or even employers to get to these locations, but others cannot. So it is recognized that a certain portion of potential participants are not assessed and do not complete required programs or treatment plans due, in part, to the lack of transportation options.

**Implementation of new legislation.** In an effort to strengthen laws and interventions targeted towards impaired drivers, in the past several years almost all jurisdictions have undergone a number of enhancements to laws that have had important implications for the delivery of programs and services. On one level it is important to recognize that the implementation of change brings with it a host of challenges because it requires the development of new operational practices, procedures and paperwork. It goes without saying that unique and unforeseen circumstances will always arise that require tailored solutions and can delay implementation. As such, it would be helpful if communication across agencies was strengthened during these periods in an effort to minimize these challenges. This can be difficult to achieve at times as it is during these periods that agencies are busy looking internally in an effort to make the implementation of changes as seamless as possible for external users. However, at the outset of these initiatives, an acknowledgement that

inconsistencies will arise during the process and concerted efforts to ensure partners in the process are kept informed throughout it can serve to minimize workload and stress among all of the agencies involved.

**Inconsistent awareness among justice professionals.** Practitioners in some jurisdictions report that the level of awareness of remedial impaired driver programs and services is inconsistent across justice professionals. While some members of the justice community are quite familiar with these programs and services, and either communicate and/or work regularly with program staff, there are many others who do not. As a consequence, offenders who have been convicted may contact remedial program staff in order to enroll or register for required programs or services, but may not have the necessary information about what is required to participate. For example, offenders may not be aware that they are not yet eligible to enroll, that their information has not yet been entered into the appropriate system, or that requisite paperwork has not yet been completed. Also, the understanding that offenders may have about the nature and requirements of the program may not be consistent with the way that it is delivered. This means that program staff must work to help offenders to have accurate information and to complete the program.

**Lack of tailored remedial programs for youth.** In some jurisdictions, there appears to be a growing number of younger offenders who are enrolling in remedial impaired driver programs and services and this is a concern among staff members who report that they are not adequately equipped to work with this population. While numbers are still quite small relative to the total number of impaired drivers that require services, there has been some discussion regarding whether there is a need to develop a program and/or services that are more tailored to a younger audience. This issue warrants monitoring in the future.

## 5. JUSTICE SYSTEM RESULTS

This section contains the results gathered from the criminal justice participants in the focus groups and individual interviews that were conducted in six jurisdictions across Canada representing several regions of the country. It also contains the results of a survey of 65 justice practitioners representing prosecutors, probation officers and defence counsel in six jurisdictions.

One of the goals of the focus groups, interviews and the survey (described in Section 3) was to examine the knowledge, experiences, and practices among remedial impaired driver program staff members and criminal justice practitioners related to the risk assessment of impaired drivers in the driver licencing system as well as the criminal justice system.

The survey was designed for criminal justice practitioners in particular and nationally, respondents to the survey included Crown prosecutors (46%), probation officers (45%) and defence counsel (2%). The response levels varied provincially across professional groups. Responses from Alberta and Manitoba came primarily from Crown prosecutors (96% and 100%, respectively), while those responses from both New Brunswick and Saskatchewan came exclusively from probation officers. Respondents had been working in the justice system an average of 10 years and 5 months.



The results are presented by topic of concern in relation to risk assessment practices. Covered topics were: agency goals and approach, staff qualifications, staff training and knowledge, range of services offered, participant characteristics, caseload and resources, types of instruments used and data collected, use of assessment outcomes, system outcome measures, and system strengths and limitations.

### 5.1 Agency Goals

Focus group discussions revealed that professionals involved in the justice system tend to focus on the deterrence of impaired driving as a primary goal in relation to drunk drivers. The main objective of lawyers and the courts is deterrence of future offending and this is achieved through the imposition of appropriate sanctions and the creation of a record of behaviour within the justice system. In contrast, the goal of probation and community corrections

agencies is to reduce recidivism among impaired driving offenders and to help reintegrate offenders into the community. The emphasis is more on denunciation of crime with a lesser emphasis on rehabilitation. This is not because rehabilitation is believed to be unimportant, but more often due to a lack of resources to achieve this goal. The survey results showed that nationally, 97% of justice professionals in the six jurisdictions reported that the primary objective of the justice system in processing impaired drivers is to deter/reduce recidivism; provincial results are consistent across jurisdictions.

## 5.2 Agency Approach

Approaches to sentencing impaired drivers, according to the nature of the offence and the BAC level, were fairly consistent across jurisdictions, although the level of consistency generally declined as the severity of the offence increased. Nationally, 51% of respondents in the six jurisdictions reported that the typical sentence given to impaired drivers for a first offence and a BAC below .15 was a fine of \$1,000-\$1,500 with a one-year driving prohibition.<sup>14</sup> A majority of respondents in both Alberta (83%) and Manitoba (83%) reported that the typical sentence given to impaired drivers with a first offence and a BAC below .15 was a fine of \$1,000-\$1,500 with a one-year prohibition. The largest majority of respondents in New Brunswick (30%) and Saskatchewan (44%) reported a fine (no amount specified) plus a one-year driving prohibition as the typical sentence given to impaired drivers for a first offence and a BAC below .15.

Table 1: Typical sentence given to first offender BAC under .15					
	Nationally	AB	MB	NB	SK
<\$1000 fine + 1 year prohibition	6%	4%	0%	10%	11%
\$1000-\$1500 fine + 1 year prohibition	51%	83%	83%	20%	11%
Fine (general) + 1 year prohibition	23%	13%	17%	30%	44%

Nationally, the typical sentence given to impaired drivers for a first offence and a BAC above .15 at the national level reported by 40% of respondents was a fine of \$1,200-\$1,800 and a one-year driving prohibition. More than half of respondents in Alberta (67%) and Manitoba (83%) reported that the typical sentence given to impaired drivers for a first offence and a BAC above .15 was a fine of \$1,200-\$1,800 and a driving prohibition. The largest majority of respondents in New Brunswick (25%) and Saskatchewan (56%) reported a fine (no amount specified) plus a one-year driving prohibition as the typical sentence given to impaired drivers for a first offence and a BAC above .15.

<sup>14</sup> The Criminal Code of Canada requires that first-time impaired drivers receive a mandatory one-year driving prohibition.

**Table 2: Typical sentence given to first offender BAC over 0.15**

	Nationally	AB	MB	NB	SK
<\$1200 fine + prohibition	9%	13%	0%	5%	22%
\$1200-\$1800 fine + prohibition	40%	67%	83%	15%	0%
Fine + prohibition	25%	13%	17%	25%	56%
\$1000-\$1800 fine + prohibition + interlock	3%	4%	0%	0%	0%
14 to 30 days jail + prohibition	6%	4%	0%	15%	0%

Nationally, approximately one-third (34%) of respondents in the six jurisdictions reported that the typical sentence given to a repeat offender was a fine, jail and probation. Alberta (38%) and New Brunswick (40%) both reported that the typical sentence given to a repeat offender was also a fine, jail and probation. More than half of respondents in Manitoba (67%) reported a typical sentence to be 15-30 days in jail; almost half of respondents in Saskatchewan (44%) reported jail time or a treatment program as the typical sentence given to a repeat offender.

