An Alcohol-Traffic-Program suited for the delinquent driver under influence.

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Introduction

In the Netherlands every year about 35,000 people are caught and prosecuted for driving under influence (DUI). Nearly all of them who are sentenced to imprisonment are destined to prison 'de Raam' in the south-east of the country. Yearly about 1000 drivers under influence undergo their jail-sentence in this prison. This group, only consisting of men, is by far the biggest part of the driving-under-influence-jail population in the Netherlands.

In prison 'de Raam' this population can participate voluntarily with an alcohol-traffic-program. This program is operating since 1979 with the aim to reduce recidivism of driving under the influence of alcohol.

Originally the program was based on the assumption that more knowledge about and attitude-change towards alcohol- and traffic-subjects are the most important conditions for behavioral change. The program-contents were mainly educative; giving information and discussion.

A research-project completed by the dutch ministry of justice in 1984 found a 17 percent reduction in recidivism-rate for the program-participants compared to matched non-participants.

The last years however, the character of the target population underwent a considerable change.

A changing DUI-population

- We established a rise in the mean blood-alcohol-content (BAC) at the moment of arrest from 0.19 percent in 1984 to 0.21 percent in 1988 which since then has been stabilised.

- The ratio of first-offenders versus recidivists changed dramatic as can be seen on the first overheadslide.
The recidivism-rate for alcohol-traffic-offences increased, from 3.05 in 1988 to 5.08 in 1991. On the second overheadslide you can see the recidivism-rate based on hundred participants from the year 1991.

The recidivism-rate for other alcohol-related crimes such as theft, burglary, vandalism, ill-treatment and (public-) violence within the driving-under-influence group is also considerable. This is illustrated on the third overheadslide.

From recent data, obtained by using the Münchener ALcohol Test (MALT) as a screening-device, it appears that 56.6 percent of the alcohol-traffic-program participants can be categorised as being addicted to alcohol or having a heightened risk for getting addicted. The overheadslides four and five will illustrate this.

From these facts we concluded that the use or better misuse of alcohol is a very important causal factor in the recidivism of driving under the influence of alcohol among the Dutch DUI-prison-population.

For this reason we changed the alcohol-traffic-program or better, we enlarged the program from one week to two weeks.

A changing Alcohol-Traffic-Program

The average jail-sentence in prison 'de Raam' is about 15 days. In this very short time-span we first of all try to accomplish our traditional goal; increase the knowledge and change the attitude towards alcohol-traffic-subjects.

This educative approach remains not only the basis for behavioral change but gives also the opportunity to establish a confidential relationship with the participants which is necessary for our second and new goal; motivate participants of the alcohol-traffic-program to reduce their alcohol consumption.

To reach this goal we developed a program based on a cognitive-behavioristic approach. We see drinking as a habit which is learned and consequently can be unlearned.

Throughout the program we use four principles which can be considered as motivation techniques.
These four principles are:

1. We don’t label anyone as an alcoholic but instead talk about the alcohol-related problems which vary from minor, moderate to very severe.

2. By means of the so called SORC-model, stimulus-organism-response and consequences, we give the participants insight in their individual drinking patterns and we talk thoroughly about the consequences of their drinking habits, positive but mostly negative. The main object of this is to achieve cognitive dissonance.

3. We let people make their own decisions. We don’t try to push them to abstinence but in fact we do no more as reaching all the necessary information for an objective decision. This decision must be made by the people themselves, otherwise the behavior-change, if it occurs, won’t last for long.

4. Behavioral change is the result of actions undertaken by the person himself. Problematic drinkers are not helpless but they can change their drinking patterns and control their new behavior. This principle is better known as internal attribution. Within this context we also pay much attention to relapse prevention.

The decision participants make can vary from abstinence to acceptable forms of drinking or to continue drinking as they did in the past. One of the alternatives which is extensively dealt with is controlled drinking. When participants are seriously interested in this option they receive a small self-help manual especially developed for this purpose. With this manual and the clear instructions and guidelines they receive during the program they can practice very well in a real life-situation when they are back at home.

Those participants with a long history of drinking and with more or less severe addiction-symptoms we dissuade the controlled drinking option. Controlled drinking for them can on the first place be life-threatening and secondly appears an unmanageable option. This subgroup we try to motivate for more intensive therapeutic help with the techniques described earlier. Very often, the only fact that they haven’t been drinking for two or three weeks and nevertheless feel healthier as ever before is enough or nearly enough to motivate them to make contact with professional help outside the prison.

While working with this approach we feel that what we are doing has a concrete effect on the participants, certainly on influencing their drinking-behavior. I hope that at the next conference I can present research material to confirm this conception.
RATIO FIRST-OFFENDERS VERSUS RECIDIVISTS

1983: 61.2% FIRST-OFFENDERS
1988: 38.8% RECIDIVISTS
1991: 15.5% FIRST-OFFENDERS
1991: 6.4% RECIDIVISTS

■ = FIRST-OFFENDERS
■ = RECIDIVISTS
RECIDIVISM-RATE FOR ALCOHOL-TRAFFIC-OFFENCES

NUMBER OF OFFENCES

MEAN = 5.08
RECIDIVISM-RATE FOR NON-ALCOHOL-TRAFFIC-OFFENCES

NUMBER OF OFFENCES

MEAN = 7.67
# Indication of Alcohol-Addiction

<table>
<thead>
<tr>
<th>Malt-Score</th>
<th>Value</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 3</td>
<td>No suspicion of alcohol-related problems</td>
<td>124</td>
<td>43.4%</td>
</tr>
<tr>
<td>4 - 7</td>
<td>Heightened risk for alcohol-addiction</td>
<td>81</td>
<td>28.3%</td>
</tr>
<tr>
<td>8 - 24</td>
<td>Alcohol-addiction</td>
<td>81</td>
<td>28.3%</td>
</tr>
</tbody>
</table>
# Indication of Alcohol-Addiction

<table>
<thead>
<tr>
<th></th>
<th>Patients in a General Hospital</th>
<th>Participants of the Alcohol-Traffic-Project</th>
<th>Patients in a Clinic for Alcohol Addiotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>92</td>
<td>286</td>
<td>100</td>
</tr>
<tr>
<td>Mean MALT-Score</td>
<td>3.12</td>
<td>5.56</td>
<td>16.16</td>
</tr>
<tr>
<td>% Alcohol-Addiction</td>
<td>14.0</td>
<td>??</td>
<td>97.8</td>
</tr>
</tbody>
</table>

*Diagnosed by the Diagnostic Interview Scheme (DIS) according to DSM-III*