A Profile Of The First Time D.U.I. Offender

Lawrence R. Sutton, Ernest P. Thomas

Abstract/Summary: The purpose of this paper was to provide a descriptive analysis of the FIRST time D.U.I. offender. This analysis included self report inventories, standard psychometric examinations of offenders attending safe driving classes.

The sampling of the offenders was drawn inclusively from the largest provider of safe driving programs for D.U.I. offenders in Western Pennsylvania and represents all such clients served during study periods.

Introduction: Over the past decade, there has been a drastic increase in the public's awareness of the dangers associated with drinking and driving. Organizations such as Mothers Against Drunk Driving, MADD, have increased the pressure on the legal system to become more accountable and responsible in the disposition of those charged with Driving Under the Influence. Accordingly, the legal system also has the responsibility to decide whether to incarcerate (punish) the alcohol impaired driver or attempt to rehabilitate those who are alcohol dependent (or alcoholic).

In Pennsylvania, first time offenders who were not involved in traffic crashes, are subjected to an evaluation. The purpose of the evaluation is to determine the likelihood of alcoholism in the offender prior to sentencing on the D.U.I. charge. This determination is made utilizing two criterion, first by the alcohol concentration of the offender at the time of the arrest and secondly with the results of a clinical interview which includes administration of the Mortimer Filkins (MF) test.

In the case of the alcohol concentration, any individual who demonstrated an alcohol tolerance capable of indulging to a level of 0.20% or greater is deemed to be sufficiently alcohol dependent to require clinical (psychological counseling) intervention of some sort.

The Mortimer Filkins test, which is part of the evaluation used on all D.U.I. offenders in Pennsylvania, is used to determine the degree of or severity of an alcoholism problem. Simply put, the MF attempts to distinguish alcoholics from non-alcoholics with the concept that alcoholism is positively related to recidivism rates (Wendling and Kolody, 1982). The MF is expected to predict those at high risk to become repeat offenders.

A principle research question addressed in this paper was to determine if the MF was the best available outpatient instrument available to predict alcoholism in those arrested for Driving Under the Influence of alcohol and/or controlled substances? Would, for example instruments such as the Michigan Alcohol Screening Test (MAST) or the MacAndrews scale of the MMPI (MAC), be better predictors of alcohol or drug dependence with this select group of alcohol impaired individuals? It was the purpose of this project to compare D.U.I. offender responses from the MF, MAST and the MAC with the known alcohol concentrations at the time of arrest to determine if one instrument was a
better predictor of alcohol and/or drug dependency. Further, specific
demographic characteristics of the first time D.U.I. offender will be
presented. This information will include prior records of alcohol/drug related
arrests and treatment, education, employment and the alcohol concentrations
where they were available.

Materials and Methods: This study examined those individuals newly arrested
for driving under the influence of alcohol and/or drugs in Southwestern
Pennsylvania. All subjects who were Allegheny County residents assigned and
admitted consecutively to the St. Francis Regional D.U.I. program were studied.
Each assessment included an extensive demographic interview, the Mortimer
Filkens test, the Michigan Alcohol Screen Test and the MMPI where the fifty-one
item MacAndrews Alcoholism Scale is contained. The clinical interview also
included the following questions:

1. Do you have a drinking problem?
2. Is there a family history of Alcoholism?
3. Is there a history of prior drug use (illicit)?
4. Is there prior treatment/arrest which is alcohol related?
5. Do you smoke cigarettes?
6. Have you used alcohol extensively (item 215 of the MMPI)?
7. Have you ever attempted suicide?

Results: Ninety-eight subjects who were admitted to the St. Francis Regional
D.U.I. program in a three month period participated in this survey. Eighty-
five percent of the subjects were male, Eighty percent were caucasian and
eighty percent had at least a high school education. Seventy-five percent of
the sample were gainfully employed. The ages of the study subjects ranged from
eighteen to sixty-nine with a mean age of thirty-two.

The alcohol concentrations of study subjects ranged from 0.10 percent to 0.33
percent with a mean concentration of 0.20 percent. This eighty percent of
those supplying alcohol concentrations achieved a concentration of 0.15 percent
or greater.