**Table 3: Typical sentence given to repeat offender**

	Nationally	AB	MB	NB	SK
15-30 days in jail and 2 year driving prohibition	14%	25%	0%	15%	0%
15-30 days jail and 1 year driving prohibition	6%	8%	17%	0%	11%
15-30 days jail	20%	13%	67%	15%	11%
Fine, jail, probation	34%	38%	0%	40%	22%
Prohibition, interlock	2%	4%	0%	0%	0%
Jail or treatment program	6%	0%	0%	0%	44%

According to interviews with experienced practitioners in northern communities, the favoured approach of courts and probation agencies is to incorporate community perspectives in dealing with an offender and responding appropriately, mainly by leveraging offenders' strengths through client-centred strategies. As in remedial programs, these strength-based strategies seek to make use of available resources, such as family structures and employment to help individuals and the community achieve the best outcomes. Additionally, it was reported that probation officers utilize reintegration teams (spirit movers) that target

family engagement and the leveraging of family strengths. In this context, family refers to immediate and extended family, as both are considered important. Another example of this is the frequent practice of consulting with community elders or counsel if available. This may take more time to resolve a case but the courts are increasingly receptive and appreciative of this form of community input, and often concur with recommendations from elders. One benefit of this approach is that sentencing is much more individualized, and in some instances sentencing circles are involved. At the same time, this approach requires more training for court and probation staff to establish a working relationship with each community and to learn the dynamics of the community. As well, effort needs to be expended in getting the community to understand the goals, objectives and requirements of the court process and agreeing to be involved.

### 5.3 Staff Qualifications

In order to better appreciate the importance of results related to this issue, it is important to provide some context regarding the knowledge and experience of prosecutors and defence counsel in relation to impaired driving. The academic qualifications and required experience vary across justice practitioners (e.g., prosecutors, defence counsel, judges and probation officers) and vary according to professional requirements. To illustrate, while all professionals who practice law require a law degree, the required years of experience or knowledge of impaired driving is frequently limited. Turnover among prosecutors is very common, as they often move on to pursue other types of crimes as they gain more experience. This is less often the case among defence counsel, as more of these professionals have considerable experience and continue to handle these cases throughout their careers (Robertson et al. 2008). However, it was noted by focus group participants with legal experience that limited knowledge with regard to the presence of drinking problems among offenders can often result in uncertainty as to whether a drinking problem should be considered an aggravating or mitigating circumstance.

The following results originate from a subgroup of 14 respondents who reported they were aware of tools used in their jurisdiction to assess the risk of impaired drivers in the justice system; hence a majority of respondents were unaware of the tools used to assess risk in their respective jurisdictions. It is important to note that these results are based on a limited number of responses. These respondents were asked whether they were familiar with the validity/reliability of any of the instruments utilized. Nationally, 19% of respondents in the six jurisdictions reported that they were unfamiliar with the validity/reliability of the risk assessment tools that are employed in their jurisdictions, although there were variations across provinces (Alberta 8%; Manitoba 17%; New Brunswick 30%; and Saskatchewan 22%).

At the same time, less than half (48%) of respondents in the six jurisdictions reported that they did not know who conducts the risk assessment of these offenders. Specifically, more than half of respondents in Alberta (58%) and New Brunswick (60%) also reported they



did not know who conducts offender risk assessments. However in Manitoba, 50% of respondents reported that it was a probation officer or clinician/treatment staff who conducts the risk assessment of the offender. In Saskatchewan, 44% of respondents reported clinician/treatment staff conducts the risk assessment.

According to justice practitioners who participated in focus groups, the reality is that a very small percentage of impaired drivers undergo risk assessment in the criminal justice system and these assessments are typically only ordered in cases involving a high level of severity of the offence, or in the event that the prior history available about the offender is very limited. This may be one explanation for these results.

## 5.4 Staff Training and Knowledge

Knowledge and training among attorneys in relation to impaired drivers generally is inconsistent and is often a function of the types of educational courses and opportunities that are available. Some practitioners reported that knowledge among practitioners regarding the profile, characteristics and risks associated with different types of impaired drivers is limited, and that training opportunities in some jurisdictions can be infrequent. Similarly, knowledge about effective practices to manage this population also varies.

With regard to remedial impaired driver programs specifically, a few participants in focus groups suggest that while a minority of court practitioners in some jurisdictions are familiar with remedial impaired driver programs and services, others have limited awareness of them. National survey results show that 51% of respondents in the six jurisdictions reported that they are unfamiliar with the remedial impaired driver programs and services offered in their jurisdiction. Broken down according to province the rates are: Alberta (54%), Manitoba (66%), New Brunswick (60%), and Saskatchewan (33%). This is an important gap given that attorneys appear to be unable to provide accurate information to their clients about requirements to complete such assessments or programs as a result of a conviction. This is further evidenced by the extent to which offenders contact remedial impaired driver programs or services with incorrect information.

It was noted that in a limited number of jurisdictions, a minority of attorneys are much better informed about remedial programs, and it was the perception of focus group participants that they appear to be newer and/or younger. Generally speaking, it was suggested that those attorneys who have been in the field for longer periods are less familiar with these programs and services, perhaps because these strategies have evolved considerably since practitioners first entered the field.

## 5.5 Services

Generally speaking, the level of service for individual clients in the justice system varies depending on needs. For example, some cases can take up to three years to conclude whereas others are resolved in several months. In some jurisdictions, impaired driving cases

account for 30-50% of trial time; in others impaired driving caseloads are somewhat smaller and account for 15-30% of charges filed or criminal caseloads (Robertson et al. 2008).

As mentioned previously, only a very small number of impaired drivers are subject to a risk assessment, usually in cases involving serious injury or death, or multiple offences. Infrequently, an assessment is ordered due to a significant gap (in time) on the offender's criminal record, and this is more common in rural areas.

Nationally, 58% of respondents in the six jurisdictions reported that they also do not know how long it takes to complete an impaired driving risk assessment (e.g., Alberta 67%, Manitoba 83%, and New Brunswick 60%). In contrast, in Saskatchewan, 44% of respondents indicated that it takes four to six weeks to complete an impaired driving risk assessment.

When assessments are ordered, the Level of Service Inventory (LSI) instrument is used and the assessment is part of the pre-sentence investigation (PSI). It may be completed by a social worker, a treatment professional, or possibly a probation officer. According to a limited number of criminal justice focus group participants, assessments of impaired drivers are rare and it was estimated that only 5% of offenders are assessed; this may also be at an offender's request. Similarly, survey results showed that nationally 71% of respondents in the six jurisdictions estimated that 0-10% of impaired driver cases they have handled involved a risk assessment of the accused driver. This varied provincially: 96% of respondents in Alberta and 100% in Manitoba reported low levels of risk assessment whereas less than half of respondents in New Brunswick (45%) and Saskatchewan (44%) responded similarly. As such, justice practitioners also have limited information about offender risks or needs to inform sentencing recommendations.

