

Guidelines for the Community Supervision of Impaired Driving Offenders

Driving while impaired (DWI) offenders comprise a significant proportion of the criminal justice population. According to the uniform crime reporting data, in 2005 approximately 1.4 million arrests occurred for impaired driving, which creates an enormous burden on an already overwhelmed criminal justice system. For many DWI offenders, it is not their first offense. Thirty-four percent of DWI offenders in jail and 8 percent on probation reported three or more arrests or convictions.

Since its beginning, probation has become the most common form of sentencing in the United States. In 2005, according to the Bureau of Justice Statistics, approximately 1 million offenders on probation were sentenced for a drug law violation and about 600,000 were sentenced for driving while intoxicated. Of the offenders placed on probation, about 50 percent were felons, 49 percent were misdemeanor and 1 percent had other infractions. Of all the offenders placed on probation in 2005, 26 percent were sentenced for a drug law violation and 15 percent had been sentenced for driving while impaired or intoxicated.

The vast majority of convicted impaired driving offenders are supervised in the community. In 1997, the inclusion of 89 percent of convicted DWI offenders (released on probation, parole, or diversion programs) increased the burden to community corrections agencies (an inclusive term that incorporates probation, parole, pretrial release programs, diversion, specialized courts, etc.). Agencies that provide supervision for DWI offenders in the community require a continuum of supervision options to achieve the concurrent goals of rehabilitation, accountability, and public safety.

Challenges to Community Supervision of DWI Offenders

A variety of factors complicate efforts to improve community supervision outcomes with DWI offenders. Among the foremost challenges faced by judges

when sentencing DWI offenders is underestimating the impact of repeat DWI offenders and those with high blood alcohol concentration of .15 g/dL or more. DWI offenders, especially misdemeanants (compared to felons), are often released on a minimal bond or without pretrial supervision. In addition, the individual's permanent driving record usually does not document diversion records. This process often results in multiple diversion opportunities because authorities may incorrectly consider the individual a first-time offender.

Other challenges to the supervision of DWI offenders include community corrections caseloads, poly-drug use, offenders with various mental disorders, and the diversity of offenses committed by the supervised offenders.

Because of increasing caseloads and reduced funding, many corrections agencies have forced probation officers to provide less supervision for certain groups of offenders, such as misdemeanants. Many impaired driving offenders, no matter how potentially lethal, are classified as misdemeanants and, therefore, do not receive active supervision.

The offenders themselves can also bring in more complicating factors. In 1997, 37 percent of DWI offenders under community corrections supervision exhibited indicators of past alcohol dependence and more than half had participated in alcohol treatment, including self-help programs. For impaired drivers with addiction and relapse disorders, ongoing treatment is an important component of their effective supervision in the community. This adds a special challenge to supervision. While corrections and substance abuse treatment services have many commonalities, they also may have many differences, including different missions, vocabularies, and practice methods. Community corrections professionals must develop effective working relationships with substance abuse treatment providers

so that they can effectively monitor and support offenders' involvement in treatment.

Added to the complexity of all of these other issues is the common occurrence of polydrug use among impaired driving offenders who combine alcohol with any number of other (often illegal) substances. Different treatment modalities are often required for different substances of abuse. It is necessary then, to coordinate multiple treatment modalities for one client or to find one treatment program that can combine treatment modalities.

Finally, substance abuse often co-occurs with mental illness where those individuals often self-medicate their illnesses. Again, multiple treatment programs or programs that combine substance abuse and mental health treatment increase the tasks and skills required to supervise these offenders.

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In 2004, the American Probation and Parole Association (APPA) entered into a cooperative agreement with the NHTSA to develop guidelines for the community supervision of DWI offenders. The guidelines are intended to provide a framework for implementing, developing and operating effective programs for the community supervision of DWI offenders. The guidelines recommend strategies for achieving the best possible outcomes. The guidelines also provide a structure from which to build a solid approach and direction to ensure long-term traffic safety by reducing recidivism through offender behavioral change. The guidelines provide descriptive strategies, tools and technologies, and promising practices and strategies, including sample graduated sanctions for case management of DWI offenders.

The principles in the guidelines focus on three primary goals: 1) public safety; 2) offender accountability; and 3) behavioral change. For each guideline, there is a rationale provided that explains the importance of each. Following the rationale, are suggested implementation strategies, which include considerations from a policy and practice perspective on how to put the guideline in

to action. Keep in mind the suggested implementation strategies are not meant to be prescriptive and should not be confused with the guideline itself; they are merely suggestions on how community supervision agencies or supervision officers can achieve the intent of the guidelines. The specific guidelines for the community supervision of impaired driving offenders follow:

Guidelines for the Community Supervision of Impaired Driving Offenders

Guideline 1

Investigate, collect, and report relevant and timely information that will aid in determining appropriate interventions and treatment needs for DWI offenders during the release, sentencing, and/or supervision phases.

Guideline 2

Develop individualized case or supervision plans that outline supervision strategies and treatment services that will hold DWI offenders accountable and promote behavioral change.

Guideline 3

Implement a supervision process for DWI offenders which balance supervision strategies aimed at enforcing rules with those designed to assist offenders in changing behavior.

Guideline 4

Where possible, develop partnerships with programs, agencies, and organizations in the community that can enhance and support the supervision and treatment of DWI offenders.

Guideline 5

Supervision staff should receive training that will enhance their ability to work effectively with DWI offenders.

Guideline 6

Assess the effectiveness of supervision practices on DWI offender through both process and outcome measures.

How to Order

To order *Guidelines for Community Supervision of DWI Offenders* (14 pages plus appendices) write to the Office of Behavioral Safety Research, NHTSA, NTI-130, 1200 New Jersey Avenue SE., NTI-130, Washington, DC 20590, fax 202-366-7096, or download from www.nhtsa.dot.gov. J. De Carlo Ciccel was the Task Order manager for this project.



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