THE BILL BLACKWOOD
LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS

Rehabilitation Centers for Repeat DWI Offenders

A Policy Research Project
Submitted in Partial Fulfillment
Of the Requirements For The Professional Design
Graduate Management Institute

By
David W. Roehrig

Garland Police Department
Garland, Texas
March, 1997

ABSTRACT

Driving While Intoxicated (DWI) has always been perceived by the general public as one of those laws that no one seems to be able to put a handle on in terms of how society, law enforcement, and the judicial system, want to deal with it. Is it a crime against the public demonstrated by the number of accidents and lives lost due to the intoxicated drivers or is it a sickness and disease that is a weakness that many people today have in our society? Through research it is believed that this problem can best be dealt with in our society by treating it as a disease and through the help of DWI Treatment centers and rehabilitation programs we can hopefully stop the recidivism of DWI and not have to resort to longer and stiffer jail incarcerations.

TABLE OF CONTENTS

Introduction

In police work today, the most often asked question that comes up in the enforcement of persons arrested for Driving while Intoxicated, (DWI), is "Why are the police spending so much time with this kind of arrest when they should be arresting the more violent criminals?" This is a two-fold question. First, DWI is a violent crime. It is estimated that 40 to 50 percent of all traffic fatalities are alcohol related (Ward and Allwine 107). The most prevalent form of criminal homicide in the United States is death caused by an automobile accident in which one or more drivers is intoxicated by alcohol (Jameison and Stone 43). Secondly, if the police and the community spent more constructive time with the DWI problem, the police would hopefully in the long run, not have to spend so much time with DWI arrests and the aftermath. The purpose of this research paper is to convince the local legal systems into implementing viable treatment centers or programs for the DWI offender in addition to or in conjunction with penalties handed out by our criminal justice system.

We, as a society attempt to do our best educating people not to drink and drive; using school and civic programming as well as television, radio, and the print media. The problem lies in the repeat DWI offender. In Texas, one "blue collar" group surveyed showed 85% of those arrested for DWI had previous DWI arrests (Berliner 38). The penal system serves a useful and meaningful purpose, however, some kind of treatment facility or program is needed to reduce the chances of the DWI repeater.

The research is aimed specifically at Dallas County because all DWI arrests are

classified as Class "B" misdemeanors or above and are handled at the county level. The municipal police departments in the surrounding Dallas county areas, however, can be part of this program. The information supplied by the local municipal departments can be used to funnel statistics and important data as well as be part of the funding that goes into the program; so all departments, in essence, can be a useful part of this program.

The proposal will be researched through journals, books, and government documents that have specific information to show that some form of treatment program effects the DWI repeater. Agencies across the country that have used some type of rehabilitation program in lieu of their penal sentences have shown a reduction in this offense. The research intends to come up with a viable and workable program.

Historical and Legal Content

Driving while Intoxicated has always been a problem that is hard to define. As noted in the Introduction DWI is a two-fold problem. Should this be treated as an act against the state to be punishable by incarceration in the penal institutions or is this a disease which needs to be treated in an alcohol rehabilitation program? The problem can be handled with a viable mixture of the two because both serve a needed purpose in our society today.

Obviously, Driving While Intoxicated deals with a person who is intoxicated who is driving some type of automobile. Although the vehicle itself is a part of the

problem, the program that will be discussed and looked at will only deal with the person. Even though alcoholism was being treated successfully as far back as 1935 which was the founding of Alcoholic Anonymous, alcoholism was not recognized officially as a disease until the American Medical Association, AMA, recognized it as one in 1957. Until 1957 medical treatment of alcoholism was minimal. The alcoholism was treated in its physical manifestation---for example, as an ulcer or as a symptom of another psychosis. For years psychiatrists treated alcoholism as a character disorder. The community for the most part viewed the alcoholic as a social misfit having weak moral judgment. Alcoholics Anonymous changed this attitude. Jurists also soon realized that Alcoholics Anonymous worked, that drunk drivers who participated in the AA model lived sober lives. Disease is the key word in the definition of alcoholism. Alcoholism refers to a chronic condition that impairs the body's function physically, psychologically, and socially. The drunk driver was not arrested because his or her vehicle would not operate properly, the arrest was made because the driver's motor skills were impaired (Sandler 23-24).