In a criminal justice setting, the types of services (i.e., sanctions or penalties) provided are standard across jurisdictions. Sentences for impaired driving offenders are often mandatory and justice practitioners have limited flexibility, preventing individualized sentencing in these instances.

Criminal Code penalties for impaired driving offences are consistent across the provinces and territories if a BAC is over .08 (or there is a refusal to provide a breath or blood sample) based on the *Criminal Code of Canada*. Details of these penalties are shown in the table below.

**Table 4: Impaired driving penalties**

DRIVING WHILE IMPAIRED BAC OVER .08 (refusal to provide sample)		Prohibition from Driving (Mandatory)	Fine	Jail
	1st offence	12 to 36 months	> \$1,000 to \$5,000 > up to \$5,000	> 0 to 18 months > up to 5 years
	2nd offence	24 to 60 months	> \$1,000 to \$5,000 > no maximum	> 30 days to 18 months > up to 5 years
	3rd offence	36 months to lifetime ban	> up to \$5,000 > no maximum	> 120 days to 18 months > up to 5 years

However, penalties for driving while disqualified for impaired driving do vary across courts from a fine to jail time. For example, offenders with multiple driving while disqualified offences can serve up to six months in jail for a first offence in some jurisdictions.

Court professionals were queried about the availability of sentencing options for impaired drivers. Results were mixed, but more than one-third (38%) of respondents in each jurisdiction reported that they disagree that there are enough sentencing options available to manage the different levels of risk posed by impaired drivers. In Alberta and Manitoba specifically, 33% of respondents disagreed. In New Brunswick, more than half (55%) of respondents disagreed and in Saskatchewan almost half (44%) of respondents also disagreed. At the same time, another 33% in each jurisdiction agreed that there are enough sentencing options available to manage the different levels of risk posed by impaired drivers; in Saskatchewan 44% of respondents agreed. Clearly, opinions on the availability of sufficient sentencing options were inconsistent.

Nationally, 83% of respondents in the six jurisdictions reported that returning to court was the main action available to deal with offenders who breached a driving prohibition order or a probation order. Provincially, respondents in Manitoba (83%), New Brunswick (95%), and Saskatchewan (100%) reported that this was the main action taken. Alberta (96%) reported that offenders are sent to jail if they breach a driving prohibition order or a probation order.

According to interviews with experienced practitioners, impaired driver programs and/or services in northern Canadian communities are non-existent and criminal justice services are limited. In addition, when services are available, many communities have distinct traditions, cultures, languages and social structures, making it essential that courts and probation staff members are knowledgeable about different cultures and community practices.

Services are limited for a variety of practical reasons. In northern Canadian jurisdictions, services must be delivered across an extremely large land area. For example, courts and probation agencies may be tasked with delivering services to more than a dozen different small communities that are frequently isolated during some periods of the year. Transportation between northern communities is often difficult and primary road

service during the winter is only available with ice roads. In these jurisdictions, modes of transportation include quads (4x4s), skidoos, and dog sleds in winter, and boats and quads in summer. Few residents or even communities have access to traditional passenger vehicles, hence the injuries to passengers in crashes are often more pronounced as they frequently involve alternative modes of transportation. Of interest, driving in these jurisdictions is more often measured by time and not mileage or distance. For example, traveling just 100km can take several hours due to the different types of transportation relied upon in winter or the presence/absence of roads.

It is also noted that the consequences of an impaired driving conviction and loss of licence are much more profound in northern communities than traditional urban communities. The loss of a driver's licence can not only affect an offender's entire family and way of living, but may further affect the community as a whole. In these communities, transportation difficulties mean that few people drive, families usually have only one vehicle, and several families may rely on one driver and one vehicle for basic necessities such as getting food and medical supplies, and travelling to work.

Programs that are based around a 12-step support group model and Alcoholics Anonymous (AA) are generally available in northern communities. However, the breadth of treatment services required is not available, and often one treatment facility is charged with servicing a very large area. On a positive note, wait times to get into the treatment facility are short or non-existent.

The absence of specialized treatment services or programs for youth in northern communities is a significant gap. Many services that are available rely upon "scare tactics" considered problematic because they have been shown to be less effective, particularly with youth (Agrawal and Duhachek 2009). There are no remedial impaired driver alcohol education programs or more intensive programs or efforts to either assess offenders, or help them to critically examine their drinking behaviours or recognize that alcohol affects many different aspects of their life including offending.

Impaired drivers who are charged automatically receive a licence suspension that may be 30, 60 or 90 days depending on the offence. When drivers are criminally convicted there is no remedial licencing program that must be completed, and few first offenders receive a probation sentence. As such, most impaired drivers are not subject to any real intervention until they are convicted of a second or subsequent offence. Most repeat offenders must serve some period of incarceration (30-60 days) as well as a probation sentence. Jurisdictions may also have a fine-option program in which offenders can perform services in lieu of fine payment.

In northern communities, an integrated case management approach is utilized for offenders on probation. This means that the probation officer, social service worker, treatment counsellor, and mental health worker (as appropriate) all meet with the offender with the goal of developing a unified case plan. This ensures coordination across practitioners and that

the offender is not trying to meet different objectives and follow different rules set by each agency involved in his/her supervision. The same approach to continuity in case planning is used for offenders who complete a sentence in a closed custody setting and then transition to community living, with the added benefit of streamlining services as well. Offenders on probation are also able to more easily access gender-sensitive and women only treatment opportunities.

More recently, there has been a stronger emphasis in northern communities on practitioners working to meet an offender's needs and bringing services to where they reside instead of making them come into town. There is a new pilot program in which social services, probation services and treatment services travel to where the offender is residing so as not to interrupt their re-connection with the land (if they are working in an isolated area). This pilot program has a very tailored, individualized approach and much effort is exerted to consult with communities or those individuals in the community with whom the offender has regular contact.

Some northern communities also utilize healing circles. This works well in some communities but is less effective in others due to power conflicts. In addition, some persons may be very committed leading up to their participation in the sentencing circle, but this commitment can wane once the sentence is imposed. Offenders who fail to complete the requirements or change their behaviour are returned to a traditional court for sentencing.

## 5.6 Participant Characteristics

Information about impaired drivers that is accessible to court professionals to inform decisions varies. Nationally, a majority of respondents reported that the main sources of information about impaired drivers are criminal history (97%), the arrest report (83%) and offender history (70%).

Provincially, criminal history was reported as the main source of information about impaired drivers that is accessible to inform decisions related to case outcomes; Alberta (100%), Manitoba (100%), New Brunswick (90%), and Saskatchewan (100%). The arrest report was reported as a main source of information by all respondents in three jurisdictions; Alberta (100%), Manitoba (100%), and Saskatchewan (100%). Offender history was also reported as a main source of information by more than two-thirds of respondents in three jurisdictions; Alberta (63%), Manitoba (67%), and New Brunswick (75%). Additionally, a majority of respondents in Saskatchewan (89%) and New Brunswick (65%) also reported the availability of suitable programs as a main source of information.

