


Intoxicated Driver Program

LeeAnn Mueller
October 29, 2019

Wisconsin Department of Health Services


1



Additional Presenters

- Bob Gibson, Green County Human Services
- Patricia Gutierrez, IMPACT, Inc.
- Becky Spanjers, La Crosse County Justice Support Services

2




Impaired Driving

In 2016, more than one million drivers were arrested for driving under the influence of alcohol or other drugs (Uniform Crime Report).

3

Impaired Driving

In 2016, there were 111 million self-reported episodes of alcohol-impaired driving among U.S. adults each year (Behavioral Risk Factor Surveillance System).



4

4

Impaired Driving

- OWI in Wisconsin
 - 2017: 22,488 convictions
 - 2016: 23,385 convictions
 - 2015: 23,931 convictions
- Wisconsin has a 94% conviction rate.
- Since 2002, the number of drinking drivers in crashes has declined 44%.




5

5

Impaired Driving

The median alcohol concentration (AC) test result for OWI citations is 0.17% (more than twice the legal limit of 0.08).



6

6

Drug-Impaired Driving

- “Drugged driving” is a rising epidemic on our nation’s roadways.
- According to National Highway Traffic Safety Administration (NHTSA), on any weekend night, 1-in-8 drivers test positive for an illicit drug.
- 42% of motor vehicle driver deaths involved drivers who were drug-positive.

7

7

Drug-Impaired Driving

- Since 2014, motor vehicle deaths involving drugs have increased 54%.
- Wisconsin is focusing on providing ARIDE (Advanced Roadside Impaired Driving Enforcement) training to law enforcement and increased utilization of DRE (Drug Recognition Experts).

8


8

Impaired Driving

- Dane County Oral Fluid Pilot: 104 collections
 - 73% positive for alcohol
 - 55% positive for 1 or more drugs
 - 16% positive for 2 or more drugs
 - 23% were arrested between 10 a.m. and 6 p.m.
- What was the number one drug detected?

9

9




Intoxicated Driver Program

- All drivers convicted of OWI or refusal are court-ordered to obtain an assessment and driver safety plan.
- Department of Transportation (DOT) may also administratively order an assessment under certain conditions.
- Drivers may request a voluntary assessment prior to conviction.

10

10




Statutes and Rules

- Wis. Stat. §§ 343.30(1q)(c)2. and 343.305(10)(c) 2.
- Wis. Admin. Code ch. DHS 62
Assessment of Drivers with Alcohol or Controlled Substance Problems.
- Wis. Admin. Code ch. TRANS 107
Driver Licensing of Persons with Chemical Abuse or Dependency Problems.

11

11



Wis. Admin. Code § DHS 62.01(2)

The intent of DHS 62 is “to engage the intoxicated driving client in assessment, education, and treatment services that address the client’s inclination to drive under the influence and their substance use problems so that the client may regain safe driving capability.”

12

12

Standards and Rules

The DHS standards and rules apply to:

- Department of Health Services.
- County human services boards.
- Tribal treatment facilities.



13

13

Standards and Rules

The DHS standards and rules apply to:

- Intoxicated driver assessment facilities.
- Driver safety plan providers.
- Individuals who voluntarily, by court order, or by order of the Wisconsin DOT undergo an intoxicated driver assessment and complete a driver safety plan.




14

14


Intoxicated Driver Program

- Driver must contact assessment facility within 72 hours of conviction.
- Assessment must be submitted to DOT within 14 days of conviction.
- Driver must contact driver safety plan provider within 3 days of assessment.



15


15

Intoxicated Driver Assessment 

- Must use the Wisconsin Assessment of the Impaired Driver (WAID).
- WAID is not a diagnostic tool.
- WAID is a screening tool designed to identify drivers who would benefit from education and/or substance use disorder treatment.

