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Determine Reasons for Repeat Drinking and Driving

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16. Abstract <p>This document summarizes the results of a study about why some individuals repeatedly drive while under the influence or intoxicated, even after being convicted of DWI and after experiencing sanctions. Qualified interviewers (trained counselors and probation officers in the substance abuse field), asked repeat offenders directly about their life experiences with the legal and adjudication process, as well as about their personal backgrounds. One hundred and eighty-two (182) interviews were conducted at three project sites (Phoenix, Arizona; Pittsburgh, Pennsylvania; and the 18th Judicial District in Colorado) between February and October 1995. All of the taped interviews were reviewed in an attempt to identify reasons for repeating the behavior, countermeasures or sanctions experienced, perceptions about those measures, and to learn about any suggestions repeat offenders might have for discouraging or stopping DWI. Promising countermeasures and sanctions were discussed.</p>			
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EXECUTIVE SUMMARY

This document reports the results of a study on why some individuals repeatedly drive while under the influence or intoxicated, even after being convicted of DWI. Through qualified interviewers (trained counselors and probation officers in the substance abuse field), we were able to ask repeat offenders directly about their experiences with the legal and adjudication process, as well as learn about their personal backgrounds.

All of the information used for analyses during the course of this project was obtained from audio taped recordings of "one-on-one" interviews with individuals convicted of driving under the influence, or while intoxicated or impaired. Most interviews were approximately one hour in duration. One hundred and eighty-two (182) interviews were conducted at three project sites (Phoenix, Arizona; Pittsburgh, Pennsylvania; and the 18th Judicial District in Colorado) between February and October 1995. All of the taped interviews were reviewed and coded by staff at Mid-America. Reasons for repeating the behavior, countermeasures or sanctions experienced, perceptions about those measures, and any suggestions repeat offenders had for discouraging or stopping DWI were identified.

Conducting and processing material from 182 "open-ended" interviews was no small feat. The sample sizes for different categories of responses were sometimes too small to provide significant numbers for meaningful analyses. Nevertheless, we did find some interesting similarities and learn some interesting traits about repeat DWI offenders.

- A large number of study participants described their *drinking* patterns as problematic, instead of their *driving* after drinking behavior. Many times both topics were discussed interchangeably by those interviewed.
- A majority of DWI offenders fear arrest and many stopped drinking completely for some period of time following a DWI arrest. While the arrests and sanctions had an impact, DWI behavior often returned after some period of time. Also when police presence was certain (checkpoints, patrol cars positioned outside of bars, stepped up enforcement around holiday periods), there was evidence of a decrease in DWI behavior among our study participants.
- A majority of study participants believed that sanctions are not uniformly administered.
- A majority of individuals with revoked or suspended licenses drove anyway, most very carefully so they would not be detected. Some drove only one time, but others drove regularly, even daily (e.g., to jobs). Most individuals stated they knew they would probably have to serve jail time if caught driving without licenses.
- A large fraction of the participants did not believe they were endangering themselves or others at the time of the offenses because they believed they were able to drive safely. Most individuals who came to realize, at some point in time, that they may have been a danger to themselves or others when driving under the influence, seemed to make the decision to alter the behavior (either stop drinking or stop driving after drinking).

- More thorough evaluations may be necessary to either detect problem behavior patterns or identify adverse traits. Hopefully, if such behavior is indicated by an evaluation, individuals would choose to modify their behavior before these traits become patterns. We heard individuals relay accounts where they had been prompted by acquaintances (other DWI offenders) as to how to answer assessment questions so as not to receive a rating of problem drinker or alcoholic, which would bring more stringent sanctions. Several individuals said when they were interviewed one-on-one, they found it much more difficult to lie.
- A little more than one-quarter of our participants reported alcoholism or alcohol abuse in their family of origin.
- Fear of jail remains strong; some individuals made it clear that just the thought of having to spend time in jail was enough to keep them from driving after drinking (more than the "legal" amount). But of participants who actually experienced the sanction, reactions varied. We often heard that jail alone, while removing the problem from the streets temporarily, would not alter future behavior. Also, as discussed above, a majority of our study participants drove while their licenses were either suspended or revoked, even though most knew they could spend time in jail if detected.
- Contact with a caring or concerned individual (judge, probation officer, counselor or therapist) was cited as impacting a decision to alter DWI behavior or drinking patterns. Also, about one-quarter of the study participants spoke of some sort of "personal support structure" (church, family, boy/girlfriend, etc.) which had a positive impact on their lives. Conversely, 13% of the DWI offenders interviewed reported no support structure in their lives, a situation which sometimes had occurred close to a DWI offense (death of someone close to them, divorce, job loss, etc.).

All of these observations and others contained in this report contributed to the following conclusions. No one countermeasure can be prescribed as the magic deterrent for all repeat offenders because each person's lifestyle, circumstances and personality traits are unique and result in different reactions to similar situations. Conversations during the interviews confirmed that habits and patterns are difficult to change without the *desire* to change, without taking *responsibility* for personal actions and often without help to seek *alternatives* to committing the problem behavior. While individuals cannot be forced to acknowledge the existence of problems in their lifestyles, which could very likely result in future damaging consequences, they can be forced by courts to at least examine the behavior and event which brought them into the legal process. By taking the time to evaluate and interrupt destructive patterns early with ongoing treatment and regular personal contact, professional staff can hope to influence the individuals to alter harmful lifestyles. Based on the above conclusions, we recommend maintaining a high level of police enforcement, along with the following actions, to deter DWI behavior:

- **Personalized Assessments** - Thorough, personalized evaluations, paid for by the offenders, should be a basis for determining corrective measures. All offenders, even first time

offenders, should go through this evaluation. The process should be exhaustive enough to provide a correct assessment for each person and might include interviews with cohorts. This complete process will, in itself, show individuals convicted of DWI that this behavior is a serious infraction of the law which always results in court mandated examination of the behavior. Ideally, past evaluations could be accessed by professional evaluation staff in the event of a repeat offense.

- **Individualized Treatment Plans** - An individualized “prescription” for treatment (based on an in-depth evaluation) should be developed for each repeat offender. The purpose is to help these individuals find the desire and means to make constructive lifestyle changes. Individualized treatment plans provide a chance to reach repeat offenders with personalized components to address different needs, hopefully resulting in the desire to comply with the law and not repeat DWI actions.
- **Intensive Supervision Probation** - Supervising offenders assures compliance with court ordered plans and provides an avenue of reporting non-compliant behavior back to the court system. Having a contact who the offender must report to on a regular basis, either in person or even by telephone, not only reminds the offender of the infraction, but that he or she is being monitored. This contact also provides the offender with someone who can provide basic answers to questions about the adjudication process, where the individual can go for treatment, and perhaps even how to find assistance in dealing with issues such as where to find other counseling (e.g., anger management, marital) and how to apply for insurance payments to treatment providers.
- **Confinement with Treatment** - When confinement is necessary, counseling and treatment are needed that deal with addiction, lifestyle changes, behavior management or other therapy as deemed necessary by a thorough assessment of the individual. Incarceration alone, while feared, will not teach alternative behavior for individuals with alcohol-related problems.
- **Personalized Reassessments** - Court mandates could insure monitoring of all repeat offenders over a relatively long period of time (years) with periodic “check-ups” in the form of another assessment paid for by the individuals. Again, just as there is a need to check and make sure a serious disease remains in remission, it is necessary to re-evaluate the lifestyles and behaviors of repeat DWI offenders to remind those individuals to keep the problem behavior in check.

Of the five countermeasures presented here, most are currently in use in various forms. The level of individualized assessment and treatment plans varies widely. Some jurisdictions have contracted the services and facilities of private agencies which, in turn, have passed the costs on to offenders, instead of the general public. This defrays the implementation and operational costs. Intensive supervision programs have been operational in a number of states, and confinement programs with treatment are currently being implemented in various forms (multiple offender jail programs,

residential intervention programs and boot camps). We are not aware of any long-term "reassessment" programs that are designed to follow repeat DWI offenders for a period of years.

In conclusion, fear of arrest and the ensuing actions can impact DWI behavior. Once a DWI arrest has been made, ideally the adjudication process should be swift and uniform in dealing out punitive sanctions and compassionate but thorough when prescribing therapeutic measures. Comprehensive evaluations of the offender's actions and needs are necessary to provide adequate information on which to construct a personalized treatment and education plan. Plans will vary because every individual has a different background, lifestyle, and problems, resulting in different requirements. Supervision and direction are important components to assure compliance of any court ordered treatment or monitoring plan. Ideally, monitoring for a longer period of time, and reassessing former DWI offenders at certain intervals, could help insure each individual is examining his or her lifestyle on a regular basis. Reviewing the past DWI offense and sanctions might keep old destructive behavior patterns in check, or at least deter DWI recidivism, the goal of this project.

1 - INTRODUCTION

This report examines reasons for drinking and driving recidivism revealed during discussions with DWI (driving while under the influence or intoxicated) offenders. Suggested countermeasures to stop repeat DWI behavior are also discussed in this report. This project entitled "Determine Reasons for Repeat Drinking and Driving" was conducted under contract number DTNH22-94-C-05064 for the National Highway Traffic Safety Administration (NHTSA).

BACKGROUND

Approximately 30% of all drinking drivers arrested for DWI have already been caught in the past by the police and sanctioned by judicial and administrative agencies.¹ Drivers with a prior DWI offense in the past three years are also significantly over-represented in fatal crashes.² A number of reasons have been offered for drivers continuing to drink and drive after Traffic Law System action. These range from an uncontrollable desire to drink excessively and to drink at locations requiring transportation by automobile, to the belief that drinking-driving is just one manifestation of a problem behavior syndrome that may be due to underlying personality and psychosocial dysfunctions.

Clearly, there are a variety of reasons for continued drinking-driving by drivers with prior DWI convictions, and these reasons are likely influenced by a large number of biographical, situational and psychological factors. It is therefore highly unlikely that any single solution will apply to all of these reasons. This project represents one approach to gaining new insights for dealing with DWI recidivism and for determining potential solutions. An underlying goal is to identify reasons that are especially pervasive and may offer a higher return for potential solutions.