Nationally, approximately 18% of respondents in the six jurisdictions estimated that 21-30% of impaired drivers fail to comply with driving prohibition orders and/or probation orders. Provincially, this broke down as Alberta 25%, Manitoba 33%, and New Brunswick 20%. Approximately one-fifth of respondents in Saskatchewan (22%) estimated that slightly more

(31-40%) impaired drivers fail to comply with driving prohibition orders and/or probation orders.

## 5.7 Caseload and Resources

Nationally, approximately 52% of respondents in the six jurisdictions reported there are sufficient court resources available to adequately adjudicate impaired driving cases. Provincially, this broke down as Alberta 46%, New Brunswick 55%, Saskatchewan 67% and Manitoba 50%. However, when queried about whether there were sufficient court resources to support other programs or services to deal with impaired drivers, such as risk assessment, treatment, and community services, nationally, 40% of respondents in the six jurisdictions reported there are insufficient resources available. Again, findings were similar across jurisdictions with 46% of respondents reporting that this was the case in Alberta, 45% in New Brunswick and 56% in Saskatchewan. In Manitoba one-third (33%) of respondents reported that available resources were in fact very insufficient (33%); whereas the same percentage (33%) conversely agreed that resources were sufficient. These results are inconclusive.

Nationally, 23% of respondents in the six jurisdictions agreed that there are sufficient community resources or external services to support, assist, and/or monitor impaired drivers that are separate from the criminal justice system or remedial programs delivered on behalf of driver licencing agencies. Provincially this broke down as: Alberta (17%), New Brunswick (25%), Manitoba (50%) and Saskatchewan (33%).

With regard to the availability of resources for monitoring, nationally, 52% of respondents in the six jurisdictions reported that there is not adequate monitoring of convicted impaired drivers in their jurisdiction to ensure their compliance with any driving prohibition order or probation order. At a provincial level findings broke down as 67% of respondents in Alberta and Manitoba agreeing there were not adequate resources, as did 45% in New Brunswick. Conversely, in Saskatchewan (56%) of respondents reported that, at least in some cases, adequate monitoring of offenders does in fact occur in relation to driving prohibitions and conditions of probation.

More than half of respondents (62%) nationally reported that they believe a larger percentage of accused drivers/offenders should undergo a risk assessment. This was also true across provinces with 67% of respondents in Alberta, 80% in New Brunswick and 56% in Saskatchewan. In contrast, in Manitoba 50% of respondents reported they did not have an opinion on whether a larger percentage of accused drivers/offenders should undergo a risk assessment.

According to survey respondents nationally, there are a number of factors that can impede the volume of or quality of risk assessments for accused drivers/offenders. These include: a lack of resources noted by 74% of respondents, followed by available time (65%) and financial costs (63%). An examination of provincial results revealed that findings were largely

similar. In Alberta, respondents reported that the main factors that can impede the volume of, or quality of risk assessments for accused drivers/offenders is the lack of resources (83%) and financial costs (83%), followed by available time (67%) and lack of services (67%). Respondents in Manitoba reported that the main factors were a lack of resources (83%), available time (50%), and a lack of services (50%). In New Brunswick respondents reported that the main factors were a lack of resources (70%), a lack of trained clinicians (70%), available time (70%) and financial costs (70%). Finally, respondents in Saskatchewan reported the main factors to be a lack of resources (56%), a lack of trained clinicians (56%) and a lack of services (56%).

With regard to caseload and resources in northern communities, an interview with an experienced practitioner revealed that the probation agency that they worked for had nine staff and that there were plans to soon increase the number of staff to 13. In this agency, probation officers had a caseload of between 35 and 65 offenders and the number varied depending on the level of service that each offender required. Of these offenders, it is estimated that approximately 95% have some form of substance abuse issue, although the percentage of impaired drivers on each caseload may only be approximately 5% or less. It was reported that impaired driving offenders who receive a sentence of custody or probation often undergo a 45-day assessment. First offenders often are not assessed as they are rarely placed on probation or in custody.

## 5.8 Instruments and Data Collection

With regard to the use of assessment instruments and data collection in the criminal justice system, the most common instrument that is used across jurisdictions is the LSI. Offenders are also assessed with regard to family history of substance abuse and coping strategies. For those who are on probation a PSI may also be conducted. As part of this process, probation officers collect data from a wide range of sources such as criminal record, prior treatment, employer, family members, and so forth. In addition, offenders may also undergo a formal assessment that is typically undertaken by Addictions or Mental Health Services or an equivalent agency. In particular, this form of assessment typically looks for the presence of cognitive deficits and mental health problems.

A majority of respondents in the six jurisdictions (74%) reported that they are not aware of any tools that are used in their jurisdiction to assess the risk of impaired drivers in the justice system. Findings were similar across jurisdictions with a majority of respondents reporting comparable results – 75% of respondents in Alberta, 67% in Manitoba, 75% in New Brunswick and 78% in Saskatchewan.

However, approximately one-fifth of respondents in the six jurisdictions reported they were aware of tools used in their jurisdiction to assess the risk of impaired drivers in the justice system. At a provincial level, 25% of respondents in Alberta, 33% in Manitoba, 10% in New Brunswick, and 22% in Saskatchewan reported they were aware of tools used. This subgroup of approximately 20% of respondents in the six jurisdictions (comprised of just

14 individuals), was also asked whether they were aware if any of the instruments utilized accounted for gender, ethnicity, cognitive deficits, psychiatric disorders or level of education differences. They were also asked about whether agency administrators review, re-consider or modify the risk assessment tools. It is important to note that the following results are based on very low response numbers.

Nationally, only 12% of the subgroup of respondents reported that agency administrators never review/re-consider/modify the risk assessment tools currently applied to convicted drivers. Comparable results were reported from Alberta (8%), Manitoba (17%); this result was slightly higher in New Brunswick at (25%). In contrast, in Saskatchewan (22%) reported that agency administrators sometimes review/re-consider/modify the risk assessment tools currently applied to accused drivers/offenders.

At a national level, just 11% of the subgroup of respondents in the six jurisdictions reported they did not know if any of the instruments account for gender. Comparable results were reported from Manitoba (13%) and Saskatchewan (22%). However, 15% of respondents from New Brunswick reported that they did know that their instruments do account for gender, whereas in Alberta 8% of respondents reported they knew their instruments do not account for gender.

Additionally, just 12% of the subgroup of respondents in the six jurisdictions reported they did not know if any of the instruments account for ethnicity. This is comparable in New Brunswick at 15%; results were slightly higher in Manitoba (33%) and Saskatchewan (22%). In contrast, 8% of respondents from Alberta reported that their instruments do not account for ethnicity.

A minority of this subgroup of respondents nationally (11%) reported they did not know if any of the instruments account for cognitive deficits. Comparable results were reported from New Brunswick (10%) with slightly higher results from Manitoba (33%) and Saskatchewan (22%). However, respondents from Alberta (8%) and another 10% from New Brunswick reported that their instruments do account for cognitive deficits.