16

16


Intoxicated Driver Assessment 

5 finding levels:

1. Irresponsible Use (IU)
2. Irresponsible Use-Borderline (IU-B)
3. Suspected Dependency (SD)
4. Dependency (D)
5. Dependency in Remission (D-R)

17

17


Intoxicated Driver Assessment 

5 finding levels:

1. IU-Education
2. IU-B-Education and/or Short-Term Treatment
3. SD-Treatment
4. D-Treatment
5. D-R-Treatment

18

18




Intoxicated Driver Program

Driver Safety Plan Providers

- Wisconsin Technical Colleges
Group Dynamics and Multiple Offender Program
- Wis. Admin. ch. DHS 75 certified agencies
Treatment services
Alternative education providers
- Veterans Administration

19

19




Intoxicated Driver Assessment

Other requirements may include:

- Drug testing or biomarkers
- Abstinence
- Victim Impact Panel (VIP)
- Case management
- Mental health or psychiatric evaluation or services
- Follow-up interviews

20

20



Intoxicated Driver Program

- IDP assessors have responsibility to screen and refer clients to appropriate services.
- Assessors may recommend license denial only if they believe the driver will not follow through with their driver safety plan or drive while impaired.

21

21

Working with Intoxicated Driver Program Clients

- Impaired driving is a pervasive and potentially fatal crime.
- High rates of recidivism.
- High resistance to change.

22

22

Working with Intoxicated Driver Program Clients

- Most research on impaired driving comes from the driving safety and substance use research communities.
- Repeat OWI offenses are often explained as a byproduct of substance abuse problems.

23


23

Working with Intoxicated Driver Program Clients

- Criminological research suggests there are complex social-psychological processes at work motivating individuals to make repeated decisions to drive past legal alcohol consumption limits (antisocial characteristics).
- Little research exists that focuses on all the fields of driving safety, substance use disorders, and criminology.

24


24

Working with Intoxicated Driver Program Clients 

What is the number one deterrent to driving under the influence?

25


25

Working with Intoxicated Driver Program Clients 

What is the number one deterrent to driving under the influence?

26


26

Working with Intoxicated Driver Program Clients 

- It is estimated that drivers have driven 20 to 2,000 times before their first OWI arrest.
- OWI offenders report a high rate of binge drinking.
- Drivers with multiple OWIs have a higher rate of mental illness.

27


27

Working with Intoxicated Driver Program Clients 

- For drivers referred to treatment services, IDP assessors provide case management services to ensure compliance.
- Communication between treatment providers and assessors is critical!

28


28

Working with Intoxicated Driver Program Clients 

- Treatment providers must notify the assessor if client fails to follow through with treatment.
- Treatment providers should send assessor periodic progress reports.
- Treatment providers must notify assessor when client completes treatment services or fails to follow through with treatment.

29


29

Working with Intoxicated Driver Program Clients 

Research suggests that treatment programs incorporating both high and low risk offenders together can have a negative effect on lower risk offenders and less of an impact on the high-risk offender.

30


30

Working with Intoxicated Driver Program Clients 

- Impaired driver intervention services must focus on moral responsibility towards others and the community.
- Cognitive behavioral approach should be used as a basic platform for implementing learning and change.

31


31

Working with Intoxicated Driver Program Clients 

- Prevention of recidivism must be a core focus in impaired driving education and treatment.
- Outcome goals must be broader than traditional substance use disorder treatment goal of abstinence.

32

32


Working with Intoxicated Driver Program Clients 

Integrating the therapeutic and the correctional:
Determine risk of reoffending

- High risk requires more intensive treatment with focus on multiple problem areas, such as criminal attitudes, drugs, and mental health.
- Low risk may benefit from minimal treatment services focused more on noncriminal behavior, such as anxiety, depression, and feelings of distress.

33

33

Working with Intoxicated Driver Program Clients 

Program provider roles are broader than the role of the traditional therapist.

- Engage significant others
- Utilize individualized screening and intervention strategies

34


34

Working with Intoxicated Driver Program Clients 

- Moral Reconciliation Therapy (MRT), Gregory L. Little and Kenneth D. Robinson
- Prime for Life, Prevention Research Institute
- Prime Solutions, Prevention Research Institute
- Thinking for a Change (T4C), National Institute of Corrections
- Driving with Care, Kenneth W. Wanberg, Harvey B. Milkman, David S. Timken

35

35

Contact 

LeeAnn Mueller, M.S.
 Intoxicated Driver Program Coordinator
 Wisconsin Department of Health Services
 Bureau of Prevention Treatment and Recovery
leeann.mueller@dhs.wisconsin.gov
 608-266-2453

36

36