PROJECT SCOPE AND APPROACH

The general objective of the project was to "determine the circumstances and reasons surrounding the repeated drinking and driving behavior of individuals convicted of DWI." Specific objectives were:

- to determine when, where, how and why individuals convicted of DWI continue to drink and drive, even after being convicted one or more times;
- to examine what countermeasures these individuals have encountered, such as jail or substance abuse counseling;
- to determine how effective the countermeasures experienced were (or are currently) in reducing DWI recidivism; and
- to identify promising countermeasures to reduce DWI recidivism among repeat offenders.

¹ "Drivers With Repeat Convictions or Arrests for Driving While Impaired--United States," Morbidity and Mortality Weekly Report, Volume 43, Number 41, (October 21, 1994), pp.759-761.

² "Repeat DWI Offenders Involvement in Fatal Crashes," NHTSA Traffic Tech, Number 23, March 1992.

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To meet these objectives, persons convicted of driving under the influence or while intoxicated were interviewed. These interviews were individual face-to-face discussions conducted by trained professionals. The interviewers (substance abuse counselors and probation officers) followed a guide of topics developed by Mid-America staff and NHTSA.

Criteria, detailed in Section 3 of this report, were developed for selecting sites in which interviews could be conducted with both first-time and repeat DWI offenders. Six sites were initially identified as meeting the site selection criteria and also having personnel with the interest and enthusiasm needed to assist the project. As discussions progressed about the logistical requirements needed to collect the data, the decision was made to visit three sites which appeared to have both management and staff support and were ready to become involved immediately with the project. Site visits were made to each of these three sites and recommendations were made to NHTSA. Approval was given to proceed in Phoenix, Arizona; Pittsburgh, Pennsylvania; and the 18th Judicial District, Colorado (encompassing an area south of Denver).

LIMITATIONS OF THE STUDY

The results of this study were based on a relatively small sample size (182) and are subject to the following limitations, any of which could have influenced the results. Only limited quantitative analyses were possible. This entire study was based on self-reported data, none of which was verified due to an agreement that the identity of participants would be protected. Anonymity allowed the participants to freely discuss DWI topics and drinking patterns without fear of incrimination for related offenses and undetected crimes. However, if any participants believed they could be identified, they may not have been truthful.

Participants experienced different countermeasures in various combinations and in varying degrees of severity. It is possible that participants were not exposed to types of countermeasures that may have been found to be effective in other studies. The attributes and factors influencing the participants discussed in this report were based on our interpretations of relevant and significant remarks made during the taped conversations.

Subjects were paid an incentive to participate. Participation in the study was voluntary and we experienced a high refusal rate. It is unknown if individuals who refused to participate would have had different responses to our study topics (such as deterrent effects of certain countermeasures) which would have affected the outcome.

ORGANIZATION OF THE REPORT

Chapter 2 details the process and criteria used for selecting the three project sites and then provides a description of each site along with the approach and implementation procedures. Chapter 3 discusses the interview process which includes the development of the Discussion Guide, the general procedures followed in conducting the interviews and a description of the sample of subjects who participated in this study. Chapter 4 addresses the data collection and processing procedures used to compile the information obtained from the interviews. Chapter 5 contains tables and text detailing the data retrieved from the databases and details the analysis techniques. Chapter 6

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recommends countermeasures which appear promising in addressing the problem of repeat DWI behavior. Chapter 7 contains the summary and conclusions of this report.

2 - PROJECT SITES

SELECTION OF SITES

Process

The objective of the site selection process was to identify and recruit three sites where this project could be conducted. Letters were sent to the NHTSA regional offices for suggestions of potential sites. Telephone calls were then made by Mid-America staff to appropriate officials at interested sites to discuss criteria and logistics.

Criteria

Site selection efforts were guided by certain criteria important to this project. These criteria included:

- having populations large enough to have sufficient numbers of DWI first-time and multiple offenders;
- having records on DWI offenders that are available from court systems and/or DWI treatment facilities;
- having facilities for conducting the interviews at no cost to the project;
- having competent staff for conducting the interviews at no cost or for a reasonable rate;
- being located in different regions of the country to guarantee geographical diversity;
- comprising a mix of sites with and without well-developed public transportation systems (the lack of public transportation is often cited as a reason for continued driving after drinking).

Officials and administrators at sites that met the basic site selection criteria in each region were contacted to determine their willingness and ability to participate in the study. This included the feasibility of data collection, availability of qualified interviewers and suitable facilities for conducting the interviews.

Mid-America staff visited the three most promising sites. A letter report was then submitted to NHTSA to justify the recommendation of each site. These reports provided a description of each prospective site; detailed how they met the criteria; specified the cooperating agencies; and detailed how the subject selection plan was to be implemented in that site.

Phoenix, Arizona was the first site selected and interviews began in February 1995. Pittsburgh, Pennsylvania was the second site approved and the interview process began there in March 1995. The 18th Judicial District in Colorado was accepted as the third site and the first interview was conducted there in April 1995.

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(Note: usage of the acronyms "DUI" and "DWI"³ vary from state to state based on the various statutes in each state. The terms "DUI" - driving under the influence is used in Pennsylvania and Colorado while "DWI" - driving while impaired, intoxicated or while under the influence is used in Arizona.)

PHOENIX, ARIZONA

Site Description

Phoenix, with a population of approximately 985,000 in 1990 is the largest city in Maricopa County, Arizona (population 2.1 million in 1990). Phoenix has limited bus service throughout the city. Each month, an average of 550 DWI offenders are ordered by the City of Phoenix Municipal Court to undergo substance abuse screening. This evaluation process is handled by the Substance Abuse Screening Services (SASS). The records of all individuals screened are entered into a computerized system.

Office space, where the one-on-one interviews could be conducted, was offered by Behavior Data Systems, Ltd. This space provided a comfortable, non-threatening environment for both the interviewer and the subjects participating in this study. The office was located in a convenient downtown office building with parking and access to the bus system.

Approach and Implementation

An initial site visit was made by project staff to Phoenix in December 1994. Meetings were held with staff from Behavior Data Systems, Ltd. to discuss use of office space and availability of counselors who could be retained for this study. Project staff also met with the SASS Supervisor for the City of Phoenix Municipal Court. SASS staff had received authorization to provide project staff with records of DWI offenders.

While SASS staff provided the information necessary to identify potential subjects, Mid-America staff recruited individuals to participate in the study. This was accomplished by telephone from Mid-America offices in Winchester, Massachusetts. Mid-America recruiters called individuals from the provided list and conducted a short "survey" on drinking and driving issues and experiences. If an individual appeared to discuss these topics freely on the telephone, he or she was invited to participate in the study by attending a research session. It was explained that the session would consist of a "one-on-one" interview where each participant would be asked to share life experiences about drinking and driving and the legal and administrative process he or she had encountered. The individual was told how much he or she would be paid, that the interview would be audio-taped, and that his or her identity would be protected. The issue of confidentiality was addressed and it was

³"DWI" is a general term that refers to the criminal action of driving a motor vehicle, either 1) while "illegal per se" or 2) while either impaired, under the influence or while intoxicated by either alcohol or other drugs. Digest of State Alcohol-Highway Safety Related Legislation, Tenth Edition, National Highway Traffic Safety Administration, DOT HS 807 799, January 1992.

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stressed that all participants would remain anonymous. An appointment was scheduled and a reminder call was made the day before the appointment.

The "no-show" rate for individuals with scheduled interviews was extremely high, probably due to apprehension about discussing DWI issues and opinions with people they did not know and due to second thoughts about having their personal stories recorded on audio-tape. Only a small portion of individuals who did not show up for an interview called to cancel or reschedule an appointment. We did not attempt to recontact individuals due to the sensitive nature of the research subject. We did experience objections from potential subjects who were unhappy about being contacted by a research firm on what they regarded to be a confidential subject. Staff members reassured these individuals that all names and numbers were being handled with the strictest confidence. At the end of our recruitment efforts, the list was returned to SASS with a letter certifying that no copies remained at Mid-America.

In addition to the telephone recruitment effort, classified ads were purchased and ran for one week in the *Arizona Republic* and the *Phoenix Gazette* announcing the research project and seeking individuals with a recent DWI offense in Phoenix. Interested parties were directed to call a Mid-America toll-free number. They were pre-qualified over the telephone and scheduled for an interview at a later date and time. Again, the "no-show" rate was extremely high. A total of 33 individuals called in response to the newspaper advertisements and 27 interviews were scheduled. Nine people, out of the 27 scheduled, showed up for their appointments.

Through SASS and Behavior Data Systems, Mid-America staff met and trained qualified counselors to conduct the interviews. SASS staff noted that a significant percentage of "monolingual Spanish-speaking" residents who understand no or very little English reside in Phoenix. Mid-America, with the assistance of SASS personnel, located a qualified Spanish speaking interviewer which allowed this segment of the population to be included in the study.

Results

Four interviewers in Phoenix conducted 43 interviews during the course of the project. Eleven of the interviews were conducted in Spanish. The Spanish speaking participants were recruited from assessment and treatment facilities by our Spanish speaking interviewer. The remaining 32 interviews in Phoenix were conducted in English. Twenty-three of these people were interviewed after being contacted by Mid-America staff on the telephone and nine participants were interviewed after calling in response to one of the newspaper advertisements. It should be noted that nearly three times as many interviews were scheduled but many participants did not show up for the appointments, despite reminder telephone calls.

PITTSBURGH, PENNSYLVANIA

Site Description

Pittsburgh, with a 1990 population of approximately 370,000, is the largest city located in Allegheny County, Pennsylvania (population 1.3 million in 1990). Pittsburgh and the surrounding suburbs are serviced by a bus system and taxi service, and subway service connects one area south

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of the city with the main business district in the city. All DUI offenders in Allegheny County (where Pittsburgh is located) are screened by counselors at the Allegheny County Alcohol Highway Safety Program. An average of 60 DUI offenders are screened per week by program staff.

The DUI Administrator of the Allegheny County Alcohol Highway Safety Program offered space in that facility which is located downtown. This office space provided a convenient, non-threatening environment for both the interviewer and the subjects participating in this study.

Approach and Implementation

Mid-America project staff traveled to Pittsburgh in March 1995 to meet with the DUI Administrator of the Allegheny County Alcohol Highway Safety Program. The Administrator suggested that staff members could recruit subjects for the study. A separate office was provided in the facility, staffed by counselors who were paid by Mid-America with research project funds and, for the purposes of this project, identified as Mid-America contract employees to the subjects. Again, confidentiality was guaranteed to the participants. Mid-America submitted a proposal to a research review committee in Allegheny County which had to grant approval to research projects within the county involving human subjects. We received approval after certifying the audio tapes recorded in Allegheny County would be erased at the conclusion of the project. We also met with counselors who were interested in participating in this project. They reviewed the Discussion Guide (see Appendix) and we discussed logistics. NHTSA approved Pittsburgh as the second site.

Results

Seven counselors conducted 80 interviews during the course of the research project. Problems were experienced with recruitment efforts as some individuals appeared wary of the audio-taping and others expressed weariness with being evaluated and discussing personal events yet again in another interview. (The potential participants for this research project had already been evaluated and spent time with counselors as mandated by the local courts.)

18TH JUDICIAL DISTRICT, COLORADO

Site Description

The 18th Judicial District encompasses Arapahoe, Douglas, Elbert and Lincoln Counties which lie primarily south and east of Denver. For this project, subjects were recruited from Arapahoe and Douglas Counties and included participants from a mix of urban and rural areas. The combined population for this area was 451,902 in 1990. Public transportation was not available in this area.

DUI offenders within The 18th Judicial District in Colorado are screened by the Probation Department. An average of 350 DUI offenders are screened each month by program staff.

Approach and Implementation

In March 1994, project staff met with NHTSA Regional staff who supported the inclusion of the 18th Judicial District in this project. We attended meetings in Littleton with the Chief Probation Officer and a Supervisor for the 18th Judicial District. It was proposed that staff members could recruit subjects for the study at three separate locations. The recruitment would take place after the screening, with appointments set up for subjects to come back at a later date to participate in the interview. The interview would be conducted by a counselor other than the person who handled the screening. We also met with qualified counselors and probation officers who were interested in working on this project. They reviewed the Discussion Guide and administrative procedures and responded favorably to the proposed strategy. Also, a decision was made to include individuals confined to a multiple offender program (MOP).

Results

Five counselors and probation officers conducted a total of 59 interviews. Interviews were conducted with 16 MOP individuals. Again, as in Phoenix, the "no-show" rate was quite high for scheduled appointments. And, as in Pittsburgh, some of the potential participants were not interested in coming back to discuss DUI offenses "yet again" and so declined the offer to participate.

3 - THE INTERVIEW PROCESS

DESCRIPTION OF SAMPLE OF SUBJECTS

Subjects for this study were drawn at random so that generalizations could be made about the DWI offender population. Due to the limited number of subjects participating in this project, not much segmentation was possible. The plan was to talk with individuals who had been convicted of DWI or DUI within three years of the interview. We believed subjects could recall convictions, sanctions, and drinking and driving behavior of more recent events in more detail than for those which occurred more than three years ago. Of course, in the cases of multiple offenders, one or more of the convictions may have occurred more than three years ago. Subjects were included who were still in the adjudication process for the most recent DWI or DUI offense.

DEVELOPMENT OF THE DISCUSSION GUIDE

An interview instrument, in the form of a discussion guide, was developed outlining major topics to be addressed during each one-on-one interview session. This instrument was not developed to be a formal questionnaire, but to serve as a guide to the interviewer for important topics to be addressed during each session. Topics of interest included the following:

- Patterns of drinking (time of day, days of week, alone, in groups, location of drinking)
- Patterns of driving
- Patterns of drinking and driving
- Driving ability after drinking (perception of the level at which subject can safely operate a motor vehicle, and level of perception for others)
- Situations where the person does drink and drive
- Drinking situations that do not lead to drinking and driving
- Experience with arrest and adjudication process
- Current knowledge of existing countermeasures
- Countermeasures which have been experienced to date
- The effect of those countermeasures on behavior
- New or improved countermeasures that might reduce the incidence of drinking-driving in general and for the respondent.

Subjects were encouraged to freely discuss lifestyles and incidents relating to alcohol use because situational information regarding the subjects' drinking and driving experiences were essential to this study, particularly since the study was designed to consider countermeasures for repeat offenders. The following statements are examples of situational factors that influence the drinking and driving decision:

- The subject is addicted to alcohol or is a problem drinker and drinks an amount of alcohol which increases the BAC³ to a level in excess of the legal limit.
- The subject has a lifestyle which (in his/her opinion) makes it impossible not to drive after drinking.
- The subject has no support system (family or friends) and/or does not demonstrate responsibility for actions or concern about consequences for illegal or inappropriate actions.

These and other situational factors identified during this study are presented in greater detail later in this report.

Following an interview guide allowed the interviewers freedom to pursue certain areas of the guide that seemed particularly relevant to an individual. In some interviews, certain sections of the guide were not as relevant, and, therefore, not pursued. In others, topics were missed (neglected) or time ran out. This resulted in some small numbers in certain response categories.

GENERAL INTERVIEW PROCEDURES

Qualified individuals at each location were trained by Mid-America staff to conduct the interviews. All of these individuals had experience working with DWI offenders in either an assessment agency or a counseling facility. The general approach of using treatment professionals proved successful, and facility management cooperated by assigning staff members who would have no contact with the "client" during the assessment or treatment at that facility. Each interviewer signed a confidentiality agreement and agreed not to discuss client interviews except with Mid-America staff. This assured client confidentiality and also insured that information relayed during the course of our interviews would not affect the assessment or treatment the client was receiving at that facility. Interviewers were paid with project funds for conducting the interviews.

At two study sites, Pittsburgh and the 18th Judicial District in Colorado, study subjects were identified by the local assessment agency. These were the only agencies which have contact with or knowledge of virtually every convicted DWI offender in those jurisdictions. In Arizona, a list of names and telephone numbers was provided by the court and former DWI offenders were contacted by Mid-America staff. An advertisement was also placed in two Phoenix newspapers to recruit participants.

Each subject was paid a fee to participate; a check was given to the person at the end of the interview. Each interview was audio-taped. The subjects were advised of this fact in the recruitment process, along with the topics of discussion. The audio tapes and comments forms completed by the interviewers were forwarded to Mid-America staff.

³ "BAC" is the acronym commonly used for blood or breath alcohol concentration. The usual ratio standards are the number of grams of alcohol either per 100 milliliters of blood, or per 210 liters of breath.

COMPLETED INTERVIEWS

Our initial goal was to conduct 200 individual interviews over a four to five month period of time. During the eight month period, February to September 1995, 182 interviews were conducted at the three project sites. We have already discussed some of the problems which slowed the interviewing process. The interviewers in all three sites should be commended for persevering despite sometimes discouraging numbers of "refusals" and "no-shows" resulting in wasted time. We are convinced that best efforts were made to find and schedule participants.

As the interview process progressed, the tapes and client information forms were reviewed by staff at Mid-America. The information extracted from the 182 interviews showed no surprises as to demographic profile, beverage of choice, location of drinking or even reasons for repeat DWI behavior. At that point we believed continuing the process to obtain the remaining 18 interviews would not yield information which differed greatly from what had been collected. Therefore, Mid-America proposed to stop the interviews and analyze the existing data and NHTSA approved.

4 - DATA COLLECTION AND PROCESSING

Data were obtained from client information records, and from coding forms and written notes completed while reviewing the audio-tapes.

CLIENT INFORMATION RECORD

The client information record form was developed to gather demographic information which might not otherwise be asked in the interview session (i.e. race, sex, age) and to provide a quick summary of respondent characteristics without having to review the tapes. A client information record was completed for each participant by the interviewer at the end of each interview session. The forms were sent back to Mid-America along with the audio-tapes. Information from the forms was entered into a database and tracked during the course of the project.

INTERVIEW DATA

Data Coding and Entry

The challenge to coding the interview data was to gather and convert information from free-flowing narrative discussions of pertinent topics to discrete data elements that could be ordered and analyzed methodically. This involved a significant coding effort. A coding form was designed to capture as much information from the taped interviews as possible. Mid-America staff listened to each of the audio-tapes and completed a coding form for each interview. Databases were written and all of the coded information was entered into these databases.

Data Compilation

The coded narrative data was merged with the categorical data from the interviewers' forms into an analysis data set. All in all, there were 656 variables, many of which were tabulated as univariates and cross-tabs and used in support of the analyses discussed in subsequent sections of this report. In many cases, the counts were too low to perform meaningful statistical analyses.

5 - RESULTS OF DATA ANALYSIS

DEMOGRAPHIC INFORMATION

Table 1 shows the breakdown of study participants by ethnic background, gender and number of DWI offenses.

**Table 1 - Ethnic Background of Study Participants
By Gender and By Offense**

Ethnic Background	Male				Female				Both
	1 Offense	2	3+	Total	1	2	3+	Total	
White	11 (84.7)	58 (78.3)	52 (81.3)	121 (78.6)	6 (85.7)	12 (100)	7 (87.5)	25 (82.8)	146
Hispanic-Mexican origin	2 (11.7)	5 (6.8)	7 (10.9)	14 (9.1)	1 (14.3)		1 (12.5)	2 (7.41)	16
Hispanic-Cuban origin			1 (1.6)	1 (0.7)					1
Hispanic-Guatemalan	1 (5.9)			1 (0.7)					1
Black, African-American	2 (11.7)	10 (13.5)	4 (6.3)	16 (10.4)					16
American Indian		1 (1.4)		1 (0.7)					1
Not given	1 (5.9)			1 (0.7)					1
TOTAL	17	74	64	155	7	12	8	27	182

Note: Numbers in parentheses are percentages.

As indicated in Table 1 above, the number of study participants with one DWI offense totaled 24 (comprised of 17 men and 7 women), 86 individuals had two DWI offenses (74 men and 12 women) and 72 of our study participants had three or more DWI offenses. A breakdown of the 72 multiple offenders is as follows: 47 had three DWI offenses (40 men and 7 women), 12 had four DWI offenses (11 men and one women), eight individuals had five DWI offenses (all men), three men had six DWI offenses, one man had ten DWI offenses and one man had 11 DWI offenses.

Table 2 below indicates the ages of the subjects at the time of their interviews. In some instances the age was not the same at the time of the most recent offense. In those instances, the participants were usually one year older than at the time of the latest offense.