Nationally, 12% of the subgroup of respondents in the six jurisdictions reported they did not know if any of the instruments account for psychiatric disorders. These results are similar in New Brunswick at 15% and slightly higher in Manitoba (33%) and Saskatchewan (22%). However, respondents from Alberta (8%) reported that their instruments do account for psychiatric disorders. Finally, 15% of the subgroup of respondents in the six jurisdictions reported they did not know if any of the instruments account for level of education. In the four jurisdictions, one-third or less of respondents did not know; Alberta (8%), Manitoba (33%), New Brunswick (15%), and Saskatchewan (33%).

To summarize, a minority of respondents was aware of the risk assessment instruments used in their jurisdictions, and even smaller proportions were aware if these instruments account for important differences across offenders relating to gender, cognitive deficits, ethnicity, psychiatric disorders or level of education.



Approximately half (51%) of respondents nationally reported that they did not know what type of information is generally gathered about offenders to inform a risk assessment. Criminal history was identified as one type of information used by 43% of respondents and 42% indicated self-reported information was used.

At a provincial level, more than three-quarters of respondents in Saskatchewan (78%) reported that the main types of information gathered about offenders to inform a risk assessment are criminal history and self-report information. However, in Alberta 63% of respondents reported that they do not know what types of information are gathered about offenders to inform a risk assessment and 33% of respondents indicated that this information was self-report. Approximately two-thirds (67%) of respondents in Manitoba also reported that they do not know the main sources of information that are gathered about offenders to inform a risk assessment and the same percentage of respondents (67%) noted this information was from self-reports. In New Brunswick, 50% of respondents reported that they do not know the main sources of information gathered about offenders to inform a risk assessment; 40% indicated that this information was treatment history. In sum, important gaps were observed in relation to the knowledge among criminal justice professionals concerning the types of information used for risk assessment purposes.

## 5.9 Assessment Outcomes

Within the criminal justice system, assessment outcomes are important and, when conducted, are often utilized for the purposes of sentencing. Almost half (48%) of respondents in the six jurisdictions reported that it is important that assessment reports are available in relation to sentencing. In certain jurisdictions, this rate was markedly higher: 66% in Manitoba, 58% in Alberta and 56% in Saskatchewan. Conversely, only 35% of respondents in New Brunswick noted that this was important for the purposes of sentencing.

Nationally, a strong majority (89%) of respondents reported that criminal history is given the greatest weight to inform sentencing recommendations and/or sentencing. At a provincial level, 100% of respondents in Alberta and Manitoba indicated that this was indeed the case. Fewer respondents agreed in New Brunswick (80%) and Saskatchewan (67%).

When queried about the most useful factors to predict recidivism among impaired drivers, 92% of respondents nationally reported that drinking/drug history was the most useful factor, followed by criminal history (85%). Results were highly similar provincially with these same factors being identified in Alberta (92% and 88%), Manitoba (83% and 67%), New Brunswick (95% and 80%) and Saskatchewan (100% and 89%) respectively.

## 5.10 System Outcome Measures

Nationally, 51% of respondents reported that they are aware of measures used in their profession to assess the overall management of impaired driving cases in relation to the outcomes that are achieved. Comparable results were reported from Alberta (88%) and Manitoba (100%). However, a smaller percentage of respondents reported awareness of

such measures in New Brunswick (5%) and Saskatchewan (11%) indicating that fewer professionals in these two provinces are aware of measures used to assess the overall management of impaired driving cases in relation to the outcomes that are achieved.

Of interest, the presence and availability of remedial impaired driver programs is not a factor in the sentencing of impaired driving offenders by courts. Almost half (48%) of respondents nationally reported that the availability of a remedial driver licencing program has limited or no influence on the sentencing of impaired drivers. A majority of respondents in Manitoba (83%) agreed this was true, followed by approximately two-thirds (67%) of respondents in Alberta, 30% in New Brunswick and 22% in Saskatchewan.

## 5.11 System Strengths and Limitations

### Strengths:

**Emphasis on leveraging offender strengths.** A probation officer in a northern Canadian jurisdiction reported that the strong emphasis that is placed on leveraging offender strengths is very beneficial. This is comparable to results from focus groups with staff members representing remedial impaired driver programs and services. In this instance, the ability of probation to coordinate with treatment and community services in the development of a unified case plan serves to ensure offender risks and needs are addressed and that this strategy also improves the quality of supervision. At the same time, it appears that this approach is effective in streamlining requirements for offenders and facilitates the achievement of plan objectives. Unfortunately it is mainly repeat offenders, and not first offenders, who end up on probation.

**Level of accountability.** Probation staff in northern communities also indicated that their ability to hold offenders accountable to the community appears to have a positive effect on offenders. It was acknowledged that in many cases offenders are concerned about what the community thinks about them and it becomes important to them to achieve the goals set out in probation/treatment plans.

### Limitations:

**Limited access to research.** The ability to access research was identified as a key problem for survey respondents. Nationally, 72% of respondents reported they are rarely able to adequately monitor and access new research on impaired drivers as it relates to risk assessment practices. Provincially, respondents reported very similar results including Alberta (75%), Manitoba (100%), and New Brunswick (80%). In Saskatchewan, this issue appeared to be less prevalent with just 44% indicating that this was an area of concern.

National survey results revealed that a majority of respondents reported that there are a number of other barriers that can limit their ability to access research about the risk assessment of impaired drivers. Two-thirds of respondents noted that a lack of time to review research and not receiving notification about new research were common obstacles. Results

were similar across individual jurisdictions with respondents in Alberta (75% and 71%), Manitoba (67% and 67%), New Brunswick (60% and 55%) and Saskatchewan (67% and 67%) respectively also identifying these issues as problematic.

Approximately half of respondents nationally noted that a lack of access to journals and relevant publications was another barrier. One-third of respondents reported that a lack of access to knowledgeable researchers was problematic as was the fact that the research was not linked to practice. In this regard, more than two-thirds of respondents from all six jurisdictions further noted that more information about research in the following areas would be useful: different types of impaired drivers (e.g., first offenders, high-BAC offenders, repeat offenders, female offenders), impaired driving risk factors, the availability and effectiveness of different risk assessment tools, best practices for risk assessment and effective sentencing options.

**Lack of risk assessment instruments specific to impaired drivers.** A number of survey respondents reported that the lack of risk assessment instruments that are specific to an impaired driver population was problematic. This issue has also been raised in a number of U.S. jurisdictions. Of interest, the American Probation and Parole Association (APPA) has been contracted by the National Highway Traffic Safety Administration (NHTSA) to develop and pilot test a risk assessment instrument specifically for this population. The instrument has been developed based on a thorough review of other risk assessment instruments and a pilot test of the instrument is currently underway. It is anticipated that results will be available in 2013 and a report will be made available at [www.appa-net.org](http://www.appa-net.org).

It was reported nationally that 52% of respondents believed that risk assessment practices and/or policies pertaining to impaired drivers are not at all informed by research. This is similar provincially among respondents in Alberta (58%), New Brunswick (50%) and Saskatchewan (44%). In Manitoba 83% of respondents agreed that this was true.

**Limited resources.** Survey respondents identified the lack of sufficient time and resources as a limitation of the justice system to deal with these offenders. Caseloads are frequently large and the available time per case is nominal. In some instances it was noted that offender assessments delay the sentencing of offenders. It was also considered problematic that only those offenders who end up on probation undergo any type of assessment. Costs associated with the assessment process were also identified as an impediment. Similarly, a number of respondents reported that there was a lack of community resources and/or infrastructure to support the assessment of impaired drivers.

In the same vein, it was acknowledged that a stronger emphasis is needed on the rehabilitation of offenders as opposed to just punishment. It was suggested that it would be more beneficial to look at the global effects of substance abuse on the lives of offenders instead of its more narrow impact on offending. However, it was also noted that the lack of focus on rehabilitation was due, in part, to limitations in the resources to manage these offenders and the services available in some areas.

**Use of mandatory minimums.** Some survey respondents suggested that the use of mandatory minimum sentences in impaired driving cases resulted in concerted efforts on the part of offenders to avoid conviction and the associated consequences, particularly the imposition of the driving prohibition. As such, the emphasis of courts on deterrence through the use of a driving prohibition in particular can act in a way counterproductive to rehabilitation or long-term risk reduction.

**Perceptions about drunk drivers.** In some instances, it was suggested that the seriousness of drunk driving offences was not consistently recognized in some courts. Drunk drivers are less often viewed as a threat to the public, relative to other offenders, particularly in cases where no one was injured or killed. Hence, the risk for causing significant harm or death by this group of offenders is not always accurately perceived in the justice system. This may be a reflection of the fact that, despite considerable change in public attitudes about drinking and driving, it is not as “socially unacceptable” to drink and drive as one might expect. This perception was similarly reported by staff members in remedial impaired driver programs in some jurisdictions. They further noted that there seems to be a higher level of tolerance and/or acceptance of this behaviour, although the extent to which it is the former versus the latter is unclear.

**Communication across agencies.** Nationally, 37% of respondents in the six jurisdictions reported that poor communication exists between the justice system and driver licencing system. Comparable results were reported from respondents in Alberta (42%), New Brunswick (40%) and Saskatchewan (33%). However, half of the respondents in Manitoba reported that there is no communication between the justice system and the driver licencing system.

Nationally, 42% of respondents in the six jurisdictions reported that no communication exists between the justice system and remedial program agencies. Comparable results were reported from respondents in Alberta (46%), Manitoba (100%), and Saskatchewan (33%). However, just over one-third of respondents from New Brunswick (35%) reported that there is poor communication between the justice system and remedial program agencies.

It has been noted that more knowledge about remedial impaired driver programs and services would be beneficial to justice system practitioners. At the same time, there is some concern that with more knowledge, justice system practitioners may come to consider remedial programs as a fallback to the justice system.

In many jurisdictions, the communication and information-sharing abilities between justice professionals and remedial impaired driver program and services staff and/or treatment professionals is limited or even non-existent. It was suggested that it could be beneficial if justice professionals were able to access the outcomes of assessments conducted for the purposes of remedial impaired driver programs and services. Nevertheless, privacy issues that would impede this practice were noted. It would be very important that such reports be used appropriately to facilitate rehabilitation and not in a punitive manner.

Nationally, one-quarter of respondents in the six jurisdictions reported that no communication exists between driver licencing and remedial programs and services, while another 25% indicate that communication is adequate. Approximately one-third of respondents in Manitoba (33%) and Saskatchewan (33%) reported that there is no communication between driver licencing and remedial program agencies. However, almost half of respondents from Alberta (46%) reported that adequate communication exists between driver licencing and remedial program agencies. Over one-third of respondents from New Brunswick (35%) reported that there is poor communication between driver licencing and remedial program agencies.

**Awareness of outcomes.** Less than half (46%) of respondents nationally reported they are not able to adequately track impaired driving case outcomes to evaluate the effectiveness of any assessment. A majority of respondents in Saskatchewan (78%) agreed this was true, followed by more than half (55%) of respondents in New Brunswick. However, only one-third of respondents in Alberta and Manitoba reported they are unable to adequately track impaired driving case outcomes. It is important to note that over half of the respondents in Alberta (54%) and Manitoba (67%) reported they do not have an opinion.

**Lack of youth-oriented programs and services.** It was noted that the lack of specifically youth-oriented programs and services was problematic. In the justice system, a clear strategy to manage young impaired drivers is lacking even post-conviction. However, few cases go to court because of the due process issues related to constitutional protections (e.g., a minor child's ability to give consent, right to counsel) that are involved. As such, young offenders are often managed and sanctioned within the confines of graduated driver licencing programs. This misses an important opportunity to effectively manage young impaired drivers, reduce recidivism risk and properly diagnose and address any substance abuse issues.

In addition, in northern communities, respondents reported that there are no services available to assist drunk drivers involved in fatal or serious injury crashes with passengers, many of whom are younger drivers. Many drunk driving cases in northern communities involve passengers in the vehicle (because transportation options are so limited) and it is not uncommon that passengers are killed or seriously injured in a crash. However, there are no services to help offenders deal with guilt and grief and this makes it challenging to help offenders move forward and deal with substance-related problems.

## 6. RECOMMENDATIONS

Several recommendations to improve the risk assessment and management of impaired drivers in relation to remedial impaired driver programs and services in the driver licencing system, and the justice system emerged during the course of discussions with focus group participants as well as in survey responses. These recommendations are discussed below.

### 6.1 Recommendations for remedial programs and services

**Improve quality of instruments.** Many participants reported that the development of risk assessment instruments that are specifically tailored for an impaired driver population would



be beneficial to improve the delivery of programs and services. These instruments should be evaluated on an impaired driving offender population to ensure that they possess a high level of reliability and validity.

As part of this process, it was also recommended that existing risk assessment practices be regularly reviewed to ensure that the importance of risk factors are appropriately weighted in light of new research findings. For example, BAC results are frequently accorded greater importance in determination of risk,

however, research suggests that this may not be a strong predictor of risk. In addition, certain questions within some instruments may be given considerable weight although they may be highly susceptible to falsification.

**Increase training for staff.** The importance and value of high quality training and continuing education was also identified as a critical need to improve the quality of risk assessments that are conducted as part of remedial impaired driver programs and services. In particular, more training in the appropriate use of risk assessment instruments and to increase understanding of both their effectiveness and limitations is desired. Staff further noted that more clinical supervision of staff in the use of instruments, particularly newer and less experienced staff, would be beneficial.