The disease is not the only facet that needs to be addressed. Intoxicated drivers are responsible for about 50 % of the roughly 50,000 traffic fatalities in the United States (Holden 55). In addition to the cost of human life, alcohol related driving accidents account for an estimated half a billion dollars per year in property damage and continue to drain resources from both the social welfare

and criminal justice systems (Ward and Allwine 107).

Drinking appears to be broken down into three main categories; the problem being which one or all of these categories needs to be addressed by our society. These three main categories are social drinkers, irresponsible drinkers, or alcoholics (Hoffman, Ninonuevo, Mozey and Luxenberg 591). No one, however, has been able to exactly define or categorize when a person falls from one group into another group and when they do fall into a certain group what is the proper way to deal with which type drinker a person is. What is meant by this needs to be explained this way. Citizens in the past had shown a great deal of patience with the drunk driver; but what seems to have changed is the public's growing intolerance of the social problem. Few issues had aroused as much public concern as has that of the drunk driver. In 1982, a presidential commission was impaneled to study the problem. A highly vocal grass-roots movement raised an insistent voice, decrying the drunken driver. Society tended to categorize the drunken driver in generally four different ways:

(1) Benign neglect: which ignores the problem and treats the drunk driver as a minor traffic offender.
(2) Punishment: by imposing harsh penalties or imprisonment.
(3) Education: assumes the drunk driver does not recognize the relationship between their intoxication and their performance behind the wheel. Needs changed behavior.
(4) Treatment: which identifies the problem and attempts to treat it (Siegal 85-86).

Simply getting away from the social view and looking at it from the eyes of the police authorities the problem of driving while intoxicated has a completely different outlook. It has been estimated that the actual apprehension of a drunk driver in

the United States today ranges between 1 in 200 and 1 in 2000. Simply put, if there is in the very least a 1 in 2000 chance that you will be arrested for DWI there is absolutely no fear by the public to change its driving habits (Ross, McCleary and LaFree 163). There has to be the fear of being arrested or at least being stopped and investigated... by the police or there is no reason for the public to become serious or even consider DWI to be a problem in society today and the problem will only get worse. If society does not have to fear the police even seeing them, much less being able to stop them then there is no deterrence whatsoever. Another way of looking at this relating to police work is that if a person committed traffic violations and was never stopped by. the police or even if they were and all the police ever did was issue a warning then the vehicle operator would never adjust or alter their driving pattern because there would never be any punishment nor any fear of retribution.

The general public must decide if it is going to spend its money on stiffer and longer incarcerations or on treatment centers and care programs in an attempt to curb the intoxicated driver and to keep that person from repeating the offense.

Review of Literature or Practice

It must be proven that treatment centers and/or rehabilitation programs work more efficiently and show to have better statistics and overall have a much higher and more direct effect on reducing the recidivism of the DWI violator. To enhance the validity of treatment centers and rehabilitation programs it must be shown and proven that these facilities outweigh or outperform the stiffer and obviously longer DWI incarcerations.

Obviously, not everyone is in favor of the treatment centers for DWI recidivism. "There is as yet no definite evidence in the literature that any treatment program for convicted drinking drivers is effective in reducing the subsequent recidivism of those participating" (Little and Robinson 12). With heavy drinkers and multiple DWI offenders, the results are clear. Nothing other than long sentences and strict enforcement has ever demonstrated that it works to reduce drinking and driving behaviors in multiple DWI offenders. This includes the emotional belief that Alcoholics Anonymous works better than any other treatment. Results of various studies have shown that with multiple DWI offenders, providing either voluntary or mandatory treatments from A.A. does not, in and of itself increase chances for success over any other treatment for the DWI repeaters (Little and Robinson 13). Under the Tennessee DWI probation Follow-up Demonstration Project, 4,126 persons arrested for DWI in Memphis were randomly assigned probation supervision, education therapy, or supervision plus educational therapy. Each person was followed up for a two-year period after referral to the program and it was concluded that the treatment programs were not effective for reducing DWI arrests (Holden 55). In addition, a significant increase in DWI rearrests was found for social drinkers who were assigned only supervision (Holden 65). In these particular cases, whatever the reasons might be, the failures of education and therapy to reduce DWI recidivism indicates these programs were ineffective in reducing DWI behavioral changes. The reasons these programs did not work, whatever they were, is exactly why these programs

need to continue to attempt to study and research in all avenues available in an effort to find out what mistakes were made and how they can be corrected because the following shows some examples why these programs do, in fact work, when the right avenues are taken and applied.