**Table 2 - Ages of Participants
By Frequency**

Range of Ages	Number of Participants
19	1
20-29	48
30-39	65
40-49	49
50-59	16
>60	3

Even though study participants volunteered to be interviewed and we did not attempt to control the demographic make-up of the participants, the resulting sample is reasonably representative of the age-sex distribution of the general DWI population. The majority of participants in our study were white males between the ages of 30 and 39 which reflects the majority of DWI offenders.

DRINKING LOCATIONS AND DESTINATIONS

Participants in this study were asked where they typically consumed alcohol (usually more than one location and so percentages add to more than 100). Those locations are listed in the following table.

**Table 3 - Drinking Locations of Study Participants
By Frequency - By Percentage**

Locations of Drinking	Counts	Percentage
Bars	159	87%
Home	117	64%
Homes of friends or relatives	76	42%
Restaurants	52	28.6%
Outdoors (party in woods, beach, fishing, concert)	37	20%
While driving around	25	13.7%
At work (with clients, co-workers)	13	7%

DETERMINE REASONS FOR REPEAT DRINKING AND DRIVING

As indicated in Table 3 above, twenty-five individuals participating in this study said they had sometimes drank for entertainment or enjoyment while driving around, or had drank while driving to their next destination.

Home was the usual destination where participants were driving to after drinking, both at the time(s) of arrest for DWI (65%) and the times when undetected (78%). All other destinations (such as homes of friends, bar hopping, liquor store, partying while driving, etc.) ranged from 15% to less than 1% of the responses.

ALCOHOL CONSUMPTION PATTERNS

Participants were asked about their drinking activity and typical beverage of choice. Some individuals described changing patterns due to health reasons, age, DWI offenses or other life events. These changes included the type of alcoholic beverages consumed and/or the amounts consumed (sometimes increased, sometimes decreased). Half of the participants interviewed for this study reported they had stopped drinking alcoholic beverages since their most recent offense. (We will discuss this finding in more detail later in this report.) If the people interviewed were not currently drinking, then we recorded their most prevalent drinking pattern in recent years.

Beer was the beverage of choice for most of our study participants with 147 people (87% of the men and 48% of the women) reporting they consumed beer all or most of the time. Forty-two (42) of the subjects drink liquor all of the time or most of the time (19% of the men and 44% of the women). The subjects' alcoholic beverage preferences are indicated in the table below.

**Table 4 - Alcohol Preferences of Study Participants
By Gender - By Percentage***

Frequency of Drinking	Beer		Liquor		Wine	
	M	F	M	F	M	F
Drinks -All of the time	46%	26%	8%	14%	.5%	0%
Drinks -Most of the time	41%	22%	11%	30%	3%	0%
TOTAL (>100%*)	87%	48%	19%	44%	4%	0%

* Some participants appear in more than one category.

One male (.5%) participant who reported he drank wine all of the time also drank beer all of the time. Six men (3%) who drank wine most of the time, drank the wine with beer or liquor.

The types of alcohol consumed prior to a DWI arrest are recorded below by offense. (The 1st offense column includes the substances used by one time offenders and also includes the substances multiple offenders reportedly had used prior to their first arrest.) Sometimes, participants had consumed more than one type of alcohol. Many participants could not remember clearly how much they had consumed, but the average BAC level was 0.186 (no difference between offenses). Participants were not asked about substances other than alcohol that were used prior to each arrest,

but a surprising number volunteered this information, and the percentages are recorded in the table below.

**Table 5 - Substances Consumed At Time of Arrest
By Offense - By Percentage**

Substances	1st Offense	2nd Offense	3rd Offense	4th Offense
Beer	66%	59%	51%	57%
Liquor	28%	31%	35%	43%
Other Drugs	6%	7%	12%	0%
Wine	<1%	3%	2%	0%

Seventy-seven percent (77%) of respondents usually drink with others when they drink alcoholic beverages, 15% usually drink alone. The remainder reportedly drink alone and with others at about equal rates.

We coded days of the week and time of day the participants usually would drink. We were able to code when the participants would typically drink in a normal week for 164 of the subjects. Some of the subjects appear in more than one category, for example, every weekend and several days during the week.

**Table 6 - Days Participants Typically Drink
By Percentage**

Days Person Usually Drinks	Percent of Resp.
Most weekends	27%
Occasionally during the week	27%
Daily	25%
Every weekend	20%
Several days during the week	17%
Occasionally during the weekend	16%
Most weekdays	10%
Varies	13%

We were able to code the times of day that 160 of the study participants would drink. The responses are given below.

DETERMINE REASONS FOR REPEAT DRINKING AND DRIVING

**Table 7 - Drinking Patterns - Time of Day
By Percentage**

Time of Day	Percentages
Evenings	85%
Afternoons	23%
Varies	17%
Mornings	12%

REASONS FOR DRIVING UNDER THE INFLUENCE

Most of our study participants gave multiple reasons for driving after drinking. The most commonly heard reason for driving under the influence was simply that the person thought he or she was "OK to drive." One hundred and twenty-one of our participants gave this answer as one of the reasons they drove after drinking.

**Table 8 - Reasons for Driving After Drinking
By Frequency**

Reasons For Driving After Drinking	Number of Responses
Thought he/she was OK to drive	121
Just did not think about it	79
Lacks control over him/herself after drinking	70
No one available to drive for him/her	54
Would be OK if careful (to avoid accident/arrest)	52

We looked at these top five reasons by gender and by number of DWI offenses, but found no statistically significant differences even at the 0.10 level.

Participants were asked if they ever planned not to drink or to drink only a certain amount of alcohol when they knew they would be driving afterward. Seventy-eight percent (78%) of the participants who answered said yes they would not drink or would limit the amount they drank if they knew they would be driving. This number included participants who made plans to not drink or reduce the amount consumed, but despite good intentions, they were not always successful in sticking with their plans once they began to drink.

There was no difference between males and females in their responses. However, differences were noted between the groups of offenders. First offenders were more likely to have answered yes

that they would limit the amount of alcohol consumed or not drink at all if they knew they would be driving. As outlined in the table below, that number decreased as the number of DWI offenses increased.

**Table 9 - Planned Alcohol Intake Before Driving
By Offense By Percentage (By Frequency)**

	Limits Or Does Not Drink	Drinks	(Counts)
One Offense	94.2%	5.8%	17
Two Offenses	82%	18%	61
Three+ Offenses	69.1%	30.9%	55

DRIVING ABILITY AFTER DRINKING

Ninety-eight participants discussed their own driving ability after drinking any alcohol. We plotted their responses on a scale of 1 to 10 with the following results:



The rankings on this scale are not a very useful measure of driving skill perceptions after alcohol consumption. Some participants responded that, when sober they knew drinking affected their driving, but after drinking, they knew they would respond differently. Others did not make a distinction.

Fifty-seven respondents said that before any DWI convictions or education, they thought they could consume an average of 5.7 drinks and still drive safely. The number of drinks fell to an average of 2.5 after education (30 responses).

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DRINKING AND DRIVING VERSUS NON-DRIVING SITUATIONS

Participants were asked to discuss occasions when they drank but decided not to drive afterward. Most of the participants who responded to this topic gave socializing/entertainment as the reason they were drinking when they decided not to drive. They were asked what alternative(s) they had used. The alternatives heard most frequently are listed below with the number of responses following each item.

**Table 10 - DWI Alternatives Used by Participants
By Frequency**

Alternatives	Responses
Someone else who had also been drinking drove	52
Another person drove another vehicle (not subject's)	48
Walked	48
Taxi	39
Stayed somewhere (with friend, hotel)	39
Called someone for a ride	31
Designated Driver	30
Drank at home so would not have to drive afterward	24
Another person drove the subject's vehicle	20
Others took keys (so had to accept ride, or walk....)	18
Used public transportation	16
Slept in vehicle	16

Also, 10 individuals said AA had served as a deterrent from driving on at least one occasion and 10 individuals said knowledge of operating DWI roadblocks had stopped them from driving.

When participants were asked why alternatives were not used, some of the responses were:

**Table 11 - Why Participants Did Not Choose Alternatives to DWI
By Frequency**

Reasons	Responses
Person thought he/she was OK to drive	89
Just did not think about alternatives	47
Thought if careful, would not get caught	29
Short distance to travel so should be OK to drive	26
Too drunk to think about choices	25
Planned ahead but changed mind or forgot	24

Under the category of what makes DWI unavoidable for the person, 20 people said they could not control themselves and that the alcohol clouds their judgement, 19 people responded pride and their “independence” stopped them from seeking alternatives and 17 said there was no one else to drive. However, many of our study participants said DWI is always avoidable.

WHAT STOPPED DRINKING OR DWI FOR SOME PERIOD TIME

One hundred and fifty-one (151) of our participants said they had stopped drinking or stopped DWI for some period of time at least at one point in their lives. We coded the events and/or reasons the participants attributed to stopping their drinking or stopping their driving after drinking for some period of time.

The threat of arrest and/or the consequences of an arrest was the reason we heard most often why one hundred and eleven (111) of our participants stopped either drinking or driving after drinking on 156 different occasions or times in their lives. Fifty-eight of our participants identified this reason as presently inhibiting their drinking or drinking and driving.

The list of events or reasons for stopping the behaviors are listed below. This table reflects how many times we heard each reason. Sometimes participants stopped one of the behaviors (DWI or drinking) at different times in their lives and sometimes participants gave multiple reasons for stopping. For example, 94 times we heard “self-examination” as a reason why a particular behavior was stopped (not 94 people as sometimes an individual would mention it more than one time) and sometimes additional reasons were given as well (for example, “family intervention”).