Another training issue that was raised was the provision of training and continuing education to assist staff in updating their research knowledge to inform assessments on an ongoing basis. It is believed that such efforts would also help to address turnover among staff. Staff members acknowledge that they would like to receive more training in relation to specific

impaired driver characteristics and behaviours (e.g., different profiles of low-risk versus high-risk offenders), and effective strategies to manage impaired drivers would be beneficial (although more research is needed to adequately address this knowledge gap). For example, what kinds of cognitive behavioural therapies work best and what is required to properly utilize these tools. It is believed that such information could increase understanding of different risk ratings and levels of harmful involvement. Increased training could also help clinicians keep abreast of new research developments (e.g., such as the extent to which biomarkers, interlock data or other measures provide a good indication of risk). Finally, more current knowledge about the research related to effective adult education programs would be useful to help staff tailor practices for adult populations.

**Increase emphasis on prevention activities.** Some staff reported that the ability to engage in more preventative work, particularly with first offenders, could help to reduce the likelihood that offenders would repeat their offence. Currently, there are limited opportunities and time to work individually with first offenders and bolster strategies to assist them in changing problem behaviours. The ability to increase the emphasis on prevention with this population can serve to better address issues before recidivism or further contact with the criminal justice system occurs. In this regard, the use of supported brief intervention techniques may be beneficial and serve to address this issue (Brown et al. 2010) in a constructive way.

**Encourage the use of best practices.** Staff reported that it would be beneficial to develop mechanisms that would enable them to learn more about practices in other jurisdictions in Canada. This would also provide opportunities for staff to share what strategies are working well in their respective jurisdictions, as well as discuss challenges and ways they can be addressed. Such a process would also serve to further inform the development and implementation of best practices and provide opportunities to enhance standardization of the delivery of programs and services within and across jurisdictions.

**Strengthen program measures.** It was noted that the development of key performance measures and feedback loops with regard to program completion and participant outcomes would benefit staff and the delivery of programs and services. In part, this could be accomplished with higher levels of automation as well as increased communication and information-sharing (as is feasible) across agencies. While this issue will no doubt be fraught with obstacles and be complex to address, there are opportunities for significant benefits if it can be achieved.

**Provide transportation options.** While it may be challenging to address, it is believed that the increased availability of more and affordable transportation options is needed to ensure that offenders are able to complete the requirements of re-licencing. Similarly, more viable transportation options would also enable those who do not become re-licenced to continue to be mobile and minimize the need to drive unlicensed.

**Increase communication and information-sharing.** Efforts to improve communication across agencies as well as improve data sharing through new technologies and data automation are recommended. These efforts could reduce the demand for staff and data entry across agencies as well as increase the timeliness of information. It was further suggested that the use of a single source of information about remedial impaired driver programs and services would also reduce workload across agencies and ensure that potential participants are able to easily access current and accurate information about programs and services. It would also facilitate the ability of agencies to update information pertaining to relevant laws as they are improved in a streamlined and timely fashion. Finally, it was noted that increased communication and information-sharing across agencies would serve to raise awareness among justice professionals about remedial impaired driver programs and services.

**Explore the need for tailored programs and services for younger participants.** Some staff reported that the development of tailored remedial impaired driver programs and/or services for younger participants would be beneficial. Of some importance, a younger audience may benefit more from different types of messages and delivery strategies than older participants. In addition, these participants pose a higher level of driving risk by virtue of their young age and limited driving experience. This group will also potentially have a much longer driving career. Their perceptions of the risks associated with drinking and driving are also likely to be different. Hence, it would be useful to re-examine existing strategies to determine the extent to which a modified approach would better serve this population.

## 6.2 Recommendations for the justice system

**Consistent use of alcohol interlock devices.** Justice professionals suggested that ensuring that convicted offenders serve the required interlock period would help to minimize the risk of re-offending and reduce the risk to other drivers on the road while the device is installed.

**Target unlicensed drivers.** It was suggested that increasing the likelihood of detection for unlicensed drivers would help to deter unlicensed driving. In addition, it was noted that it would be important to apply appropriate and substantive penalties for unlicensed driving offences. These strategies could serve to encourage convicted drivers to complete the requirement of re-licencing.

**Create affordable options for offenders.** The cost of remedial impaired driver programs and services was identified as a barrier for some offenders to participate in remedial impaired driver programs or alcohol interlock programs. This barrier makes it more difficult for some offenders to complete the requirements of re-licencing which impedes their ability to become re-licensed. This can also make it more challenging for offenders to retain or maintain employment, particularly in rural areas where transportation options are lacking.

**Increase communication and information-sharing.** Efforts to improve communication across agencies as well as improve data sharing through new technologies and data automation are recommended. These efforts could reduce the demand for staff and data



entry across agencies as well as increase the timeliness of information. It would also facilitate the ability of agencies to update information pertaining to relevant laws as they are improved in a streamlined and timely fashion. Finally, it was noted that increased communication and information-sharing across agencies would serve to raise awareness among justice professionals about remedial impaired driver programs and services.

## 6.3 Conclusions

It is unmistakable that the criminal justice and driver licencing systems employ the measurement of risk and apply risk assessment instruments using very different strategies and for different purposes. It is important that these distinctions are clearly recognized among practitioners and policymakers representing both systems to ensure that these strategies are not only complementary but synergistic. At the same time, it is evident that clear distinctions between these strategies is paramount to help shape the development of effective policies, processes and legislation designed to protect the public from these offenders, not only in the short-term, but also the long-term.

It also cannot be overlooked that research-based knowledge of risk and risk assessment in relation to impaired driving offenders varies greatly across front-line practitioners in both the criminal justice and driver licencing systems. To some extent, this is less surprising in relation to practitioners in the justice system given the low frequency with which impaired drivers undergo a risk assessment, unlike the driver licencing system where these strategies are much more routine and consistently applied. However, even while some practitioners may be better informed about research as it relates to their own approaches, this is certainly less true in relation to their knowledge about risk in relation to approaches in the other system.

Principle barriers to knowledge transfer of research evidence as it relates to risk and risk assessment include: the lack of time, the lack of resources, the lack of access to publications, journals and academics themselves, and the heavy caseloads that define the environment that criminal justice and driver licencing practitioners encounter on a daily basis.

To this end, not only can more widely available research on this topic serve to increase understanding of risk in relation to impaired drivers, in turn it can inform approaches to the use of risk assessment instruments that we rely upon to help us make these determinations about risk. This is an essential priority in light of the sheer number of impaired driving offenders that are processed through the criminal justice and driver licencing systems each year, and the profound economic and social costs associated with this issue.

From a broader perspective, increased recognition among government officials of the value of risk assessments to inform the ways in which offenders are streamed into different interventions in both systems is a critical need. Shrinking economies, reduced staff, and increasing pressures to provide the same, or higher, levels of service demand that agencies and jurisdictions make their best efforts to reduce recidivism (criminal recidivism and relapses to drinking and substance misuse) through the use of effective strategies to measure risk and manage offenders accordingly. For these reasons, the pursuit of formal outcome evaluations,

particularly of remedial impaired driver programs, should be actively encouraged and strongly supported.

The importance of this issue cannot be underscored enough in light of recent trends towards mandating that drivers who are subject to escalating sanctions that exist in most jurisdictions in Canada for driving at low BACs to participate in remedial impaired driver programs, originally designed for those drivers who are criminally convicted.