There are theories and programs that do show a decrease in the recidivism of the DWI violator. Between 1966 and 1973, 15,000 people were in a program in Arizona called "The DWI Phoenix". This programs' ultimate objective was the reduction and elimination of DWI habits. These people showed a significant drop in this category (Malfetti 257). Another example was in Johnson City, Tennessee. In Johnson City a program was held for DWI violators from March 8, 1973 to November 6, 1973. Eighty six graduates of the school did not get arrested for DWI within Johnson City county. The eighty six people in the program were divided into two groups. A control group and an experimental group. Although they received different types of counseling and treatment both groups reached two significant objectives. First, both were reeducated in the effects of alcohol on driving skills and the dangers of alcohol in the body and secondly, not one of the graduates was rearrested. This showed a more positive attitude between the system and law enforcement (Anderson and Greer 23).

In another case study performed in the state of Tennessee an evaluation of mandatory jail for first time offenders found that although implementation was good, there was no significant change in awareness of the laws against the state nor was there any measurable change in the attitude that would show that a negative

behavior was being altered in favor of reducing drinking and driving ideas by the persons being arrested for DWI. Similarly, a case study of an Ohio county where the judge routinely sentenced drunk drivers to jail, found no evidence of reduced drinking and driving even though the penalties and tough jail sanctions were well known by the citizens of this particular county (Ross et al. 157).

In 1983, Prince George's County (Maryland), Department of Corrections had so many DWI arrests for that county that it developed its own DWI facility with new programs in an effort to curb the increasing number of DWI arrests (Orenstein 150).

Discussion of Relevant Issues

Whenever DWI programs, treatment centers, or rehabilitation centers are started there is a lot of work and research that goes into them. Not only getting them off the ground but keeping them open and being able to continually keep up with the changing attitudes as well as the costs and labor. When a program is finished a result is reached and it is either what the center had hoped for rehabilitation-wise or it turns out that the accomplishments that were hoped for did not pan out or the expectations were not reached or expected. Either way, factors are found in the centers' research or implementation of that research that effected the outcome or became a part of the outcome that the center did not expect to encounter.

In putting together a DWI rehabilitation program new ideas and changes are constantly being performed and diagnosed in order to upgrade the treatment centers.

In solving the problem of DWI recidivism, the centers first had to assess the initial problem---the person. Assessment begins the moment the drinking driver enters the criminal justice system with information gathered through the motor vehicle linkages or the courts. The problem is diagnosed through the person himself and the environment around him (Hart 105-107). Programs need to consist of weekly sessions dealing with increased alcohol awareness, person's own relationship with themselves work and family, techniques for recovery, and dealing with aftercare recovery plans that help maintain abstinence from alcohol (Nochajski, Miller, Neiczorek, and Whitney 178). The level of programs need to assess the patients' DWI Offender status such as first time offenders as opposed to second or third repeaters.

A very important factor that needs to be addressed that has hurt statistics of the treatment centers successes is the rate of dropouts in the programs administered. In one program 34% of the dropouts were rearrested for DWI as opposed to 14% who completed the program (Nochajski, et al. 181). In another program, during a period of over two and a half years, 5.2% of the completers were rearrested as opposed to 7.3% of the dropouts (Rosner 329).

Concerning the issue of the person's degree of alcohol problem, one study showed that approximately 70% of the individuals arrested for DWI had a

severe history with alcohol abuse (Washouski 78). 32.9% of the repeaters were between the ages of35 and 44. 59.5% of the repeaters were between the ages of 35 and 54. Repeaters between the ages of 15 to 34 were no more than 28%. The male repeater was only slightly higher than the female repeater (Landrum and Windham 14).

Concerning costs of the treatment centers, a portion is paid by the state taxes and fines collected as well as from the patients themselves. In the Maryland DWI Facility patients are charged as much as $33.80 per day and the program also takes into account the indigent population (Orenstein 150).

Conclusion/Recommendations

The purpose of this research is to come up with a viable and workable program that deals with treatment centers for the repeat DWI violator as opposed to jail sentences in an effort to curb the habitual DWI violator. Research has shown that incarceration does not reduce DWI recidivism. Studies conducted in the past two decades suggest that "crackdowns" or jail time have short lived effects and decline over time (Martin, Annon, and Frost 561). Research and treatment centers across the United States at least somewhat show a reduction. In the United States and Canada, drinking driver referrals have become the single most significant referral source to publicly funded treatment programs (Panepinto and Freeman 97). Overall this program needs to be constantly and correctly fully examined on a continuing basis by our police agencies because the general deterrence of driving while impaired by alcohol is a major traffic safety and

public health goal because thousands of traffic crashes, injuries, and fatalities are associated with alcohol use (Wieczorek, Mirand, and Callahan 312).

