TREATMENT CHARACTERISTICS OF DRINKING DRIVERS REFERRED FOR ALCOHOL ASSESSMENT IN TWO WISCONSIN COUNTIES

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SYNOPSIS

As part of a total drunk driving deterrence program, Wisconsin's new law (1982) mandates alcohol assessment for all convicted OWI offenders. During a study over a 2-year period in Kenosha and Racine counties (1 year previous to the enactment of the policy and 1 year after its passage), the author found over 1/3 of the drinking drivers completing assessment to be in need of treatment as opposed to educationally-oriented rehabilitation efforts. Persons who were repeat offenders, previous users of other human services, and arrested with high blood alcohol concentration tended to be sent to treatment rather than the traffic safety school alternative. The author suggests that methods to deter the chronic problem drinker portion of this population must be devised in order for sustained reductions in alcohol-related crashes to occur.

INTRODUCTION

Similar to the situation in other modern industrial nations, traffic accidents continue to be a major cause of violent death in the United States. Between 35 and 64% of the drivers in fatal accidents and between 6 and 25% of the drivers in non-fatal accidents have been drinking before the accident occurred (Roizen, 1982). Drunk driving kills 26,000 persons annually and yearly costs for alcohol-related accidents total over $24 billion. Awareness of these facts has stimulated considerable attention and effort at strengthening state highway safety laws. Wisconsin's efforts to remove the intoxicated driver from the highway have generated considerable activity during the last decade. In 1972, group dynamics/traffic safety schools were inaugurated. The goal of these schools is to deliver short-term educationally-focused classes. In 1978, Chapter 193 was enacted which, among other things, provided for a uniform system of assessing individuals convicted of "operating vehicles while intoxicated" (DWI) to determine the extent of their alcohol use. Further, Chapter 193 recommends a corrective course of action as a condition of maintaining one's driver license, from referral to driver

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education classes to suggested inpatient/outpatient treatment. In 1982, Chapter 20 was enacted which no longer allows convicting courts the discretion of referring defendants for alcohol assessment (Chapter 20, 1981). In effect, alcohol assessment became mandatory as of May 1, 1982. The purpose of this assessment is to separate out "irresponsible users" of alcohol from persons with more serious drinking problems. (All provisions of the new state law--including mandatory assessment--are shown in Table 1. As the reader notes, this new policy combines the use of stiff fines, license forfeiture, possible jail sentences, and mandatory assessment, the combination of which have been found to have the strongest deterrence effects [Nichols, 1981].)

Since the passage of this new legislation there has been an average of 20% reduction in alcohol-related accidents (DOT, 1982) in the 2-study counties as well as a substantial reduction statewide. Racine and Kenosha counties are the fifth and ninth most populous in Wisconsin, with a combined population base of nearly 300,000 persons. The 2 counties have strong industrial characteristics in their urban cores with rural populations living in their surrounding areas. Over 1,000-plus alcohol assessments, per the above legislation, are conducted annually.

This paper summarizes a bi-county study which focuses on rehabilitation characteristics of individuals referred for assessment during the years 1981-1983. Over 2,000 case records were examined in Racine/Kenosha counties during this period.

THE NEED FOR ASSESSMENT

As of this writing Wisconsin is the only state which has mandated alcohol assessment for all convicted OWI's with the cost of this evaluation incurred by the offender. The instrument mandated to be applied statewide is a modified version of that which was developed by the National Council on Alcoholism (Criteria Committee, NCA, 1972). This test relies on self-reported information from the OWI individual and is one of many instruments now available with the capacity to determine in a short time a person's use of alcohol (Jacobsen, 1976). The National Council's vs Instrument Criteria for the Diagnosis of Alcoholism (CRIT), was developed in part in response the Powell vs Texas Supreme Court decision which found a lack of agreement among experts as to the "meaning, manifestations, or treatment of alcoholism as a disease."
The purpose of the CRIT was to devise a system of diagnosis which promoted early detection of the "disease" called alcoholism. The CRIT as originally developed consisted of 86 symptoms that appeared as a 3-page chart of symptoms divided into several diagnostic levels representing various stages of severity of the problem with alcohol. For example, "hallucinations" may be considered more serious than "drinking to relieve anxiety." Implementation of the original CRIT proved to be as difficult as it was expensive; moreover, some of the symptoms were detectable only through autopsy. For this reason the CRIT was modified to include only 35 symptoms or behaviors which were considered clearly observable (Jacobsen, 1983). This altered version called the MOD-CRIT is the only currently used throughout the State of Wisconsin. After field testing these modified NCA criteria in 12 counties, researchers concluded and recommended that "with appropriate training" nonmedical personnel could use behaviorally-based portions of the criteria with a reasonable degree of confidence and certainty in place of "individualized, idiosyncratic, intuitive, gutlevel procedures" (Jacobsen, 1980). Previous to the use of this instrument, judges had to rely on testimonies and evidence given by agency personnel, often fraught with personal bias. The judge was then left with the decision as to the person's future care based on data which were often imprecise. In effect, this new policy which mandates assessment for all OWI offenders removes decision-making discretion from the judge to that of the counselors who administer the MOD-CRIT systematically throughout the state. In the following analysis I looked at the characteristics of OWI's during a 2-year period, 1 year before the passage (Time 1) and 1 year after the enactment of the policy (Time 2).

**METHOD**

Data for this study were collected for both time periods (Time 1: = May 1, 1981 to April 30, 1982; Time 2: = May 1, 1982 to April 30, 1983), 2,101 records examined at the Kenosha Alcohol and Drug Council and the Racine County Mental Health Association where the alcohol assessments were conducted. Typically, after an OWI has been arrested and convicted, the person receives a notice requesting that s/he schedule an appointment for an assessment at one of the above agencies. When the person arrives at the facility, a counselor administers the MOD-CRIT instrument which relies on client self-reported responses as to the presence of 35 symptoms. The counselor then totals up the number of symptoms present (which are
ranked according to severity) and the individual is assessed either an Irresponsible User of Alcohol (Social Drinker) or an Alcohol Dependent (including Suspected Alcohol Dependency). Based on these findings a driver safety plan is developed with recommended group dynamics traffic safety school (education) for the irresponsible user and some form of treatment for the alcohol dependent person. Recent research findings have indicated that the group dynamics, educationally-focused approach has had success in deterring social drinkers from future arrests for drunk driving. However, for OWI offenders with moderate to severe drinking problems, these rehabilitation efforts have been less successful (Reis, 1981; US, DOT, 1979;). It was hoped that more extensive treatment would be more effective, but this has not been the case (Holden, 1982). The traffic safety school alternative calls for 6 weeks of sessions where the purpose is to provide information to the person so that another drunk driving arrest does not occur. The treatment alternative involves a minimum of 3 months of counseling sessions (out-patient treatment), in-patient treatment, and/or antabuse. As the driver safety plan is highly individualized, the treatment may last for longer periods of time. For the most part, problem drinkers are sent to out-patient treatment, the cost of which is borne by the offender or paid for by the offender on a sliding scale basis.

The privilege of operating one's car is not returned until such time as the person has completed successfully the rehabilitation conditions identified in the driver safety plan. One must have attended all traffic safety school classes or have successfully completed the treatment program as evaluated by the counselor.

RESULTS

Of the 2,101 case records that were examined, 775 or 36% of these completed assessments originated from the Kenosha Alcohol and Drug Council (308 from Time 1 and 467 from Time 2). The remainder, 1,326, originated from the Racine Mental Health Association (547 from Time 1 and 779 from Time 2). One notes that in both cases the number of completed assessments increased the year after the policy went into effect. However, the number of completed assessments has been lower than the number of OWI convictions, especially since the passage of the new policy. A conservative estimate of 20% of the offenders have not completed the assessment process as they are either appealing the conviction or they are without funds to pay
for the extensive fees and/or charges. In these cases they are judged to be in noncompliance with the state law and are not permitted to drive their vehicles other than to work (providing they apply for a special permit). The discussion of OWI population characteristics which follows must be evaluated in light of this omission. The socio-demographic profile of this 20% is unknown at this time.

**Population Characteristics**

The socio-demographic profile of OWI's completing the alcohol assessment process in this study is as follows:

1) Over 50% of the completed assessments in both counties over both time periods were for individuals under the age of 30. This study confirms previous research which has consistently found that the OWI population is young (Jones & Joselyn, 1978).

2) During both time periods in both counties, OWI offenders completing assessments overwhelmingly tended to be male as most studies looking at sex composition have found (Fine et al., 1975).

3) The majority of completed assessments in both counties in both time periods were unmarried—single, divorced, separated, or widowed—as consistent with other research findings on marital status (Cahalan & Room, 1974).

4) Similar patterns emerged concerning educational attainment for both counties/time periods: most assessments were characterized by having been high school graduates as was found in other studies (Voas, 1975).

5) An analysis of the racial pattern clearly points out that nearly all OWI offenders participating in the assessment process were white with less than 20% belonging to minority groups for both counties/time periods. No consistent pattern has been found with regard to the incidence of drunk driving and race, particularly in relation to involvement in alcohol-related crashes (Joscelyn & Jones, 1978).

6) The mean Blood Alcohol Concentration (BAC) was high for both counties (.19%), in fact almost twice the legally-intoxicated level of .10%.
However, in Kenosha County, the mean BAC decreased to .17% during Time 2, the year after the policy was enacted. Other studies have also reported high BAC levels (Perrine et al., 1971).

7) The percentage of repeat offenders (between 15%-20%) decreased in both counties during the year after the policy was implemented. The reason for this reduction is not known in light of the fact that over 20% of convicted OWI's did not complete the assessment process. The possibility exists, for example, that many of these persons may in fact be repeaters who could not afford the fines during this last year of a recessionary economy.