In the criminal justice literature, there is clear evidence that the risk-needs-responsivity model dictates that intensive interventions be reserved for those offenders classified as high-risk as they have more criminogenic needs (Andrews and Bonta 2010). Moreover, it suggests that requiring offenders to participate in inappropriate programs can be more harmful than rehabilitative (Gendreau and Goggin 1997; McGuire 2001, 2002; Brusman Lovins et al. 2007). There is also evidence to suggest that applying intensive interventions to offenders who pose a lower risk of recidivating not only wastes resources, but can also have an undesirable effect – an increase in their likelihood of recidivism (Andrews et al. 1990; Lowenkamp and Latessa 2002; Lowenkamp et al. 2006). While this research is not specific to an impaired driver population, the findings certainly speak to the importance of proper risk classification and the potential dangers associated with mixing offenders with different levels of risk. Offender recidivism can be reduced if the intervention is proportional to the risk to re-offend. As such, a process for differentiating between those who are low-risk and those who are high-risk is a critical need so that an appropriate level of treatment, supervision, or sanction can be provided (Campbell et al. 2007).

In addition, perceptions of practitioners who work in these systems that there are growing numbers of impaired drivers who are either female, younger in age, represent minority populations or out-of-province residents warrants our attention. While a closer examination of this issue is needed to substantiate these perceptions, if this is indeed the case, it is essential that practices in the criminal justice system as well as the licencing system take account of these differences as they relate to risk and risk assessment.

## 7. REFERENCES

- Agrawal, N. & Duhachek, A. (2009). Emotional Compatibility and the Effectiveness of Anti-Drinking Messages: A Defensive Processing Perspective on Shame and Guilt. *Journal of Marketing Research*. Article Postprint, Volume XLVI. American Marketing Association.
- Andrews, D. A. (1982). *The Level of Supervision Inventory (LSI): The First Follow-up*. Toronto: Ontario Ministry of Correctional Services.
- Andrews, D., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law*, 16(1), 39-55.
- Andrews, D., Zinger, I., Hoge, R., Bonta, J., Gendreau, P., & Cullen, F. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369-404.
- Becker, H.S. (1973). *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press.
- Beirness, D.J., Mayhew, D.R., & Simpson, H.M. (1997). *DWI Repeat Offenders: A Review and Synthesis of the Literature*. Ottawa: Traffic Injury Research Foundation.
- Brown, T., Dongier, M., Ouimet, M.C., Tremblay, J., Chanut, F., Legault, L., & Ng Yin Kin, N.M.K. (2010). Brief motivational interviewing for refractory DWI offenders not participating in mandated DWI intervention: A randomized controlled trial. *Alcoholism: Experimental & Clinical Research*, 34(2), 292-301.
- Brusman Lovins, L., Lowenkamp, C., Latessa, E., & Smith, P. (2007). Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice*, 23(4), 383-398.
- Campbell, M., French, S., & Gendreau, P. (2007). *Assessing the Utility of Risk Assessment Tools and Personality Measures in the Prediction of Violent Recidivism for Adult Offenders*. (User Report 2007-04). Ottawa: Public Safety Canada.
- Correctional Service of Canada (2011). *Strategic Plan for Aboriginal Corrections: Innovation, Learning and Adjustment 2006-07 to 2010-11*. Ottawa: Author.
- Frideres, J., & Gadasz, R. (2005). *Aboriginal Peoples in Canada: Contemporary Conflict*, 7th Ed. Toronto: Pearson Prentice Hall.
- Gendreau, P. & Goggin, C. (1997). "Correctional Treatment: Accomplishments and Realities." In P. Van Voorhis (Ed.), *Correctional Counseling and Rehabilitation*. Cincinnati, Ohio: University of Cincinnati Press.
- Goodman, L.A. (1961). Snowball sampling. *Annals of Mathematical Statistics*, 32(1), 148-70.

- Griffin III, L., & De La Zerda, S. (2000). *Unlicensed to Kill*. Washington, D.C.: AAA Foundation for Traffic Safety.
- Lowenkamp, C., & Latessa, E. (2002). *Evaluation of Ohio's community based correctional facilities and halfway house programs*. Unpublished manuscript, University of Cincinnati, Division of Criminal Justice.
- Lowenkamp, C., Latessa, E., & Holsinger, A. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime & Delinquency*, 51(1), 1-17.
- Mayhew, D.R., Brown, S.W., & Simpson, H.M., (1996). *Alcohol Use Among Drivers and Pedestrians Fatally Injured in Motor Vehicle Accidents: Canada, 1994*. Ottawa: Transport Canada
- Mayhew, D.R., Brown, S.W., & Simpson, H.M. (2011). *The Alcohol-Crash Problem in Canada: 2009*. Ottawa: Transport Canada, Road Safety and Motor Vehicle Regulation.
- McCartt, A., Geary, L., & Berning, A. (2003). Observational study of the extent of driving while suspended for alcohol impaired driving. *Injury Prevention*, 9, 122-137.
- McGuire, J. (2001). "What works in correctional interventions? Evidence and practical implications." In G. Bernfeld and A. Leschied (Eds.) *Offender Rehabilitation in Practice: Implementing and Evaluating Effective Programs*. (p. 25-43). New York: John Wiley & Sons Ltd.
- McGuire, J. (2002). Evidence-based programming today. Paper presented at the *International Community Corrections Association Conference*, Boston, MA, November 2002.
- Moore, J. (2003). *First Nations, Métis, Inuit and Non-Aboriginal Federal Offenders: A Comparative Profile*. Ottawa: Research Branch, Correctional Service of Canada.
- Ogloff, J., & Davis, M. (2004). Advances in offender assessment and rehabilitation: Contribution of the risk-needs-responsivity approach. *Psychology, Crime, and Law*, 10(3), 229-242.
- Robertson, R., Vanlaar, W., & Simpson, H. (2008). *National Survey of Crown and Defence Counsel on Impaired Driving*. Final Report. Ottawa: Traffic Injury Research Foundation, Transport Canada, Canadian Council of Motor Transport Administrators.
- Simpson, H.M. & Mayhew D.R. (1991). *The Hard Core Drinking Driver*. Ottawa: Traffic Injury Research Foundation.
- Simpson, H., Mayhew, D., & Beirness, D. (1996). *Dealing with the Hard Core Drinking Driver*. Ottawa: Traffic Injury Research Foundation.
- Taxman, F. (2007). "Treatment: The What Works Literature." Paper presented at the *4th Annual Meeting of the Working Group on DWI System Improvements*, Williamsburg, VA, March 4-6, 2007.
- Ward, T., Mesler, J., & Yates, P. (2007). Reconstructing the Risk-Need-Responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behaviour*, 12, 208-228.

## Notes

## Notes





Traffic Injury Research Foundation (TIRF)  
171 Nepean Street, Suite 200  
Ottawa, Ontario  
Canada K2P 0B4

[www.tirf.ca](http://www.tirf.ca)  
Toll Free: 1-877-238-5235  
Fax: 613-238-5292

Registered Charity No. 10813 5641 RR0001