Treatment Centers that are set up need to be funded by the county and municipalities surrounding Dallas. Taxes and fines will be the major contributors however, some of the financing may have to come from the patients themselves. On the persons' second arrest for DWI the person will have the option of entering a treatment center in lieu of incarceration by the courts. It needs to be on the second arrest for DWI because so many times the first arrest for DWI can be an isolated incident. The whole program must be completed by the person. If the person fails to complete the program and drops out they will be subjected to sentencing on the original second arrest for DWI. The session is twelve weeks long, twice a week, and three hours a night. Instructors will be recovering alcoholics and licensed therapists.

The public today, does not have to defend, tolerate, or approve of persons driving an automobile while under the influence of alcohol (Siegal 85).

Bibliography

Anderson, Eugene D. and James B. Greer. "DWI Reeducation: An Experimental Approach." The Police Chief November 1974: 22-23.

Berliner, Arthur K. "Group Counseling With Alcohol Offenders: An Analysis and Typology of DWI Probationers." Journal of Offender Counseling. Services and Rehabilitation Spring/Summer 1987: 33-51.

Hart, Cheryl Winning. Assessment and Diagnosis in the Treatment of Drinking Drivers. Boston: Lexington Books, 1986.

Hoffman, Norman G., et al. "Comparison of Court-Referred DWI Arrestees with Other Outpatients in Substance Abuse." Journal of Studies on Alcohol August 1987: 591-594.

Holden, Robert T. "Rehabilitative Sanctions For Drunk Driving: An Experimental Evaluation." Journal of Research in Crime and Delinquency January 1983: 55-72

Landrum, James W. and Gerald O. Windham. "A Comparison of DWI Repeaters and Non-Repeaters Who Attended a Level I Rehabilitation Program." Journal of Alcohol and Drug Education February 1981: 11-23.

Little, Gregory L. and Kenneth D. Robinson. "Reducing Recidivism by Changing How Inmates Think." American Jails September/October 1990: 12-16.

Malfetti, James L. "Reeducation and Rehabilitation of the Drunken Driver." Journal of Drug Issues Summer 1975: 255-269.

Martin, Susan E., Sampson Annan, and Brian Frost. "The Special Deterrent Effects of a Jail Sanction on First Time Drunk Drivers." Accident Analysis and Prevention May 1993: 561-568.

Nochajski, Thomas H., et al. "The Effects of a Drinker-Driver Treatment Program." Criminal Justice and Behavior June 1993: 174-189.

Orenstein, Bruce. "Maryland's New DWI Program." Corrections Today April 1986: 148-154.

Panepinto, William C. and Edward M. Freeman. Differential Treatment Planning for Drinking Driver Referrals. Boston: Lexington Books, 1986.

Rosner, Anton. Crime and Criminal Justice. Germany: Max Planck Institute, 1988.

Ross, H. Laurence., et al. "Criminology-Can Mandatory Jail Laws Deter Drunk Driving? The Arizona Case." Journal of Criminal Law and Criminology. January 1990: 156-167.

Sandler, Irwin., et al. "Drinking Characteristics of DWI's Screened as Problem Drinkers." Alcohol. Health. and Research World. Fall 1975:19-25.

Siegal, Harvey A. An Intervention Approach to Drunk Driver Rehabilitation. Boston: Lexington Books, 1986.

Stone, William E. and J. D. Jamieson. "Predicting DWI Education Success." Federal Probation. March 1991:43-47.

Ward, David A. and Kenneth J. Allwine, Sr. "The Effects of Legal Coercion in the Treatment of Alcohol-Related Criminal Offenders." The Justice System Journal. January 1970: 107-111.

Washousky, Richard. Stop DWI. A Successful Response to Drunk Driving. Boston: Lexington Books, 1986.

Wieczorek, William F., and Amy L. Mirand, and Christopher P. Callahan. "Perception of the Risk of Arrest for Drunk Driving." Criminal Justice and Behavior. September 1994: 312-324.