8) The percentage of unemployed OWI's completing assessments remained approximately 25% for both counties/time periods. This percentage is higher than existed in these 2 counties during the recession, but the definitive importance of employment status in relation to OWI offenses cannot be determined in light of the missing data mentioned previously.

In summary, one can say that there were few changes in the demographic characteristics of the OWI population referred for assessment during the years 1981-1983. The few changes noted may, in fact, be due to fluctuating economic conditions rather than a substantive shift in the composition of OWI assessments. Thus, the act of removing decision-making authority from judges and transferring it to alcohol counseling personnel has not changed the socio-demographic profile of this population.

Treatment Characteristics

Of the total number of case records examined, over 50% were sent to Group Dynamics/Traffic School in Kenosha County and over 60% in Racine County. The remaining persons assessed as problem drinkers were referred to some form of treatment. These findings indicated substantial number of OWI offenders are in need of relatively long-term assistance (Gurnack, 1984).

1) In the cross-tabular analysis (Table 2), one notes that with regard to age in Kenosha County in Time 2 (the year after the policy went into effect) younger offenders tended to be referred to
Traffic Safety School rather than treatment. In Time 1 there was no significant relationship between age and rehabilitation outcome. In Racine County, a larger percentage of older individuals, however, were sent to treatment that the education (see Table 3).

2) With regard to education in Kenosha County in Time 2, persons with lower levels of education tended to be sent to treatment rather than to group dynamics. The same finding appeared in Racine County.

3) Blood alcohol concentrations were not correlated with rehabilitation outcomes in Kenosha County, but in Racine County the tendency was for persons tested with higher blood alcohol concentrations to be referred to treatment rather than education programs.

4) Sex did not show a consistent pattern over the 2-year period in the 2 counties other than pointing out the common finding that more males are arrested than females.

5) Nor does race show a consistent pattern other than to show that OWI's are overwhelming white and that minorities tend slightly to be sent to treatment (versus education) in both counties.

6) Concerning marital status in Kenosha County (Time 1), separated persons tended to be sent to treatment; in Racine County, divorced persons (in both time periods) tended to be sent to treatment.

7) The impact of employment status is inconclusive. In Kenosha County (Time 1), a larger percentage of unemployed OWI's were sent to treatment; this finding also occurs in Racine County (Time 2).

8) In both counties (both times) repeat offenders tended to be referred to treatment rather than the education alternative.

9) A very interesting finding concerns the use of other human services. In Kenosha County, persons who had used other human services tended to be sent to treatment. The same relationship holds up in Racine County.
To see how all these relationships fare under conditions of multivariate analysis, examine the results of the standard regression analysis presented in Tables 4 and 5. Dummy variables were created when the variables were at the nominal level of measurement. The OWI offenders referred to traffic safety school (assigned value of "1") were compared with all others (assigned value of "0"). In Kenosha County, the relative importance of incidence of repeat offenses and use of other human services is maintained through this analysis; in Racine County over the 2 time periods the importance of blood alcohol concentration, use of other services, and incidence of repeat offenses is demonstrated. So, persons with high blood alcohol concentrations who were repeat offenders and tended to have used other types of human services were referred on to treatment as opposed to the educational services. This finding may indicate that the chronic problem drinker portion of the total OWI population is already known to the human services delivery system and has received other alcohol-related types of services apart from the drunk driving convictions.

DISCUSSION AND CONCLUSION

This paper has discussed the implementation of mandatory alcohol assessment for a 2-year time period in Kenosha and Racine Counties, Wisconsin. This 2-year span represents 1 year before and 1 year after the enforcement of this state's new drunk driving law. Use of the MOD-CRIT evaluation instrument identified between 33% and 43% of the assessed OWI's as in need of treatment as opposed to educationally-oriented services. This finding supports previous research which has suggested consistently that substantial numbers of drunk drivers have serious problems with alcohol (Weinstein, 1980).

Since the implementation of the assessment policy there have been few significant changes in OWI socio-demographic characteristics. Persons were overwhelmingly male, young, high school graduates, white, single, and tested with high blood alcohol concentrations. This lack of change may in fact indicate that the discretion exercised by judges before mandatory assessment was accurate. In a comparison of the offenders referred to traffic safety school (education) versus those sent to treatment, we find that the latter had less education, were arrested with higher blood elevations, were unmarried, were repeat offenders, and had used other human services prior to their arrest for drunk driving.
Serious attention must be given to methods through which chronic problem drinkers can be deterred from future OWI arrests. This population has been found to be the most difficult to rehabilitate. Many researchers assert drunk driving may be a part of a total pattern of behavior necessitating the provision of a variety of services over long time periods. Either these persons with the most severe drinking problems must be rehabilitated or ways of more permanently removing their driving privilege must be devised in order to effect substantial reductions in alcohol-related crashes.

REFERENCES


State of Wisconsin, Chapter 20 (1981). Assembly Bill 66. To Promote Driver Improvement Through Appropriate Treatment or Education or Both of Persons Who Operate Vehicles While Intoxicated.


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