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**Table 12 - Events or Reasons Which Stopped DWI or Drinking
By Frequency of Event or Reason
(Not by number of offenders)**

Events or Reasons Why Behavior Stopped	Stopped DWI	Stopped Drinking	Not Identified	Total
1. Threat of Arrest/Sanctions	53	99	4	156
2. Self-examination of behavior	21	73	0	94
3. Health reasons	2	33	0	35
4. Family intervention	5	22	2	29
5. DWI education	4	13	1	18
6. License Suspension/Loss	5	10	0	15
7. Intervention by friends	2	5	0	7

REASONS WHY DRINKING OR DWI STARTED AGAIN

We also recorded why our study participants started drinking again, or drinking and driving again, after having stopped for a period of time. Many times participants gave multiple reasons for re-engaging in previous drinking behaviors. The following reasons were given:

Table 13 - Reasons Why Reverted to Drinking or DWI (By Frequency)

Reasons	Responses
1. Gradually increased drinking (sometimes not aware of it)	48
2. Influence of friends, family, co-workers (or work situation or wanted to be out socializing again...)	41
3. Life problems (relationships, business problems...)	40
4. Wanted to start drinking again, enjoys drinking	33
5. Person thought drinking a small amount of alcohol would be OK (sometimes what the person thought would be a legal amount)	31
6. Addicted (hard to stop drinking)	25
7. Thought a DWI arrest could not happen to him/her again	12

ARREST/ADJUDICATION DATA

Participants were asked what they thought the likelihood of police detection was before their first DWI offense and then for subsequent offenses. Almost forty-four percent (43.5%) of our study participants who answered this question (128 responses) said they just had not thought about the possibility of being detected and arrested by police before that first offense. The percentage dropped for subsequent offenses to 16.8% with twice as many males giving this response as females for subsequent offenses. The following table shows that more subsequent offenders thought detection was possible. About the same number of first and subsequent offenders believed there was no chance of detection by police and, again, the same number just did not care that they might be detected.

**Table 14 - Probability of Police Detection
By Percentage**

Probability of Detection	First Offense	Subsequent Offenses
No chance of detection	13.7%	13.9%
Little chance of detection	17.7%	20.8%
Detection possible	10.5%	29.7%
Detection likely	4.8%	8.9%
Did not think about it	43.5%	16.8%
Did not care	9.7%	9.9%

Seventy-two percent (72%) of the responses showed that the majority of persons interviewed thought they were intoxicated at the time of an arrest. Responses were analyzed by number of offenses. More individuals thought they were intoxicated for first and second offenses than for third or higher offenses, but not at a significant level.

COUNTERMEASURES DATA

Countermeasures Experienced by Participants

Study participants were asked which sanctions they had received from the courts for each DWI offense. Respondents were prompted as little as possible. We presumed if an individual could not remember a sanction, then that sanction did not have a significant impact on the person or the behavior. We also attempted to gauge the strength of the sanction (length of time in jail, a rough estimate of the amount of fines, etc.).

Not surprisingly, the four countermeasures experienced most frequently by the participants were fines, jail, loss of license and educational programs. We coded the responses we heard on perceptions of deterrence; that is, whether or not participants considered a certain countermeasure to be a

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deterrent to DWI. We also included self-help programs in this table because of the positive rating the programs generally received. Fines, jail and loss of license were perceived to be stronger deterrents among second and third time DWI offenders. The following table outlines the percentages of these perceptions by offense. (NOTE: More study participants experienced the countermeasures than are indicated below; Table 15 reports the percentage of those participants who *expressed opinions* regarding the effectiveness of the listed countermeasures.)

**Table 15 - Perceptions of Deterrent Effect
By Countermeasure And Offense (By Percentage)**

Countermeasure	1st Offense		2nd Offense		3rd Offense		4th Offense	
	Effect	No Effect						
Fines	15%	19%	19%	7%	5%	2%	0%	0%
Jail	8%	7%	16%	5%	10%	2%	5%	1%
Loss of license	13%	12%	23%	4%	8%	1%	0%	0%
Educational Programs	14%	23%	12%	13%	3%	5%	0%	2%
Self-help Prog. (AA)*	31%	27%	55%	7%	59%	0%	100%	0%

* Frequency of responses was low for this category, ranging from 29 individuals with second offenses to only four with fourth offenses who discussed self-help programs (usually Alcoholics Anonymous), but the individuals who experienced this countermeasure generally rated this type of program as having a positive deterrent effect as shown by the percentages above.

Fines, jail and loss of license were perceived to be stronger deterrents among second and third time DWI offenders.

One hundred and seven (107) of our participants had been sent to some sort of education class after their first DWI offense. As indicated in Table 15 above, 23% of those who shared an opinion on the classes for a first DWI offense said the classes were not a deterrent to stopping the DWI behavior. Fourteen percent (14%) thought the classes were somewhat effective to effective in stopping DWI behavior. There appeared to be a wide range of difference in course structuring, content and quality/training of instructors. Interestingly, under Suggested Countermeasures, roughly one quarter of the participants recommended some sort of improved educational program to deter DWI behavior.

Driving without a valid license was a topic which was frequently discussed. Out of 131 respondents, 68% said they had driven while their licenses were suspended or revoked. Many stated driving was limited and done cautiously due to fear of detection. Usually those who drove without their licenses knew there was a stiff penalty if caught (jail). Reasons for driving ranged from having to get to and from jobs to medical reasons. Some drove only one time and some many times.

Table 16 - Illegal Driving by Study Participants

Drove While License Suspended/Revoked	68%
Drove After Drinking During Penalty Period	54%

Of 125 study participants who discussed driving after drinking (any amount of alcohol) during the penalty period of a DWI offense, 67 (54%) admitted they had done so on at least one occasion.

Other sanctions experienced by the study participants included community service, treatment programs, alternative housing, home detention, probation, insurance increases and victim impact panels. Treatment programs were not differentiated from alternative housing in many of the recorded conversations. Some of the treatment programs received high marks from participants. Relatively few of the participants talked about receiving home detention, insurance increases or attending victim impact panels. Many of the individuals who performed community service said the idea was a good one, but stressed that to be beneficial, the community service should relate in some way to drinking or DWI. Not one of our study participants who discussed their community service experiences worked in any drinking or DWI related activity.

Countermeasures Suggested by Participants

At the end of each interview participants were asked what would stop them and others from driving under the influence in the future. We heard numerous sanctions and countermeasures which, after combining similar responses, gave us a list of 47 ideas. The list was divided by:

- countermeasures which respondents said would stop both them and others from driving under the influence,
- countermeasures which would stop the respondent (some people felt they could not answer what might impact others),
- and countermeasures which would stop other people (not the respondent).

The list appears below in descending order of frequency. However, in this case, the higher the frequency of the response would not necessarily mean those ideas are the best solutions. We think some participants responded with sanctions or countermeasures with which they were familiar, and some might not have been able to come up with any new ideas on the spur of the moment. For example, jail was the sanction heard most often, and is often feared. However, many of our participants who experienced jail said that sanction alone does not provide a solution. We heard that jail "removes the problem from the street, but does not remedy it." And, "incarceration changes the location of the problem but it does not change the behavior." Ironically we heard several participants state they could still drink and take drugs in jail. When released, they could just continue on where they left off.

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**Table 17 - Countermeasures Suggested by Participants
By Frequency**

Countermeasures	Total	Both	Self	Others
1. Jail	67	31	31	5
2. Self-Discipline-Must decide to never DWI	54	18	33	3
3. Educational Programs	46	35	4	7
4. Self-help Programs such as AA	43	22	18	3
5. Therapy/Treatment/Rehabilitation	40	24	13	3
6. Stiffer Penalties for the first DWI offense	39	22	10	7
7. Loss of license	35	13	13	9
8. Educational Programs for Kids	32	7	0	25
9. Make bars/rest. more respon.-stop Happy Hrs.	32	19	0	13
10. Interlock Devices	28	19	4	5
11. Publicity (Publish names, sanctions, deaths)	26	14	2	10
12. Fear of DWI arrest	25	6	19	0
13. Fines	23	13	6	4
14. Free alternative transportation (or reduced)	21	16	3	2
15. Impose penalties uniformly	20	14	3	3
16. Give keys to someone - take keys	19	12	7	0
17. Take the vehicle away	17	11	3	3
18. Special license plates	15	9	1	5
19. Prohibition / close bars	13	11	0	2
20. Provide better public transportation	12	9	2	1
21. Receive reminder of DWI offense	11	9	2	0
22. Victim Impact Panels	10	4	2	4
23. Visit morgues, injury accidents, have demos	10	7	1	2
24. Stiffer penalties (not defined)	8	2	2	4
25. Give testimony on DWI experiences-"leads"	7	5	0	2
26. Have breathalysers or demos at bars	7	4	0	3

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Countermeasures	Total	Both	Self	Others
27. Tests, films, info, assess.-at license renewal	7	3	1	3
28. House Arrest	6	2	2	2
29. Community Service	6	3	1	2
30. Better support system	6	3	2	1
31. Court ordered Anabuse	6	6	0	0
32. Call police on people who DWI	6	5	0	1
33. Visit detox or jails	6	2	0	4
34. Halfway/alternative housing	5	2	1	2
35. Promote drinking moderation	5	3	2	0
36. No alcohol for 1 yr. - with random testing	4	4	0	0
37. Tell someone who will stop/ not let you DWI	3	2	1	0
38. Increased enforcement (publicized)	2	2	0	0
39. Put DWI history in credit reference/history	2	1	0	1
40. Stop airing commercials for alcohol	2	0	1	1
41. Have police waiting outside of bars	2	2	0	0
42. Have state controlled liquor stores	1	0	1	0
43. Stop underage workers in clubs	1	0	1	0
44. Get rid of drive-through liquor stores	1	0	1	0
45. Raise age for alcohol use	1	1	0	0
46. Place sticker on steering wheel to remind you of offense/don't DWI	1	1	0	0
47. Mandatory Buddy System-to pick you up	1	1	0	0

Fifteen people said there was nothing that could be done to stop DWI behavior.

6 - FACTORS INFLUENCING REPEAT OFFENDERS

While reviewing the audio-tapes, we heard numerous stories about life situations and stressful events surrounding alcohol use or abuse, and driving after drinking. We heard reasons why the DWI(s) happened at certain times in subjects' lives in attempts to explain and/or justify the behavior. We listened to situations where the people could not understand why they had behaved in the manner which led up to the DWI arrest(s). And, we heard from a few individuals who thought the system was wrong to "criminalize" DWI behavior. We attempted to identify similar situations and factors which led up to or were occurring at the time of the DWI behavior. The most commonly heard issues are discussed below.

PERSONAL RESPONSIBILITY

The subject of responsibility came up often during the conversations and was often initiated by the interviewee. Many underscored the fact that they and others would not stop DWI behavior until they were ready to accept personal responsibility for their actions. Those individuals said that they alone had to realize a certain behavior (drinking or DWI) could not continue for whatever reasons. They made comments such as:

- I'm getting too old for this lifestyle...
- My doctor told me to stop drinking - liver damage...
- Getting married and having kids changes you...you think about them...
- Once you start finding out about yourself, you start finding out about your problem. The problem is not the car (the driver), it's the drinking.
- Therapy that dealt with my whole life, rather than primarily on alcohol usage, was most helpful.
- It (drinking) has taken a toll on the family...a baby is on the way and my daughter called me a drunk. (Influenced him to stop drinking.)
- I decided I did not have the right to take someone else's life. (Influenced him to stop DWI.)

At times there appeared to be a lack of personal responsibility for actions when subjects demonstrated an unwillingness to be held accountable. They failed to see the impact of their actions and the consequences on themselves or others. Examples of these types of comments were:

- It was someone else's fault--someone made me start drinking again, some stressful event caused me to DWI again...
- Someone (the cops) or everyone (cops, judge, boss, ex-spouse...) was out to get me...
- Now my family is going to suffer because of what the courts are making me do...
- I have all of the bad luck...
- What's the big deal, go catch real criminals....
- If I'm not ready to change, I'm not going to change...

- DWI is a money-making proposition...everybody gets a piece of the pie...
- The "system"...compounds the problem...is out to make money...
- I never did this (DWI) and the few times I did, I was caught every time....
- After a few years, I'll probably forget all about this (sanctions) and do it again...
- My definition of being drunk is different than the system's....I can drink a six pack and drive okay...

ALCOHOL ABUSE/ADDICTION VERSUS DWI ACTIONS

The use, abuse or addiction to alcohol sometimes resulted in lack of control over behavior. One person said "complete abstinence is hard to swallow....," that he "hasn't found enough happiness being sober." He cannot stop drinking after the drinking starts. Many times it was hard to separate discussions on dealing with DWI problems from those dealing with drinking problems. Many participants simultaneously discussed the two behaviors. When some participants acknowledged DWI was a problem for them, they looked at the problem as though they had to give up **drinking**, instead of deciding they had to give up **driving** after drinking. Apparently they either felt there were no alternatives to driving or they believed they could not control themselves and, once under the influence, would drive. Others said drinking impaired their judgement and they believed incorrectly that they were driving safely and/or their BAC was under the legal limit when arrested.

Many individuals discussed alcoholism or alcohol abuse in their family of origin (sometimes prompted by interviewers) and spoke of family members or friends who drove while impaired or intoxicated. One participant comes from a large family where everyone drank. His father and brother are recovering alcoholics attending AA. An uncle died of drinking-related causes. He knows he is at a high risk, partly due to family history, but says he is the only one who can control it; the choice is his own.

Another interesting point was that half of our participants reportedly had stopped drinking completely for some period of time after an arrest for DWI. For some individuals, the arrest process itself was so disturbing (sometimes described as intimidating or upsetting or embarrassing), that the uncertainty or fear of another arrest, kept the individuals from drinking. For others, especially repeat offenders, the fear of more severe sanctions and the uncertainty of the administrative and legal processes they might encounter kept them sober. And some participants had been worried over how the arrest and resulting legal actions might affect their lifestyles or individuals close to them. One participant summed it up by saying, "Arrest is humiliating. Both mentally and economically, it is debilitating."

LIFE OR BEHAVIOR MANAGEMENT

Many interviews pointed to elevated levels of stress in the lives of the study participants, sometimes due to alcohol abuse or addiction, life problems or a combination. Some participants spoke of an inability to cope with life problems and an inability to handle stress, or they lacked problem-solving skills. One participant believed stress and financial problems have caused many of the DWI offenses. He talked about having marital problems when he received his first two DWIs. The penalties were lumped together (apparently the offenses were within a short span of time) and

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he thought his sentencing was too harsh. But it “woke me right up” when he saw what he was facing and he stopped drinking for seven years. Then he tried to get back with his ex-wife and when that did not work out, “I reverted to my old ways” and was arrested for a third DWI offense.

Some participants exhibited an inability or unwillingness to assess current behavior patterns or see alternatives. At times, a lack of resources and/or knowledge about where to turn to deal with these problems (AA, detox, counseling or therapy groups) was evident. Some would not or could not access alternative measures (don’t drink, take a taxi, call someone) to avoid DWI. The most prevalent reason given was that, at the time, they thought they were in control and would be able to drive safely. The thought that they should seek alternative measures either did not enter their minds, or again, as in dealing with other situations in life, they were unable to accurately assess and deal with the situation.

PERSONAL SUPPORT STRUCTURE

About one-quarter of the study participants spoke of some sort of “personal support structure” (church, family, boy/girlfriend, etc.) which had a positive impact on their lives. Family members seemed to have the most positive effect on altering DWI behavior or drinking patterns. (Newly married with a six month old baby influenced one man not to drink, being pregnant stopped several of the women, and one man said his mother and a counselor helped him to “start a new life.”) This was most often mentioned during discussions about first offenses. Interestingly, friends were rarely mentioned as having an effect on stopping drinking/DWI behavior, perhaps because they were involved in these behaviors themselves. Drinking companions were most often reported to be friends or co-workers. Subjects reported these individuals often drove after drinking, and some of them had DWI offenses.

Conversely, thirteen percent of the DWI offenders interviewed reported no support structure in their lives, a situation which sometimes had occurred close to a DWI offense (death of someone close to them, divorce, job loss, etc.). One participant, a commercial truck driver, reported he was divorced. He would drink to get drunk (even drove his tractor trailer once while intoxicated). But, when he had his children visiting, he would not drink. Another man said he quit drinking completely at one point in time to help his wife, who reportedly had a more severe problem with alcohol, stop drinking; both failed. In some of these instances, participants cited contact with a caring or concerned individual (judge, probation officer, counselor or therapist) impacted the decision to alter DWI behavior or drinking patterns. One participant said it “feels good to get attention from this” DWI. It was important for someone to show an interest in the individual and follow his or her progress.

7 - RECOMMENDED COUNTERMEASURES

Based on the discussions in the preceding chapters, it is apparent that each individual must reach the point of consciously deciding he or she will not drive impaired and must remain committed to that decision. The individual needs to take whatever steps are necessary to insure he or she does not recidivate. The judicial and administrative systems can assist individuals to come to these conclusions and seek assistance, if it is needed, by administering thorough evaluations and swift sanctions. Individuals should be directed, when necessary, to treatment, education, or punitive facilities or agencies which are able to help offenders make changes and maintain the commitment to not drive while impaired.

PROMISING COUNTERMEASURES

The best plan for dealing with the DWI problem among multiple offenders may involve three types of countermeasures.

- *Preventive Measures* to deter potential offenders.
- *Management Measures* to deal with recent offenders.
- *Maintenance Measures* to discourage recidivism.

Preventive Measures

Preventive Measures involving organizations (MADD, SADD) and campaigns denouncing DWI behavior are believed by some of the study participants to have proven helpful in reducing the overall rate of DWI offenses. These efforts should be continued. In addition, we heard some other suggestions, not necessarily new, but which might help prevent DWI.

- **Education** in the schools was suggested as a way of teaching future drivers the laws and consequences for DWI as well as teaching that it is dangerous and socially unacceptable to drive after drinking. As several of our subjects pointed out, years ago when they started driving, many people drove after drinking and, if stopped by police, often were just given a ride home, or paid a small fine. Many of our participants, even repeat offenders who had been through the system previously, said they did not know the consequences they would face for the most recent offense. Enhanced driver's education classes could help to teach future drivers the penalties they face if they choose to drive after drinking. Certain areas (for example, some jurisdictions in New Mexico) are requiring driver license applicants to take a course on impaired driving issues in order to obtain an initial license. Other jurisdictions may consider this approach.
- **Driver license renewals** usually provide access to all drivers every couple of years. Participants suggested asking all drivers questions about DWI laws at that time, and then distribute handouts with descriptions of the law and penalties for breaking the law.

Management Measures

As mentioned above, many of our study participants said they were not certain which sanctions they would face, including those who had previous offenses. Some knew of other people, supposedly in similar circumstances, who had received very different penalties than those which our participants had received. This was sometimes credited to good attorneys, different judges, or "good connections," although most often participants did not know why sanctions varied. Clearly, there is a need to make offenders certain that they will face stiff penalties for driving under the influence or while intoxicated. Once a DWI arrest has been made, ideally the adjudication process should be swift and uniform in dealing out punitive sanctions (fines, loss of driving privileges, or damages awarded to injured parties in the case of accidents), and humane when prescribing therapeutic measures (treatment, confinement with treatment, community support groups) which would be based on a thorough evaluation of the individual's actions. Supervision and direction are important requirements to assure compliance with any court ordered plan. Therefore, to manage and hopefully reduce repeat DWI offenses, the following steps are important.

- **A high level of police enforcement** which is well publicized is necessary to deter DWI. As we discussed earlier in this report, the threat of arrest and/or the resulting sanctions was the overwhelming reason participants cited as to why they stopped drinking or stopped DWI for some period in their lives. Thus, this is both a preventive and management countermeasure.
- **Swift and certain punitive sanctions** which are well publicized and administered uniformly to all DWI offenders are necessary. It was clear with many of our study participants that as the sanctions got tougher, rationalizing the behavior stopped and "reality set in." Fines and license suspensions were sometimes called ineffective and money-making for "the system," but offenders were clearly annoyed and inconvenienced by these measures (even those who drove on suspended licenses). Having to pay for a substance abuse assessment (based on an ability to pay scale) following each offense (even first time offenders) would reinforce the seriousness of the offense and perhaps deter future offenses by early intervention.
- **A more personalized assessment process** (at offenders' expense) is necessary to accurately evaluate an individual's use of alcohol and other substances. Participants in this study related times they had lied on questionnaires, especially on consumption questions, so they would not be labeled a problem drinker or alcoholic. Those ready to acknowledge problem behavior and accept help, who filled out the forms as accurately as possible, said the evaluations were mostly correct. Others would acknowledge a need to deal with their problem, but would answer dishonestly to avoid sanctions. Several individuals said when they were thoroughly interviewed by a person, it was harder to lie and get away with it.

Apparently some repeat offenders would take the same assessment questionnaire as was previously administered. It was not clear if earlier evaluations were compared to more recent evaluations by assessment staff. Ideally, past evaluations could be accessed by professional evaluation staff in the event of a repeat offense.

Thorough evaluations for first time offenders as well as multiple offenders should be considered. These could be paid for by the offenders. The process should be exhaustive enough to provide a correct assessment for each person and might include interviews with cohorts. This complete process will, in itself, show individuals convicted of DWI that this behavior is a serious infraction of the law which always results in court mandated examination of the behavior. The evaluations are the basis for recommending constructive correctional measures. Perhaps earlier detection and treatment of problem drinking or addiction could result in fewer repeat DWI offenses.

- **Individualized treatment plans** based on an accurate assessment of each offender's needs are warranted because individuals have different needs. No one treatment plan could possibly work for everyone. An individualized "prescription" for treatment (based on an in-depth evaluation) should be developed for each offender. Components could consist of a combination of sanctions such as: inpatient substance abuse programs, residential treatment programs, outpatient treatment programs, weekend intervention programs, Antabuse, victim impact panels, interlock devices, AA meetings, or other counseling (anger management, stress management). Programs which teach alternatives to current lifestyles, behavior patterns, and/or problem management were given high marks by our participants. One person told us that therapy is helping him examine his alternatives and to utilize other options. All is not the way he views it. Another person said the best therapist she encountered taught her how to live "joyfully" without drinking. In her past experiences, other counselors had pointed out bad behaviors and problems alcoholics and problem drinkers were having, but never taught alternatives. Factors such as insurance coverage and ability to pay for treatment need to be considered when recommending components of the treatment plans.

Again, in an *ideal* situation, the offender would be able (and willing) to help set up an individually-tailored or workable plan with the input and expertise of a trained counselor. The person would co-contract ("buy into") the plan and agree to complete his/her own program. One participant said that voluntary treatment programs have a more positive effect than court-mandated education. The mandated classes were full of resentful individuals just passing the time. Of course, court mandated sanctions will always be necessary, as the majority of people would never voluntarily comply with any penalty, treatment, or education program on a mere suggestion. In reality, offenders' emotions to court mandated actions most often range from indifference to anger. Turning those negative reactions into positive responses could prove most challenging in many cases, if not impossible. However, as some of our participants reported, emotions and responses to sanctions can change over time from negative and unyielding thoughts to more positive and receptive views, or at least lead to questions about prior opinions. The goal is to help these individuals find the desire and means to make constructive lifestyle changes. Individualized treatment plans provide a chance to reach repeat offenders with personalized components to address different needs, hopefully resulting in the desire to comply with the law and not repeat DWI actions.

- Supervising multiple offenders closely, sometimes called **intensive supervision**, assures compliance with court ordered plans, as well as reports non-compliant behavior back to the

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court system. Having a contact which the offender must report to on a regular basis, either in person or even by telephone, not only reminds the offender of the infraction, but that he or she is being monitored. This contact also provides the offender with someone who can provide basic answers to questions about the adjudication process, where the individual can go for treatment and perhaps even how to find assistance in dealing with related issues such as where to find other counseling (i.e. anger management, marital) and how to apply for insurance payments to treatment providers.

- When a determination is made that incarceration is necessary, that **confinement** should always be **coupled with treatment** involving dealing with addiction, lifestyle changes, behavior management or other therapy deemed necessary by a thorough assessment of the individual. Incarceration alone, while feared, will not teach alternative behavior for individuals with alcohol-related problems. One participant said he is an alcoholic, not a criminal, and the thought of jail makes him drink more.

Maintenance Measures

We heard from study participants that in the past, many of them had stopped drinking and/or stopped DWI for some period of time following an arrest and sanction period. But gradually, as time passed and the memories of the inconveniences or burdens of the sanctions had faded, they began to repeat old habits. While most offenders only want to forget about the DWI events, several suggested that reminders would help prevent future DWI occurrences.

As an illustration, a colleague in the field of highway safety recalled that years ago, DWI offenders in the state of North Carolina were "kept under the supervision of the medical evaluation committee for years, whereby once a year they had to travel to Raleigh and meet with the committee." These individuals complained to the commissioner of motor vehicles in North Carolina that they had not offended for so many years that they should not have to continue making the trip to Raleigh every year. The commissioner relented and allowed these individuals to get off the probation; reportedly almost every one of them was arrested for DWI again within a matter of weeks or months.

- Following completion of court ordered treatment programs for problem drinkers and alcoholics, we suggest mandatory "checkups" involving **reassessment** at yearly intervals (or some other regular period of time) for an extended period (5-10 years). This reassessment would give the individuals a chance to evaluate lifestyles and help prevent them from sliding back into old habits. One individual, who believed he was an alcoholic and had no desire to change, was just experiencing sanctions for a second DWI offense he received six years earlier. This was due to legal and administrative problems with attorneys and courts, but he made an interesting comment that he has been very careful for six years to not drive after drinking until the issue is resolved and he completes all of the penalties, which "are proving to be a tough reminder."

We heard from some participants that when sanctions for DWI were completed and time passed, they had sometimes gradually increased their drinking or driving after drinking without really being aware of it, that life problems sometimes made it easy to slip into old

patterns, and that others sometimes influenced them to get back out socializing again. As one individual stated, "the effect of the sentence wears off." Treating addiction/problem drinking as a disease which needs to be vigilantly watched to insure remission also insures public safety by reducing the chances of repeat DWI behavior.

Like any other program, implementing procedures to re-evaluate multiple DWI offenders would vary depending on state statutes and agencies. But, we discussed a possible strategy with an alcohol safety program administrator in the field. A logical approach would be to involve a state DMV licensing agency. Instead of removing a multiple offender's license for many years, when it is known that the person will most likely drive at some point without a license, the license would initially be taken for a shorter period of time (possibly up to one year). When the license is reinstated, it is valid for one year. At the end of that year, the multiple offender must report to a private assessment agency (approved by the state's alcohol safety program and the DMV) for reassessment before he or she can renew the license for another one year period. Depending on the number of previous DWI offenses, the individual could continue this process for a lengthy period of time (5-10 years) or indefinitely as deemed by the alcohol safety program. The offender must pay the private facility for the assessment (at a rate approved by the state). The private agency could either notify the DMV or provide documentation that the individual has complied with the reassessment order. If DWI offenses are public record and state laws allow, the DMV or an alcohol safety program might be permitted to provide the private agency with lists of multiple offenders and license renewal dates so that the agency could contact individuals directly about making appointments for reassessments. Receiving a telephone call regarding driver license status could provide past offenders with the motivation to comply with the conditions of renewal, and a warning to not drive if a license has lapsed.

- A few participants suggested a mandatory refresher class about the DWI laws and sanctions for DWI offenders before they can renew their driver licenses.
- Several of our participants suggested a mail reminder of DWI laws and sanctions be sent out to DWI offenders at regular intervals for some lengthy period of time following offenses.

STATUS OF COUNTERMEASURES

The promising measures described above provide a "broad base" plan that encompasses many enforcement, assessment, adjudication, and treatment organizations which are connected by an effective communications and tracking system. Realistically, not all communities have the resources or organizations in place to cover all of these measures. The methods and measures vary by community.

Table 18 below shows the breakdown of the promising countermeasures by current implementation status.

Table 18 - Status of Countermeasures

<i>Preventive Measures</i>	
✓	DWI Education Programs in Schools (Driver's Ed)
✗	DWI Information During Driver License Renewals
<i>Management Measures</i>	
✓	High Level of Police Enforcement
✓	Swift and Certain Punitive Sanctions
✓	Personalized Needs Assessments †
✓	Individualized Treatment Plans †
✓	Intensive Supervision Probation Programs †
✓	Confinement with Treatment †
<i>Maintenance Measures</i>	
✗	Reassessment of Needs at Regular Intervals †
✗	Mandatory Refresher DWI Classes for Offenders
✗	Mail Reminders of DWI Offense(s) to Offenders
✓ = Currently Widely Implemented	† = Suggested For Further Study
✗ = Not Widely Implemented	

A logical extension of currently implemented DWI countermeasures, identified in Table 18 as *Management Measures*, would be the *Preventive* and *Maintenance Measures*. Most of these countermeasures have either not been implemented in this country, or at least not widely enough to be assessed. Also, these measures would be difficult to evaluate scientifically as most would require study over a long period of time to determine levels of effectiveness in deterring DWI behavior.

The *Management Measures* are all widely implemented. We note that:

- The degree of visibility an anti-DWI police enforcement program has, and how swift and certain punitive sanctions are, vary due to community resources and constraints.
- Personalized needs assessments are performed using a wide variety of assessment tools such as the DRI (Driver Risk Inventory), the MAST (Michigan Alcohol Screening Test), Mortimer-Filkins, SALCE (Substance Abuse Life Circumstance Evaluation) and others to screen for problem drinking. Follow-ups with more in-depth individualized evaluations are rare.
- The level and scope of individualized treatment plans vary widely. Some jurisdictions have contracted the services and facilities to private agencies which, in turn, have passed much of

the costs on to offenders instead of the general public. This helps to defray the implementation and operational costs.

- There are different "ISP" (intensive supervision probation) programs operating in many states. Again, costs are sometimes passed on to the offenders.
- Confinement programs with treatment are currently being implemented in various forms across the country, such as multiple offender programs, electronic monitoring, residential intervention programs, and boot camps (to name a few examples). However, the prevalent form remains incarceration alone.

SUGGESTED COUNTERMEASURES

Based on the conversations with DWI offenders who participated in this study and on our own research in related studies, we recommend the following five programs for further study:

- Personalized Needs Assessments
- Individualized Treatment Plans
- Intensive Supervision Probation Programs
- Confinement with Treatment
- Reassessment of Needs

The three types of management intervention programs, individualized treatment plans, intensive supervision probation, and confinement with treatment, even with "customized" traits, have three important features in common, *viz.*:

- Each offender is dealt with on a personal basis, thus providing some individualized contact.
- Direction is provided to change problem behavior patterns (either drinking or DWI), thereby intending to reduce future DWI recidivism. Some programs provide this guidance directly by teaching alternatives to help alter lifestyles, or indirectly by providing assistance in obtaining professional help.
- The aberrant behavior of each offender is addressed by tracking his or her progress for a period of time.

Decisions about which components should be included in an individualized program should be based on a comprehensive assessment (Personalized Needs Assessment) of each subject. This assessment should include personal interviews with the subject and perhaps with cohorts of the subject. These interviews and evaluation tools should be extensive enough to determine if substance abuse problems exist and to what level. Assessment costs could be passed on to the subjects, perhaps on a scale based on ability to pay (wealthier offenders would pay more and offset the cost of assessments for indigent offenders).

We recommend all offenders (even for a first offense) be thoroughly assessed to check for signs of problem drinking or alcohol addiction. As we already stated, earlier detection and treatment could result in fewer repeat offenses. When a repeat offense does occur, another comprehensive evaluation

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of the offender (Reassessment of Needs) is in order and needs to be compared with the "baseline" evaluation completed after the first offense. After the treatment process has been completed for a repeat offense, annual follow-up assessments should be performed (paid for by the offender) for some period of years (5-10). Should the presence of substance abuse problems or addiction be evident in any follow-up evaluation, a warning could be issued as to the sanctions the individual will face for a repeat offense should he or she choose to drive while impaired. Then a treatment plan could be suggested if the person is interested in complying voluntarily with the recommendations. In any case, the person still must report back in one year and go through the assessment process again. This forces the individual to recall the DWI offense and sanctions, and review his or her current lifestyle.

As a result of this study, we believe it is necessary to convince offenders to change the behavior patterns which lead to repeat DWI activities. To do this, a comprehensive evaluation is necessary to be able to identify needs and problems upon which an individualized program can be prescribed; then, follow-up is necessary to insure compliance or at least deter DWI recidivism. Therefore, we propose further study of the programs discussed above to evaluate their potential in bringing about the necessary lifestyle changes to stop DWI offenses.

8 - SUMMARY AND CONCLUSIONS

DWI recidivism has persisted despite well planned and implemented countermeasures. During the course of this study, we heard many reasons why individuals repeated the offense. These reasons ranged from believing they were driving safely at the time of arrest, that they were not impaired, to just not thinking about using an alternative instead of driving. Most prevalent was the issue of responsibility for actions. Many participants stated that they and others would not stop DWI behavior until they were ready to accept personal responsibility for their actions. When individuals had stopped drinking or stopped DWI for a period of time, it was usually due either to fear of arrest or self-examination of behavior. As time passed and those reasons faded, old behavioral patterns sometimes returned.

The observations made in this study contributed to the following conclusions. No one countermeasure can be prescribed as the universal deterrent for all repeat offenders simply because each person's lifestyle, circumstances and personality traits are unique, resulting in different reactions to similar situations. Conversations during the interviews confirmed that habits and patterns are difficult to change without the *desire* to change, without taking *responsibility* for personal actions and often without help to seek *alternatives* to committing the problem behavior. While individuals cannot be forced to acknowledge the existence of problems in their lifestyles, which could very likely result in future damaging consequences, they can be forced by the courts to at least examine the behavior and event which brought them into the legal process. By taking the time to evaluate and interrupt destructive patterns early with ongoing treatment and regular personal contact, professional staff can hope to influence the individuals to alter harmful lifestyles. This treatment and contact is best provided by programs which deliver personalized plans and follow the subject's progress for some period of time. Contact with a caring or concerned individual (judge, probation officer, counselor or therapist) was cited by some of our project participants as impacting a decision to alter DWI behavior or drinking patterns.

Based on the above conclusions, we recommend further study of countermeasures which deal individually with each DWI repeat offender, namely:

- Personalized Needs Assessments
- Individualized Treatment Plans
- Intensive Supervision Probation Programs
- Confinement with Treatment
- Reassessment of Needs

Once a DWI arrest has been made, ideally the adjudication process should be swift and uniform in dealing out punitive sanctions and compassionate but thorough when prescribing therapeutic measures. Comprehensive evaluations of the offender's actions and needs are necessary to provide adequate information on which to construct a personalized treatment and education plan. Plans will vary because every individual has a different background, lifestyle, and problems, resulting in different requirements. Supervision and direction are important components to assure compliance of any court

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ordered treatment or monitoring plan. Ideally, monitoring for a longer period of time, and reassessing former DWI offenders at certain intervals could help insure each individual is examining his or her lifestyle on a regular basis. Reviewing the past DWI offense and sanctions might keep old destructive behavior patterns in check, or at least deter DWI recidivism, the goal of this project.

APPENDIX - DISCUSSION GUIDE

This interview instrument, designed to be used as a discussion guide, should be followed during each one-on-one interview session. Its purpose is to outline major topics of interest to this research project. This "interview guide" is not a formal questionnaire, but will merely serve as a reminder to the interviewer of important topics to be addressed during each session. *Questions in italics are samples of questions which might be asked to obtain information on the various topics.*

TOPICS OF INTEREST:

DRINKING/DRIVING

- Patterns of driving (frequency, distance). Are there practical alternatives to driving to work or other essential destinations; to other less essential destinations.

-How often do you drive (every day, only on weekends...)?

-Approximately how many miles do you drive... (per day or week or month)?

- Do you drive alone?

-Do you own your own vehicle?

-Do you ever car pool or take public transportation (is this an option)?

- Alcohol consumption (amount, frequency, type of alcohol consumed)

-Would you tell me about your use of alcohol - what do you prefer to drink and when?

- Patterns of drinking (time of day, day of week, alone, in groups, location of drinking)

-Do you drink alone or with others? (How much is consumed alone, and how much with others?)

-Is there a particular time of day or day(s) of the week you tend to drink?

- Patterns of drinking and driving (time of day, day of week, alone, in groups, location of drinking before driving, destination). How often does or did the person drink and then drive (not just the times he/she was caught)?

-In the past how often would you say did you drive after drinking any alcoholic beverages?

-Where were you usually driving to after drinking?

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- Driving ability after drinking (what is his/her perception of the level at which he/she can safely operate a motor vehicle, is it the same for other drivers, what is their perception of chance of detection by police.)

-Do you think your ability to drive is affected by drinking?

-How much can you drink and still drive safely?

-How much can others drink and still drive safely?

-What did you think was the likelihood of getting caught by police? (For first time and subsequent arrests.)

- Situations where the person does drink and drive (do not limit to the times when he/she was arrested).

If necessary, probe by asking questions about where the subject lived at the time, where the drinking occurred, peer influences, and whether any alternatives to driving after drinking were considered. *Describe the conditions that led up to drinking and driving situation(s). Where were you living at the time? Were you with others or alone? Did you consider asking someone else to drive or taking a taxi...?*

What makes drinking and driving unavoidable for him/her? Again, we will probe for information about alcohol dependency, location of drinking and domicile, peer pressure and why there are no feasible alternatives. *Under what conditions do you drive after drinking?*

Does the quantity of alcohol consumed affect the decision whether or not to drive? *Do you ever plan to not drink or only drink a certain amount when you know you will be driving? Do those plans ever change after you have consumed a certain amount of alcohol?*

- Drinking situations that did not or do not lead to drinking and driving.

-Can you tell me about situations where you drank but did not drive? What did you do instead of driving?

-Have you ever decided not to drink or did not drink much because you knew you would be driving?

ARREST/ADJUDICATION

- Experience with arrest and adjudication process (no storytelling, but rather was it demeaning, uncomfortable, stressful, not a problem, long and drawn out, a joke, etc.) Did the arrest itself have an impact on the subject's future behavior (positive or negative - did it make the person realize they might have a drinking problem - or did it make them more defiant with such statements as that cops should be out catching criminals)?

-Did you understand what was happening when you were arrested?

-Did you think you were intoxicated at the time of arrest?

-Were you asked to take a breath test? (If yes:) Did you take it? Why or why not? Did you know what a breath test was? Was the procedure explained clearly to you?

-Did you discuss your decision (to take the test or refuse it) with anyone? (i.e. attorney, family member, friend, police officer?)

-Do you recall what your blood alcohol concentration (BAC) was?

-What effect did the arrest and the legal process have on your lifestyle?

- Attempt to find out if anyone or any event had enough of an impact to change this person's lifestyle so that he/she has stopped drinking and driving or just stopped drinking. How long a period of time was this person able to sustain that lifestyle change? Discuss the needs assessment evaluation he/she received.

-Did any person or any event have an impact on you that made you want to stop drinking or stop driving after drinking? (If yes,) How long of a period of time did you not drink or did not drive after drinking?

-Would you tell me about your evaluation by the system. Were you asked to fill out an evaluation of some type? (Do you remember which one - DRI, Mortimer-Filkens, SAQ...)

-Were you interviewed by a staff member (of the court or a private program)?

-Do you think whatever evaluation was made was correct? (Was the diagnosis of problem drinker, social drinker or whatever correct?)

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COUNTERMEASURES

- Current and prior knowledge of existing countermeasures

-Could you tell me what the penalties of driving under the influence are for a first offense, second offense and so on? Did you know the penalties before your first offense?

-Are these penalties really imposed?

- Discuss which countermeasures have been experienced to date.

- What programs are you familiar with that are designed to discourage drinking and driving? (Might need to prompt with designated drivers, roadblocks...)

-What penalties did you receive for your DWI offense(s)?

- The effect of those countermeasures on his/her behavior. (Why was he/she not deterred from driving after drinking by countermeasures or penalties in force at the time of his/her arrest(s); i.e. belief that detection was unlikely, that sanction would not be imposed, that sanction would be mitigated, etc.)

- What are your opinions on the anti-drinking and driving programs you just mentioned?

- Did the programs you talked about have any effect on you?

Note: We are interested in ANY change in drinking and driving behavior.

That is, we are interested if the individual increased or decreased (but did not stop) drinking and driving.

-Do you feel the penalty(ies) you received was(were) beneficial to you in any way (such as educational)?

-Were you upset by the penalties you received, did they disrupt your lifestyle?

-Did you continue to drink and drive during the penalty period?

-Did you continue to drive while your license was suspended?

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- What new or improved countermeasures might reduce the incidence of drinking-driving in general and for the subject.

-What would stop you from driving under the influence in the future?

-What do you think would stop others from driving under the influence?

-What would stop people from driving after drinking any amount of alcohol?