Psychometric evaluations had varied results. The range of MF results was from
eight to One hundred twenty-four with a mean of forty-five. Scores of
significance (suggestive of possible alcohol/drug dependency) began at a score
of twenty-eight. Seventy percent of all test subjects scored twenty-eight or
greater on the Mortimer Filkens test.

The MAST results ranged from scores of two to thirty-eight, with a mean score
of ten. Scores of significance began at a score of four. Seventy-four percent
of all test subjects scored four or more.

The MAC results ranged for men from fifteen to thirty-five with a mean of
twenty-five and for women from eighteen to thirty-four with a mean of twenty-
four. Scores of significance for men was a score of twenty-four, for women a
score of twenty-one. Sixty-two percent of all test subjects had a score of
significance. Nineteen study subjects refused to allow chemical tests of
alcohol concentration at the time of their arrests. Of the nineteen, eighteen
were male, fifteen had at least a high school education, and the average age
was thirty-six. The mean MF score achieved was forty-two, the mean MAST score
was ten and the mean MAC score was twenty-four.
Study questions yielded the following results:

1. Do you have a drinking problem? 27% yes
2. Is there a family history of Alcoholism? 49% yes
3. Is there a history of prior drug use? 26% yes
4. Is there prior treatment/arrest which is alcohol related? 33% yes
5. Do you smoke cigarettes? 57% yes
6. Have you used alcohol extensively (item 215 of the MMPI)? 54% yes
7. Have you ever attempted suicide? 9% yes

Finally, gross results of the MMPI are notable. Overall profiles were considered valid. High Scale patterns were 9/4, that is, Hypomania-Psychopathic Deviance. Other significant elevations were noted on the Depression scale (2) and the Schizophrenic scale (8).

Discussion/Summary: The sample studied in this paper was essentially young, white males. Most were at least high school educated, and most were gainfully employed. Alcohol concentrations at the time of the arrests were quite elevated compared to the state average, possibly suggesting a condition of alcoholism existing in most of those apprehended.

If alcoholism can be defined as an illness which requires tolerance or withdrawal and that it also impairs or negatively effects social or occupational relationships then an argument can be made that alcoholism is present at an alcohol concentration of 0.15 percent. A marked tolerance or ability to consume large quantities of an alcoholic beverage is required to achieve an alcohol concentration of 0.15 percent or greater. In this study, eighty percent of the sample studied (who provided samples) were arrested with an alcohol concentration of at least 0.15 percent, thus suggesting a significant tolerance with alcohol. Tolerance then paired with the negative involvement (arrest for unsafe behaviors) with law enforcement agencies, may suggest at least a minimum criteria for alcoholism. Under this criteria, the Pennsylvania evaluation, which includes the Mortimer-Filkens, identified more of those at risk than either the Michigan Alcohol Screening Test or the MacAndrews Alcoholism Scale (that is, when the results of the refusals were included).

The alcohol concentration of the sample as a whole was 0.18 percent. Clearly much of the studied sample appeared to have a well developed tolerance for alcohol, or at least several clinical signs of alcohol dependence. The implications of this notion have reaching effects to treatment facilities or rehabilitation centers, for it would appear that successful treatment is not likely to occur in the span of six to twelve weeks (the outpatient course for most of those treated at the St. Francis Program).

With regard to those actors who refused chemical testing, both the MF and the MAST clearly identified alcohol problems in the majority of the group. This is of particular importance when the size or volume of those who refuse to provide a sample for chemical analysis ranges from twenty to thirty-three percent of those arrested (Sutton and Paegle, 1989).
Although not fully assessed, when the MacAndrews scale was administered with the full MMPI possible reasons or explanations for recidivism or non-compliance with recommended treatment could be made. Nearly the entire sample provided a "valid" MMPI profile. A sizable number of this sample provided profiles suggestive of other psychiatric problems. Clearly with nine percent of the sample admitting to attempting suicide, one-fourth reporting prior illicit drug usage and one-half reporting family alcoholism problems, significant additional clinical treatment issues exist. These issues need to be more clearly identified and addressed if issues like recidivism of D.U.I. offenses are to be reduced.

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References:
