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task force report: ab 541 first offender program

report to the legislature state of california

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Health & Welfare Agency
Douglas X.Patino, Secretary

State of California
Edmund G. Brown, Jr., Governor

TASK FORCE REPORT:

FIRST OFFENDER PROGRAM

April 30, 1982

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FIRST OFFENDER PROGRAM
TASK FORCE
January 11, 1982 - April 30, 1982

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FIRST OFFENDER PROGRAM

TASK FORCE REPORT

INTRODUCTION

The First Offender Program Task Force was established pursuant to Chapter 940, 1981 Statutes (AB 541). Governor Edmund G. Brown, Jr. appointed ten individuals: three County Alcohol Program Administrators, two Drinking Driver Service Providers, one individual representing the judiciary, one member of the State Advisory Board on Alcohol-Related Problems, one representative of the Department of Motor Vehicles, one representative of the prosecuting attorneys, and one representative of the Department of Alcohol and Drug Programs. The Task Force's mandate was to define the First Offender (drunk driver) and to develop statewide advisory guidelines for the new First Offender Programs authorized by the same legislation. In order to accomplish these goals the Task Force met three times, completed a statewide survey of existing First Offender Programs, and polled 425 involved agencies for input on recommendations made. These guidelines were to be presented to the Legislature on or before April 30, 1982.

BACKGROUND

Prior to the enactment of AB 541, individuals convicted of their first driving-under-the-influence offense (Sections 23102 and 23105, California Vehicle Code) were eligible for participation in a drinking driver improvement school or in any program acceptable to the court. Individuals who chose program participation usually received reduced fines and/or terms of imprisonment. Sanctions against the first offender rarely included suspension or restriction of driving privilege.

Drinking driver improvement schools usually provided a minimum of ten hours of instruction that included physiological, psychological, sociological and legal information pertaining to alcohol and other drugs. The fees for these programs were approximately $20-50 per participant. The Department of Motor Vehicles (DMV) accredited some programs and was authorized to monitor their classroom instruction. There was no assurance that other "Drunk Driving" programs, which were selected by the courts, provided appropriate services. The local planning process (i.e., input from the county alcohol program administrator, alcohol advisory board, community forums, and board of supervisors) was not utilized in the development of these programs or in their selection as service providers. Because it was intended that the counties be autonomous in First Offender Program Development and approval, DMV's responsibility for accreditation was deleted by AB 542.

With the enactment of AB 541 and the supplemental bill AB 542, individuals convicted of their first driving-under-the-influence offense (Section 23152, California Vehicle Code) may be granted probation, which may include participation in a program certified by the local county alcohol program administrator and approved by the board of supervisors. Under these conditions of probation, the first offender's driving privilege may be restricted for 90 days to necessary travel to and from place of work and the location of the treatment program. Provisions are also made for individuals whose work

requires driving. Successful program participation precludes additional imprisonment.

The enactment of AB 541 and AB 542 marked a radical change in the penalties for the first offender and methods of delivering program services. Under the new laws, development of standards and the provider selection process occur at the local level. There is no state agency involved in establishing program standards, certifying or approving programs, or monitoring county program administration. The intent, in part, was to allow counties the autonomy and flexibility in developing programs deemed best in each local context. This is in contrast to the current SB 38 -- Second Offender Program system, where standards have been set by the Department of Alcohol and Drug Programs and the service providers are selected at the local level and approved by the State.

Local option was included because past research about the effectiveness of first offense driving-under-the-influence (DUI) programs has, so far, not provided information that would justify mandating a particular program design. By allowing counties the autonomy of developing First Offender Programs, a variety of program models will be developed and tested. Such variety in programming options represents an important opportunity for research -- research that should, several years hence, begin to yield information about what rehabilitation interventions work best with first offense drinking drivers.

A February 1982 survey of counties completed by the Task Force revealed that 55 of the 58 counties had approved or temporarily certified a First Offender Program(s). Twenty-one of the 55 are currently utilizing the previously DMV accredited drinking driver improvement schools until the Task Force Report is released. In most counties, it appears that the purpose of this delay is to avoid performing the "request for proposals" (RFP) process more than once if the original RFP proved not to be in agreement with the Task Force's recommendations. (There has been some confusion among counties and providers as to what the actual Task Force process is. Many were under the mistaken impression that recommendations would become binding upon the report's release.) The balance of the 55 counties are in various stages of the RFP process. Of the three counties without a First Offender Program, two have a population of less than 9,000.

The same survey process revealed that current First Offender Program fees range from no fee to $450. Program duration ranges from one day to one year. Although the ranges of program length and cost are extreme, it should be noted that the majority of programs involve a short-term (i.e., four weeks to four months) educational model with group process and/or individual counseling sometimes integrated into the curriculum. (February 1982 Survey is included in the addendum.)

FINDINGS

Due to the scarcity of valid and reliable research about the effectiveness of first offense DUI programs, most of the Task Force recommendations focus on this issue.

Research

The research on first offense DUI programs, especially evaluations of program effectiveness, has not yielded adequate information to justify a specific program design. The following are the reasons for this lack of information:

a. Education and rehabilitation programs are relatively new countermeasures for the drinking driver. The first such program noted in the research literature was an in-class traffic safety program initiated in Phoenix, Arizona during the late 1960's.

b. Many studies are methodologically unsound. Because programs often serve as an alternative for traditional punitive sanctions, fundamental research practices such as random assignment and no-treatment groups are often opposed on ethical grounds. The vast majority of all first offense DUI programs have been educational in concept. Of the few methodologically adequate evaluations of such efforts, the vast majority report no positive effects in terms of client recidivism or overall accident involvement of the drunk driver. This may be because such measures are not sufficiently sensitive to reflect changes due to a participant's involvement in first offense DUI programs. Or, it may reflect the fact that such programs do little good as far as subsequent driving behavior is concerned. At present, the evidence is mixed; some reviews of the literature report poor results while others report moderately positive outcomes. (Please refer to McMillin's review of DUI literature and ADP's research summary included in the addendum for additional information.)

c. A major obstacle in applying past research to the current situation is that there has been, with the enactment of the 1981 drunk driver legislation, a major change in the first offender population. Prior to the enactment of 1981 legislation, the drunk driving laws were less definitive, giving courts a great deal of discretion in handling driving-under-the-influence offenses. Under these conditions, individuals could and often were arrested numerous times for driving under the influence prior to their first drunk driving conviction. The new laws prohibit courts from striking prior offenses to avoid minimum sanctions and from staying or suspending proceedings prior to conviction or sentencing. In addition, individuals who were arrested for driving under the influence but convicted of reckless driving, will normally not be considered a first offender if arrested and convicted for a subsequent driving-under-the-influence offense. These practices will produce a population more accurately reflecting the term: first offender. For purposes of evaluation, this population will be new. While past research may point the way, it will be necessary to assess program effectiveness with this group in particular.

Additional research and evaluation are essential. In order to assure the public that the alternative of participation in a First Offender Program is an effective countermeasure to further drinking and driving, program effectiveness must be measured. Such measures should almost certainly involve an assessment of client recidivism in order to determine the impact a program has on subsequent drinking-driving behavior; however, additional measures of program effectiveness should also be considered.

Evaluation must be mandated at the program, County, and State level. At the program level, providers should be able at least to demonstrate the short term effectiveness of a given program design. (For example, an

educational program that hypothesizes a causal connection betweeen new information and a change in drinking-driving behavior should be able to demonstrate that participants have, in fact, learned new information.) At the County level, responsible agencies must be able to demonstrate the overall effectiveness and efficiency of First Offender Programs. The involvement of the State in the evaluation process is dictated by the fact that most providers and counties lack the financial resources and technical expertise to assess the long term impact of First Offender Programs on drinking-driving behavior. For this reason, it is recommended that: 1) the Office of Traffic Safety be charged with developing and letting a Request for Proposals (RFP) to conduct appropriate research; 2) this process be conducted in association with the Interdepartmental Advisory Council on Alcohol, Drugs, and Traffic Safety established by Governor Edmund G. Brown on March 28, 1982; 3) two representatives of both the county alcohol program administrators and drinking driver program service providers provide technical assistance to the Council; 4) this agency and committee solicit comment, opinion and recommendations for the evaluation design(s) from all constituencies involved with the first offender and; 5) the evaluation of First Offender Programs be completed by December 30, 1985. Such an evaluation should address recidivism and life style changes of participants, in addition to other measures of effectiveness which are deemed appropriate. In addition, the Task Force recommends that the Interdepartmental Advisory Council on Alcohol, Drugs, and Traffic Safety be charged with completing an interim report by December 1, 1983, which summarizes the number of First Offender Programs by county, number of participants, cost per participant, and program design.

The Task Force believes that the burden of funding research should not be carried alone by the first offender who chooses program participation. In addition to the inequity and irony of assessing only those members of the drinking-driving population who have chosen the most socially responsible behavior (i.e., program participation), this method of funding research adds to the ever increasing program fees which, if excessive, may become prohibitive to program participation. The Task Force believes that it would be preferable for statewide evaluation to be funded by an alcohol tax, thereby distributing the responsibility equitably to those who use the drug and who constitute potential abusers. However, in light of unsuccessful past efforts to legislate alcohol tax initiatives to support treatment programming, the Task Force recommends as an alternative that evaluation be funded by a client fee assessment not to exceed five dollars per client, with the actual amount to be determined upon the completion of the award of the contract for program evaluation.

Program Referrals For Drug Abuse

Prior to the enactment of AB 541, the California Vehicle Code Sections 23101, 23102, 23105 and 23106 addressed driving under the influence of alcohol and alcohol and/or drugs. Those sections have been consolidated and renumbered as 23152 and 23153. Persons convicted under these new sections also include those individuals convicted of driving under the influence of drugs only. Individuals arrested for driving solely under the influence of a drug other than alcohol have not always been clearly perceived as a traffic safety hazard, but drug abusers have the same driving responsibilities as alcohol abusers. There are no programs designed specifically for educating or treating such individuals. Convictions of driving solely under the influence of drugs are extremely low, approximately 1% of all DUI convictions in 1981. It is, therefore,

recommended that these individuals be provided with the option of participating in a First Offender Program and, upon successful completion of the program, be referred to the local county drug program administrator for referral to additional treatment services, as needed.

First Offender Program Requirements

Based on the intent of the law (AB 541 and AB 542) that counties be autonomous in developing First Offender Programs and in recognition of the paucity of definitive research, the Task Force refrains from making specific program standard recommendations regarding program concept or design, including content, methodology, hours or fees, except that: a) minimum and maximum program fees should be determined by the local authority (i.e., County Alcohol Program Administrator and Board of Supervisors); b) in the determination of maximum fees, provisions should be made for those individuals who cannot afford to pay the program fee and; c) financial hardship should not be a barrier to program participation. The responsibility for eliminating financial barriers is a responsibility of both the county and service provider.

In very small counties or in economically depressed areas, the Task Force recognizes that it could prove difficult for a program to be entirely self-supporting. It is, therefore, recommended that the responsibility of a program to be entirely self-supporting be left as an option of each county.

The Task Force recommends that program profit should not be so excessive as to exploit participants nor to result in a fee which prohibits individuals from electing to participate. This issue must be closely tied into the determination of program fees by the local authority; indeed, any fee should be fairly representative of program costs.

The Task Force recommends that programs be required to provide program activities for the non-English speaking monolingual participants in that language when the non-English monolingual population represents five percent or more of the total population within the area the program serves.

County and State Roles

As stated earlier, counties are charged with developing and administering First Offender Programs. It is recommended that a mandated ceiling of five percent of the program's gross client revenues be placed on the county's annual administrative costs. First Offender Programs should not be viewed or used as a method for generating revenue for other services. The Task Force recommends that legislation stemming from this report include specific language to this effect. If counties do not police themselves in this regard, they will loose the support of the Legislature, courts, and the community.

The Task Force recommends that counties remain autonomous in designing and implementing First Offender Programs. This recommendation supports the concept, as initiated in the 1981 drunk driving legislation, that the counties' knowledge of local community needs and resources qualifies them as the most competent to determine local first offender programming. Except in the areas of research and evaluation, involvement of the State as an administrative agent is not advised at this time.

SUMMARY

The responsibility for developing and administering the First Offender Program in current law lies at the local level. The intent of the enabling legislation was to create an atmosphere that allows diversification of program designs. This intent is balanced with the concern that programs and clients should not be exploited financially. The Task Force has emphasized the need for evaluation of program effectiveness. If and when it is deemed that further program, county, and state standards are needed, there will be a substantial base of administrative experience and knowledge of program effectiveness on which to draw.

SUMMARY OF THE FIRST OFFENDER PROGRAM TASK FORCE RECOMMENDATIONS

The Task Force has made the following recommendations:

1. An evaluation system should exist to measure the effectiveness of First Offender Programs.

2. Evaluation should be mandated at the Program, County, and State levels.

3. The Office of Traffic Safety should be charged with developing a Request for Proposals and the process to let the said RFP in association with the Interdepartmental Advisory Council on Alcohol, Drugs and Traffic Safety. Two representatives of both the county alcohol program administrators and the drinking driver service providers should provide technical assistance to the Council.

4. Any statewide evaluation design should be developed with wide input from all constituencies involved with First Offender Programs.

5. The evaluation of First Offender Programs should be completed by December 30, 1985. Such an evaluation should address recidivism and life style changes of participants, in addition to other measures of program effectiveness which are deemed appropriate.

6. The Interdepartmental Advisory Council on Alcohol, Drugs, and Traffic Safety should complete an interim report by December 1, 1983, which addresses the number of First Offender Programs established by county, number of participants enrolled, cost per participant, and program design.

7. Due to the unlikely success of enacting alcohol tax legislation to support research and evaluation efforts, these efforts should be funded by a per client assessment not to exceed five dollars. The actual assessment amount will be determined upon the completion of the Request for Proposals process.

8. Individuals convicted solely for a drug-related driving-under-the-influence violation should be referred to the local county drug program administrator for additional services after completing a First Offender Program.

9. All program standards, including concept, design, evaluation and requirements of content, duration and maximum program fees should be determined by the local authority (i.e., the County Alcohol Program Administrator).

10. The degree to which First Offender Programs are self-supporting should be determined at the local level.

11. First Offender Programs should make provisions for individuals who cannot afford to pay the program's fee.

12. Legislation incorporating the Task Force's recommendations should include specific language prohibiting the First Offender Programs from being viewed as revenue generating mechanisms for other services.

13. Programs should be required to provide program activities for the non-English speaking monolingual participants in that language when the non-English monolingual population represents five percent or more of the total population within the area the program serves.

14. A mandated ceiling of five percent of program's gross revenues should be placed on the county annual administrative cost related to the First Offender Program.

Addendum

A. February 1982 Survey

B. McMillin DUI Literature Review

C. ADP Research Summary

Addendum A

February 1982 Survey

Addendum A
February 1982 Survey

FIRST OFFENDER PROGRAM REQUIREMENTS

February, 1982

The attached table represents information submitted to the Task Force in response to Chairperson Patino's request, dated February 4, 1982, for county first offender program requirements and a telephone follow-up by Sherry Conrad.

Twenty-one of the 58 counties are utilizing existing DUI Schools. (Program requirements for DUI Schools are attached). The majority of the County Alcohol Program Administrators for these counties stated that the development of a Request for Proposals (RFP) has been delayed pending receipt of the Task Force's recommendations.

Of the 58 counties, three do not have programs and do not plan on developing one. (It should be noted that two of these counties have a population of less than 9,000.)

Multi-level or bi-level programs utilize various criteria (i.e., blood alcohol level, prior convictions, etc.) to determine client placement.

The remaining counties are in various stages of the RFP process. A few counties have completed the process and have awarded contracts. Other counties have only recently pulled together boards, panels, or commissions to develop program standards. Therefore, the information contained in this table should not be considered final or static.

Legend

Column A - Maximum fee charged

Column B - County fee charged for administrating the program annually, unless otherwise noted

Column C - Program length

Column D - Total number of service hours

Column E - Education hours

Column F - Individual counseling hours (Intake and exit interviews are included).

Column G - Group counseling hours

Column H - Alcoholics Anonymous Meetings

Column I - Provisions made to provide services for individuals who cannot afford to pay

Column J - Services provided for special populations representing more than 10% of the general population.

* Sliding Scale is used to determine client fees with a minimum fee required.

** These hours include what is termed "field experience".

*** The information provided could not be categorized.

a - Only for those clients considered at "high risk"

b - This charge also covers services that are non-administrative in nature

c - Will be used as necessary

Note:

This information has been put together for the First Offender Program Task Force's use.

FIRST OFFENDER PROGRAM REQUIREMENTS FEBRUARY 1982

	A	B	C	D	E	F	G	H	I	J
COUNTY	CLIENT FEE	COUNTY FEE	PROGRAM LENGTH	TOTAL NO. OF SERVICE HOURS	EDUCATION	INDIVIDUAL COUNSELING	GROUP COUNSELING	AA	INDIGENT PROVISION	SERVICES FOR SPECIAL POP.
ALAMEDA	EXISTING DUI SCHOOLS									
ALPINE	NO PROGRAM									
AMADOR	30	0	6 WKS	10	6	NO	4	NO	YES	N/A
BUTTE	EXISTING DUI SCHOOL									
CALAVERAS	50	6400	7 WKS	10	10	NO	NO	NO	YES	N/A
COLUSA	0	0	1 DAY	8	4	NO	4	NO	N/A	N/A
CONTRA COSTA LEVEL I	90	NOT PROVIDED	6 WKS	18	18	NO	NO	NO	YES	YES
CONTRA COSTA LEVEL II	480	NOT PROVIDED	6 MOS	70	18	NO	52		YES	YES
DEL NORTE	EXISTING DUI SCHOOL									
EL DORADO, WEST LEVEL I	75	0	1 MO	10	10	NO	NO	NO	YES	N/A
EL DORADO, WEST LEVEL II	175	0	3 MOS	27.5	10	1.5	16	8[a]	YES	N/A
EL DORADO, EAST	INFORMATION UNAVAILABLE									
FRESNO	EXISTING DUI SCHOOLS									
GLENN	40	NOT PROVIDED	8 WKS	12	12	NO	NO	NO	YES	N/A
HUMBOLDT LEVEL I	125	NOT PROVIDED	3 MOS	24	12	NO	12	NO	*	N/A
HUMBOLDT LEVEL II	450	NOT PROVIDED	6 MOS	42	12	6	24	24	*	N/A
IMPERIAL	EXISTING DUI SCHOOL									
INYO	140	0	12 WKS	40	20	NO	20	3	*	N/A
KERN	EXISTING DUI SCHOOL									
KINGS	EXISTING DUI SCHOOL									
LAKE	EXISTING DUI SCHOOL									
LASSEN (PLUMAS)										
LOS ANGELES	NOT PROVIDED	NOT PROVIDED	90-120 DAYS	30	10	2	18	6	YES	YES
MADERA	EXISTING DUI SCHOOLS									
MARIN	100	2500	5 WKS	15	10	NO	5	NO	*	YES
MARIPOSA	EXISTING DUI SCHOOLS									
MENDOCINO	EXISTING DUI SCHOOLS									
MERCED COUNTY	120	NOT PROVIDED	8-16 WKS	26	9	2	15	4[a]	YES	YES
MERCED, AFB SO. ACTION	0	0	***						N/A	N/A
MCDOC	NO PROGRAM									
MONO	EXISTING DUI SCHOOL									
MONTEREY	25-40	0	2 DAYS-4 WKS	12	12	NO	NO	NO	NO	YES
NAPA	100	NOT PROVIDED	16 WKS	30	12	NO	18	NO	YES	YES
NEVADA	EXISTING DUI SCHOOL									
ORANGE	200	60 @ CLIENT[b]	1 MO	20 **	16	1	NO	NO	*	YES
PLACER	EXISTING DUI SCHOOL									
PLUMAS	EXISTING DUI SCHOOL									
RIVERSIDE	192	40 @ CLIENT[b]	17 WKS	11	9	1	6	4	*	YES
SACRAMENTO	NO PROGRAM									
SAN BENITO (MONTEREY)										
SAN BERNARDINO	180	550/3MOS	12 WKS	18	4.5-6	1.5	10.5-12	6	*	YES
SAN DIEGO	60	9,000	4 WKS	12	0-6	NO	6-12			
SAN FRANCISCO LEVEL I	60	(10% OF	4 WKS	10-12	10-12	NO	NO	NO	NO	YES
SAN FRANCISCO LEVEL II	330	GROSS	3 MOS	32	12	NO	20	2	*	YES

FIRST OFFENDER PROGRAM REQUIREMENTS FEBRUARY 1982

	A	B	C	D	E	F	G	H	I	J
COUNTY	CLIENT FEE	COUNTY FEE	PROGRAM LENGTH	TOTAL NO. OF SERVICE HOURS	EDUCATION	INDIVIDUAL COUNSELING	GROUP COUNSELING	AA	INDIGENT PROVISION	SERVICES FOR SPECIAL POP.
SAN FRANCISCO 3 D PROG	200	REVENUES)	4 DAYS	20	20	NO	NO	NO	*	YES
SAN JOAQUIN LEVEL I	50	0	4 WKS	12	12	NO	NO	NO	*	YES
SAN JOAQUIN LEVEL II	150	0	3 MOS	30	8	NO	22	NO	*	YES
SAN LUIS OBISPO	EXISTING DUI SCHOOL									
SAN MATEO	75	10% of Gross Revnue	12 WKS	24	24	NO	NO	NO	YES	YES
SANTA BARBARA, NO.I	450	0	1 YR	40	12	6	22	12	YES	YES
SANTA BARBARA, NO.II	200	0	4 MOS	30	12	2	16	6	YES	YES
SANTA BARBARA, SOUTH	125	0	3 MOS	25.5	12	1.5	12	6	YES	YES
SANTA CLARA, LEVEL I	80-100	0	12 WKS	24	24	NO	NO	NO	NO	YES
SANTA CLARA, LEVEL II	29 @ ind 8 grp 80	0	2-3 MOS	36	24	0-12	0-12	NO	NO	YES
SANTA CLARA, COALITION	390	0	6 MOS***							
SANTA CRUZ	200	5 @ CLIENT	4-6 MOS	25-35	6-8	6-8	13-25	NO	NO	YES
SHASTA	50	0	12 WKS	12	12	NO	NO	NO	YES	N/A
SIERRA	EXISTING DUI SCHOOLS									
SISKIYOU LEVEL I	75	25 @ CLIENT	12 WKS	12	12	NO	NO	NO	YES	N/A
SISKIYOU LEVEL II	195	25 @ CLIENT	20 WKS	20	12	3	5	NO	YES	N/A
SOLANO	EXISTING DUI SCHOOL									
SONOMA	EXISTING DUI SCHOOL									
STANISLAUS LEVEL I	142	Charge by the hr.	12	~~20~~ 10	NO	10	NO	NO	YES	YES
STANISLAUS LEVEL II	142	Charge by the hr.	22	~~30~~ 20	NO	20	NO	NO	YES	YES
SUTTER-YUBA	50	0	1-2 DAYS	10	7	NO	3	NO	NO	YES
TEHAMA	INFORMATION UNAVAILABLE									
TRINITY	EXISTING DUI SCHOOL									
TULARE	EXISTING DUI SCHOOL									
TUOLUMNE	225	0	15 WKS	22.5	NO	NO	22.5	15	YES	N/A
VENTURA	50	0	5 WKS	12.5	12.5	NO	NO	YES[C]	YES	YES
YOLO	50	0	4 WKS	10	10	NO	NO	NO	NO	YES

Addendum B

McMillin DUI Literature Review

REHABILITATION COUNTERMEASURES FOR THE DRINKING DRIVER

A REVIEW OF THE EVALUATION LITERATURE

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INTRODUCTION

Drinking-driving countermeasures can generally be divided into three different groups of activities: (1) laws and enforcement programs, (2) public education programs, and (3) rehabilitation programs. Laws and enforcement countermeasures consist of the enactment of new legislation bearing on drinking and driving, as well as the enforcement of existing laws. Public education countermeasures consist mostly of mass media efforts designed to inform the public of the undersirable effects of alcohol abuse, and to persuade people not to drive their automobile after drinking. Rehabilitation programs include a variety of driver safety courses, therapeutically oriented sessions focusing on problem drinking, and participation in voluntary organizations dealing with alcohol abuse (Cameron, 1979). Although drinking-driver countermeasure programs may include elements from all three of these areas, this review will focus on rehabilitation oriented programs.

HISTORICAL OVERVIEW OF THE DRINKING DRIVER ISSUE

According to Cameron (1979) within less than 10 years after the appearance of the gasoline powered automobile drunk driving was recognized as another problem attributable to beverage alcohol. Although by 1940 alcohol was being referred to in some quarters as the number one traffic safety problem, there was little activity in the alcohol-traffic field until the 1960s. Cameron (1979:501) notes:

> Throughout the decade of the 1960's alcohol-traffic studies in the U. S. experienced rapid growth and attracted researchers from a number of different fields....By the mid-1960's there were consistent data indicating that not only

> were a large proportion of fatally injured drivers and pedestrians under the influence of alcohol at the time of their accidents, but also that the risk of a person becoming involved in a traffic accident increased as his BAC /blood alcohol content/ increased.

In 1966 Congress passed two highway safety acts: the Highway Safety Act, and the Motor Vehicle Safety Act. The former specifically required the Secretary of the Department of Transportation to conduct a comprehensive study of the relationship between alcohol and traffic safety. The findings, detailed in the 1968 Report to Congress on Alcohol and Highway Safety, formed the basis of federal policy in the late 1960s and 1970s relative to the drinking-driving issue.

As Cameron (1979) states:

> The new alcohol and highway safety program, which quickly became known for its community-based Alcohol Safety Action Projects (ASAPs), marked the real beginning of U. S. commitment to drinking-driving countermeasures. Prior to this time, drinking-driving countermeasure programs in the United States had been quite limited in scope, both in terms of duration and geographical area (p. 503).

And:

> Unfortunately, despite rapid growth in accident research and the commitment of the federal government to reducing drinking-driving problems and the recent proliferation of drinking-driving countermeasure programs, knowledge of the impact of these various policies and programs is quite limited (p. 504).

THE CRITERION FOR "SUCCESS"

An important issue in the evaluation of any drinking-driving countermeasure is the criterion employed to determine program effectiveness. Accord-

ing to many researchers the only legitimate measure of success is actual on-the-road drinking-driving behavior.

> The true effectiveness of a safety campaign is its power to actually reduce accident tolls and to increase the frequency of those road behaviours which are compatible with safety.
>
> That changes in behaviour on the road and reductions in accident rates are the only meaningful criteria for campaign success may appear obvious enough...and yet, in the recent past many a safety campaign has been evaluated in ways which betray this fundamental conceptual error (OCED, 1971; cited in Cameron, 1979:506).

There is some evidence to suggest that commonly held assumptions about road behavior and the incidence of alcohol-related accidents may be problematic. Thus, Zylman (1975:179) notes:

> A recent review of the literature revealed that the number of traffic deaths that may involve alcohol in some causal fashion may be closer to 30 % than to 50%. Thus a major reason why progress cannot be shown against the alcohol-related fatal crash problem is that the magnitude of the problem has been inflated. It is most difficult, if not impossible, to measure the effects of countermeasure program if the problem toward which it is directed, at least in part, does not exist.

Along this same line, Gregory (1976:26-27) observes:

> ...it is highly unlikely that educational or rehabilitation programs by themselves can be expected to cause an observable overall reduction in crashes....Such programs deal only with identified DWI offenders and although such persons have a much higher probability of being involved in an alcohol-related crash than does the average driver, only a small proportion of serious crashes involve previously identified alcohol offenders....
>
> ....even if we were to expose all drivers convicted of DWI to educational or rehabilitation programs which were as much as 25 percent effective in reducing crashes, we would reduce overall fatal crashes by less than 3 percent....in order to show a program is cost-effective, a relatively small

> effect must first be scientifically and rather precisely documented. Before and after studies of all crashes in a given area are simply not sensitive enough to do this.

Alcohol-related crash involvement and rearrest data are the main criteria that have been used to determine the success of efforts to rehabilitate the drinking driver. Studies of educationally oriented rehabilitation efforts have used changes in knowlege and attitudes as measures of program success. But possible changes in drinking patterns and life style have rarely been systematically explored in assessing the impact of rehabilitation countermeasures.

EVALUATION OF REHABILITATION COUNTERMEASURES

The earliest drinking-driver programs in the United States were heavily oriented toward education. This modality continues to be very much in evidence today. The precursor for education schools was the course established in Phoenix, Arizona in the late 1960s. In the early 1970s more therapeutic oriented countermeasures emerged, largely as a result of the increased concern with drinking and driving provided by the federally funded Alcohol Safety Action Projects.

An early evaluation of the Phoenix program found that drivers entering this program had significantly fewer rearrests than a control group of drinking drivers. There was, however, no evidence of significantly lower crash involvement among drivers in the treatment program as compared to drivers in the control group (Crabb, et al, 1971; cited in Cameron, 1979)

In their initial report on the Phoenix DWI course, Stewart and Malfetti (1970) report that instructional personnel estimated 20 percent of each class seeks follow-up help through Alcoholics Anonymous or other available community

services. In addition, they report as commonplace voluntary comments, both verbal and written, from former students attesting to the value of the course.

Malfetti (1975) also assessed the extent to which changes in knowledge and attitude occurred as a result of the DWI corrective courses. He concludes that:

> Those DWIs suffering more pervasive problems with alcohol gain significantly in knowledge about DWI and to the same extent as other DWIs....the findings suggest that while DWIs with a potential or definite drinking problem improve significantly in attitude, the change is less than that shown for nonproblem drinkers. Thus the former group should be especially encouraged to become involved in follow-up experiences to produce additional attitudinal and behavioral change (p. 263).

Scoles and Fine (1977) found that an educational program for DWI offenders did not have an impact on either drinking patterns or alcohol impaired behavior. They conclude:

> The decrease in the mean QF [quantity-frequency] and BI [behavior index] ...over a 30-day period was paralleled by a similar decrease in the control group. Since both groups changed with time, irrespective of the educational experience, it is postulated that the decrease in alcohol impairment was associated in some ways with the arrest process (pp. 635-636).

The evidence cited by the National Highway Traffic Safety Administration (NHTSA) from the Alcohol Safety Action Projects supports the position that educational programs do have an impact on DWI offenders.

> Project level data suggested that educational programs can change the drinking driver's knowledge of alcohol related problems and possibly his attitudes toward drinking and driving. More than 30 studies (of varying dgrees of quality) from 1972 to 1975 suggested this was

the case. Few studies suggested otherwise. It is not known how long such effects last (Results of the National Alcohol Safety Action Project, 1979:57).

Further:

> Program level data suggested that nonproblem (social) drinkers who entered rehabilitation programs had significantly lower rearrest rates than social drinkers who were not so referred. Since social drinkers were referred almost exclusively to educational programs, this could be considered as evidence that the schools were effective in reducing the rearrest rates for such persons (Results of the National Alcohol Safety Action Project, 1979:57).

However, a rather different conclusion is reached regarding problem drinkers.

> Program level analyses suggested that problem drinkers entering treatment /referred to education/ did not have lower rearrest rates than problem drinkers who were not so referred....
>
> ....Survival rates analyes, over a period of several years and involving thousands of DWI's, have consistently suggested that problem drinkers entering lecture-type schools have worse rearrest rates than those entering smaller session size, more interactive types of schools (Results of National Alcohol Safety Action Projects, 1979:57).

In another report from NHTSA (Summary of National Alcohol Safety Action Projects, 1979:4) we find that:

> lecture-oriented DWI schools do not affect the behavior of most problem drinkers and should not be used for them:
>
> problem drinkers respond better to interaction-oriented schools than to lecture-oriented schools:
>
> social drinkers sent to schools do generally better than those not sent to schools, but there may be even cheaper alternatives....

> one shot programs, whether educational or therapeutic, are not enough to change the behavior of many drinking drivers, especially problem drinkers.

An even less favorable view of educational programs is expressed in another NHTSA report.

> In addition to the highly probable outcome that such programs will have no effect whatsoever on the majority of persons exposed to them, it is entirely possible that educational programs may have a detrimental effect on certain types of referrals (e. g., severe problem drinkers) (Alcohol Safety Action Projects, nd:23).

Thus far I have focused attention on education as a countermeasure for dealing with the drinking driver. In addition to lecture-oriented programs, we find among the Alcohol Safety Action Projects two "non-school" treatment modalities: (1) small session size therapies, and (2) large session size therapies.

The small session size therapies were characterized by a moderate number of long sessions with an average of eight clients per session, and were generally the most intensive therapies. The larger session size therapies averaged more than 18 persons per group and had more sessions which were slightly shorter. Educational objectives were often a significant part of these treatment modalities. Regarding these two modalities, NHTSA states:

> Survival rate analyses suggested that persons entering the .../small session size therapies/ had slightly, significantly lower rearrests rates than the.../larger session size therapies/ for at least one year(Results of National Alcohol Safety Action Projects, 1979:63).

With regard to problem drinkers:

> Program level analysis revealed that problem drinkers who entered the small session size...therapies had lower re-arrest rates than did those entering the larger session size...in spite of the larger number of sessions in the latter (Results of National Alcohol Safety Action Projects, 1979:63).

Once again we find indications that some persons may benefit more from rehabilitation than do others.

> ...it is reasonably clear the social drinkers (and, therefore, DWIs with no prior arrests, low scores on a diagnostic instrument such as the Mortimer Filkins, and low BAC at time of arrest) tend to benefit more from education and rehabilitation than do clients with converse characteristics. It appears to make little difference what kinds of programs these persons are exposed to, ranging from a home study course (designed to modify knowledge, attitudes and behavior) through various forms of DWI schools, to limited group therapy programs.
>
> In addition to these observations, data from a number of projects suggested that those not rearrested were more often (a) not divorced or separated; (b) of higher than 8th grade education; (c) better off financially. These characteristics appear to imply that persons with less severe problems overall tend to be helped more by education and/or rehabilitation programs.
>
> Analysis of treatment completions versus non-completions indicated that similar characteristics (namely, being separated or divorced, having less than a high school education, earning a lower income, having more severe drinking problems, having a higher BAC, higher scores on the Mortimer Filkins and prior DWI arrests) were negatively related to...completing treatment, just as they were /positively/ related to the probability of being arrested (Results of National Alcohol Safety Action Projects, 1979:67-68).

Nichols and Reis (1975) attempted to assess the effectiveness of various "school" types among ASAPs in the reduction of arrest recidivism. They differentiated three types based on the following dimensions.

1. Information transmission (proportion of time spent in this activity).
2. Participant-leader interaction(proportion of time spent in this activity).
3. Participant-participant interaction (proportion of time spent in this activity).
4. Total client exposure time (number of minutes or hours exposed).
5. Average session size (number of clients per session).

They conclude: "The hypothesis that the school types, as they were defined in this study, had a differential effect on recidivism rates...could not be statistically supported" (Nichols and Reis, 1975:918). They did note, however, that problem drinkers had "a higher probability of recidivating than non-problem drinkers within six quarters of exposure time" (p. 918).

I note in the introduction to this review that drinking-driving countermeasures usually consist of three different groups of activities: laws and enforcement , public education programs, and rehabilitation programs. It should be borne in mind that in any given community all three activities are likely to be going on simultaneously. In fact, NHTSA's Alcohol Safety Action Projects attempted to tie all of these approaches together into a comprehensive systems approach to the drinking-driving problem.

There are only two studies which attempt to analyze the effectiveness of the ASAPs as an overall treatment system. Zador (1976) assessed the impact of 28 of the 35 ASAPs by comparing year-to-year variation in fatality statistics in groups of areas with ASAP programs with groups of similar areas without Alcohol Safety Action Projects. He concluded that there was no evidence of any decline in the total number of fatalities in any of the communities studied that could be attributed to the ASAP program (cited in Cameron, 1979).

The second study, carried out by Ellingstad and Springer (1976), analyzed the impact of the rehabilitation systems of all 35 Alcohol Action Safety Action Projects. They concluded:

> In general, it would appear...that the individual analytic studies submitted in 1973 and 1974 provided no overwhelming evidence of program effectiveness as measured by reductions in crash or arrest recidivism (cited in Cameron, 1979:533).

Ellingstad and Springer state that their analysis of recidivism rates for nonproblem drinkers revealed no significant differences between the treatment and control groups (cited in Cameron, 1979). In addition, the analysis of recidivism rates for problem drinkers provided:

> ...little basis for asserting the effectiveness of overall rehabilitation exposure on the recidivism experience of problem drinkers, particularly in view of the fact that the treated and non-treated groups whose performance was compared are not known to be equivalent (cited in Cameron, 1979:533).

In sum, "it seems reasonable to conclude that the overall ASAP program is yet unproven as an effective highway safety countermeasure in reducing traffic casualties" (Cameron, 1979:534).

In a final summary of overall ASAP impact, NHTSA states:

> The oldest response to the alcohol-crash problem, the legal approach, is based on the hypothesis that the threat of punishment will deter the social-drinking driver....The ASAP experience provides no convincing evidence that even several-fold increases in enforcement levels in the U. S. will decrease rearrest rates for DWI.
>
> A similar, if not worse, situation exists with respect to the health and health/legal approaches. ASAP has provided some indication that problem-drinking drivers can be successfully identified and processed, but does not offer a sufficient basis for concluding that the resulting treatments (including DWI schools) will have a significant positive impact on the alcohol-crash problem.
>
> Public information and education approaches have often been shown to be effective in conveying information, but there is little evidence that they alone have changed either attitudes or behavior....

> ...As a general proposition, one can accept the theory that the presence of a credible threat of suitably unpleasant punishment will deter social-drinking drivers. Unfortunately, past experience has not provided a practical operational definition of the components of such a threat or of the level of activity that would be required to achieve the desired results. Nor has it been satisfactorily demonstrated that a deterrent threat can be achieved without becoming more burdensome than the alcohol-related crashes it seeks to prevent.
>
> Similarly, it is entirely reasonable to believe that problem drinking-drivers should be treated rather than punished and that a combined health/legal approach, employing sapce-age systems management techniques, could result in the effective administration of such a program. The problem in applying this theory is one of determining what treatments will be effective for what classes of drivers under what circumstances. Past experience has provided little evidence that any feasible treatment program will have a significant impact on the alcohol-crash problem (Alcohol and Highway Safety, 1980:54-55).

Apart from the Alcohol Safety Action Projects there have been few efforts to evaluate the results of DWI countermeasure programs. The few additional evaluative observations that are found in the literature are based on even less rigorous methodological procedures than the evaluation of ASAPs.

For example, Hall (1977) reports on a program in Park Forest, Illinois which involves a complete psychosocial diagnostic workup on each individual charged, who chooses to enter the program. Following this, the therapist specifies for the court a series of recommendations to be adhered to by the client during his or her probationary period. There is no indication of the content of these recommendations, nor any control group comparison. Yet the author concludes:

> The recidivism rate has been very low - estimated around 3 percent - and the village of Park Forest has not experienced a single jury trial of a DWI case since the inception of the program and barely a handful of contested cases (p. 144).

The low recidivism rate presumably refers to the probationary period, though it is never clearly stated.

Clayton and Dunbar (1977) describe the use of transactional analysis as a treatment technique used to measure communication behavior between members of the staff and between staff and clients. The program in which this technique was employed consisted of four, three hour classes scheduled once a week, and involving 35 to 50 participants. They conclude: "The data on transactional analysis suggests that the experimental approach...did have some success in persuading clients to behave in a more personally responsible manner" (p. 212). Again, there is no control group, nor is it specified for how long for how long clients continue behaving in a "personally responsible manner" after leaving the program.

DISCUSSION

What we are left with in terms of the Alcohol Safety Action Projects, as Cameron (1979) and others, including NHTSA, have noted, is little objective evidence that rehabilitation oriented countermeasures, particularly the lecture-oriented education schools, are having any positive effect on rearrests and alcohol-related crash involvements. This is even more true for the few additional studies of non-ASAP countermeasure programs.

Yet these programs have a certain obvious face validity. In addition, any number of reports "assert" that clients have achieved significant, positive, life style changes as a result of program participation. While there is no immediate explanation available for this seeming anomalous situation, we can note several methodological problems which characterize most of the evaluation studies that have been done. This is not to say that

if these methodological problems were corrected the results would necessarily demonstrate the efficacy of rehabilitation countermeasures.

Moskowitz, et al (1979) have summarized the main methodological issues complicating the interpretation of results from evalution studies of rehabilitation oriented countermeasures.

> ...the majority of studies in the area of rehabilitative countermeasures often suffer from methodological problems including inadequate control or comparison groups, non-random assignment to treatment groups, inadequate sample sizes, and follow-up periods which are too brief to evaluate the long term effectiveness of the interventions. Such problems have hampered thorough understanding of the most effective deterrents (p. 21).

In addition, NHTSA has suggested some additional considerations that should be taken into account when considering the evaluation of rehabilitation countermeasures.

> ...it may be that many of the "success" stories offered by proponents of such programs represent some combination of emphasizing exceptions to the rule and, possibly, perceptual biases caused by strong personal investments in such programs resulting in a need to "prove" their effectiveness. Inadequate evaluation climates allow such distorted claims to proliferate.
>
> On the other hand, it is important not to lose sight of the obvious face validity of referring problem drinkers to programs which expose and attempt to deal with drinking-related problems. Consider for example, the fact that national surveys...have indicated that a far greater proportion of adults in their early twenties have drinking problems than in any other age group. Further, there is a clear indication from such data that by the age of thirty, a large majority of early problem drinkers have matured out of problem drinking. There are indications, at least, that this maturing out process results to a great extent from recognition by such problem drinkers that the problems which they are experiencing are related to their drinking behavior. It is logical to assume that a program designed to explicitly point out such relationships between drinking behavior and subsequent drinking-related problems would facilitate the problem drinker's recognition of such

relationships and, thus, hasten the maturing out process. It could be that such is case and that present measurement techniques and/or criteria are not adequately sensitive to measure such effects.

In terms of measurement techniques, for example, it appears that few of the studies reported to date (ASAP or non-ASAP) have been sufficiently controlled to be sensitive to anything but the most dramatic program effects....few studies available to date have studied or compared groups of sufficient sample size to detect anything but very large between-group differences in such variables /subsequent violations and/or crashes/.

With regard to measurement criteria, it is obvious that if the primary goal of court-referral programs for convicted drinking drivers is to reduce the subsequent crash and violation involvement of such persons, then crashes and violations are the pertinent measurement criteria to be used in evaluating the effectiveness of such programs. Unfortunately, such criteria must contend with the fact that official records of such events are subject to a considerable degree of error due to reporting variations, plea bargaining, etc. While such error variations should be equally distributed to all comparison groups in a properly designed study, it very well could be that the variation due to error is greater than the variation expected due to program effects; thus making the latter difficult, if not impossible to detect (Alcohol Safety Action Projects, nd:22-23).

Furthermore:

> ...it must be recognized that crashes and violations are relatively infrequent life events. As such, any stable measurement of change in the frequency of such events will require large numbers of persons to be observed in each comparison group.
>
> Further, with regard to the subject of criterion measure sensitivity, it should be pointed out that according to at least one national survey...driving-related problems account for only a small proportion of the total drinking-related problems which a problem drinker has. Thus, by restricting measurement criteria to one small area of change, as opposed to the entire area of life or behavioral changes which would be expected to occur as a result of an effective program, it must be recognized that the probability of obtaining measureable success is reduced considerably....it would appear that the overall societal objectives of such a referral program may be more concerned with the...domain of life/behavioral changes which may occur /rather than subsequent violations and crashes/. To date few studies (ASAP or non-ASAP) can be found which have adequately investigated the effects of court-referral programs in terms of such intermediate variables (Alcohol Safety Action Projects, nd:23).

The obvious question is: "How do we proceed in the future with the evaluation of rehabilitation oriented countermeasures?" First, it is imperative to have a clear understanding of the assumptions which underly any given program, and a precise specification of the program content as it relates to these assumptions.

Thus far, the available literature reveals three prominent treatment modalities in the rehabilitation of drinking drivers. These modalities may be conceptualized in terms of the following scheme.[1]

Dimensions	Treatment Modalities		
	Type 1	Type 2	Type 3
Session Size (no. of persons)	Low	Medium	High
Information Transmission (percent of time)	Medium	Medium	High
Participant-Leader Interaction (percent of time)	Medium	Medium	Low
Participant-Participant Interaction (percent of time)	High	Medium	Low
Exposure Time (no. of hours)	High	Medium	Low

Secondly, we want to know if these rehabilitation efforts are successful. This will require an experimental design. At a minimum, the following

[1]This scheme is a generalization of the results presented by Nichols and Reiss (1975:909).

conditions must be met.

1. There must be a "treatment" group and a "control" group.
2. The "treatment" group and the "control" group must be more or less equivalent in composition.
3. Outcome data must be collected over a long enough period of time so that both short-range and long-range outcomes can be documented.

As we have seen, evaluation studies of drinking-driving rehabilitation countermeasures have generally not involved adequate control groups. Thus, in spite of the investment of time and resources in rehabilitation efforts, we still have no reliable body of data documenting their worth.

Third, is the question of the criterion for measuring success. We know that rearrests or subsequent alcohol-related crash involvements may not be the most reliable, or even the best, measures to use as the criteria for success of rehabilitation programs. We also know that changes in levels of knowledge, or changes in life style may have potentially beneficial consequences for a client. It may, for example, be discovered that rehabilitation countermeasures impact on clients in such a way as to facilitate the "maturing out" process. However, whether or not this is the case cannot simply be assumed, but must be demonstrated by well designed, long-term follow-up investigations.

My point is that evaluation studies should consider several different outcome possibilities. Only in this way will we be able to determine the impact of rehabilitation countermeasures, if any, on the client viewed as a "whole" person.

Fourth, we need to be concerned with the possibility that some treatment modalities are more successful than others with some kinds of clients.

Even though the issue of overall success of treatment versus non-treatment is problematic, the evaluation results have consistently shown that nonproblem (social) drinkers have lower rearrest rates than problem drinkers receiving similar treatment. Furthermore, for social drinkers the kind of rehabilitation program in which they particpate appears to make little difference insofar as rearrests are concerned.

However, this is not the case for problem drinkers. The evaluation results indicate that lecture-oriented educational countermeasures are perhaps the least successful of the treatment modalities with problem drinkers. In addition, the findings indicate that large session size therapies are less successful with problem drinkers than are small sessions size therapies.

Programatically, this means that any rehabilitation countermeasure program that hopes to have maximum impact, perhaps any impact, on DWI offenders will have to distinguish between social drinkers and problem drinkers, and structure treatment programs accordingly.

Along this same line of thought, it may be useful to distinguish between those DWI offenders who are viewed as having less severe problems overall (married, at least a high school education, and better off financially), and those who have more severe problems (seperated or divorced, less than a high school education, and financially insecure). Persons in the latter category appear more likely to be rearrested, and less likely to complete a treatment program.

Consider two possible dimensions that may need to be taken into account in structuring a rehabilitation program: (1) a nonproblem versus problem drinking dimension; (2) a social integrated (less severe life circumstances) versus a non-integrated (more severe life circumstances) continuum. We can now conceptualize four types of clients that might require somewhat different

treatment modalities.

Drinking Behavior	Social Integration: High	Social Integration: Low
Nonproblem Drinking	Client A	Client B
Problem Drinking	Client C	Client D

In sum, in the development of rehabilitation countermeasure programs four issues must be addressed.

1. the assumptions underlying the program, and the relationship of these assumptions to program content;
2. the use of an experimental research design for evaluation purposes;
3. the criteria for measuring success;
4. the possibility that some treatment modalities are more successful than others with some kinds of clients.

The first issue can be handled by giving careful thought to the nature of the program being considered. The remaining three issues are, however, problematic. As Cameron (1979:527) notes:

> In almost all evaluation efforts to date it has proved impossible to obtain a randomly assigned no-treatment control group. There has been considerable public resistance to assigning drivers to no-treatment

> groups and even to randomly assign drivers to the various available programs where there are screening tests and referral services to insure that drivers are assigned to the specific type of program most likely to produce the desired rehabilitation effects.

It is certainly true that ideal conditions for an evaluation project are not likely ever to be found. Nevertheless, only by requiring the most rigorous evaluation designs possible in a given set of circumstances will we be able to approach an adequate assessment of the impact of drinking-driving countermeasures.

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Addendum C

ADP Research Summary

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*A SUMMARY OF SELECTED ALCOHOL EDUCATION EVALUATION EFFORTS

Education and rehabilitation programs are relatively new countermeasures for the drinking driver. The first such program noted in the research literature was an in-class traffic safety program initiated in Phoenix, Arizona during the late 1960s. The "DWI Counterattack" program evolved from the Phoenix concept and included more than 500 schools across the nation. In the 1970s, in response to the requirements of the Highway Safety Act of 1966 and the 1968 Report to Congress on Alcohol and Traffic Safety, the U.S. Department of Transportation established the Alcohol Safety Action Projects. These projects stimulated the development of a large number of schools, referral systems and other modalities of rehabilitation.

Methodologically adequate evaluations of education efforts are somewhat limited. Inasmuch as such programs have often served as an alternative to traditional punitive measures, there is often opposition to procedures such as random assignment and a no-treatment control group. In addition, it is often difficult to obtain adequate numbers of persons in both treatment and no-treatment groups to document small treatement effects.

The vast majority of methodologically adequate studies in the past have reported no positive effects in terms of DUI recidivism or accident involvement. However, the most recent study, with an excellent well-controlled research design (Reis, Interim Report, 1981) showed, on a two-year follow-up, a significant reduction in DUI recidivism for first offenders in home study and education groups but no significant impact on accident involvement or moving violations.

A persistent theme occurring in the literature is the differential impact on outcome of education programs depending on the alcohol involvement of the driver. The research literature suggests that for "light" or "social drinkers" education programs have generally positive outcomes. For "heavy", "problem drinkers" or "alcoholics" educational program effectiveness is, at best, elusive. Of critical importance are research findings which note a higher accident rate for heavy drinkers who enter large lecture-style programs than the no-treatment control group). This suggests that an improved referral strategy for such programs may be a key factor in ensuring treatment effectiveness.

The following table summarizes major evaluation efforts on education programs by author, title, program emphasis, duration of treatment, methodological adequacy, and treatment effectiveness. Included in the summary table were programs that were primarily short-term (four months or less). A large proportion of these short-term programs consisted primarily of alcohol and traffic safety programs. (NOTE: Most studies do not specify whether the programs served only first offenders.) Evaluations of programs that were specifically multiple offender or long-term (such as SB 38 programs) were omitted. Evaluation criteria employed included survival rates (percent not rearrested) for DUI, alcohol related violations, accidents and moving violations; increased knowledge about alcohol; and improved attitudes toward drinking and driving.

*Prepared by: Carol Cabell, Research Analyst, Department of Alcohol and Drug Programs, February, 1982

SUMMARY OF TREATMENT EFFECTIVENESS STUDIES FOR SHORT-TERM EDUCATION DRINKING DRIVER PROGRAMS

AUTHOR	PROGRAM EMPHASIS	PROGRAM FORMAT	TREATMENT MODALITIES	METHODOLOGICAL ADEQUACY	EFFECTIVENESS
REIS, RAYMOND E. An Analysis of the Traffic Safety Impact of Education Programs for First Offense Drunk Drivers	Modification of DUI behavior with alcohol emphasis	4-2½ hr. sessions OR home study course with one hour orientation	In-class education OR home study OR no-treatment control	Excellent - experimental design -- random assignment to treatment and no-treatment groups	On a two-year follow-up, home study and education groups had a significant reduction in DUI recidivism but there was no difference between home study and in-class approaches in treatment effectiveness. The programs had no significant impact on accident involvement or moving violations
ELLINGSTAD, STRICKMAN, JOHNSON The Effectiveness of Education and Treatment	Traffic Safety	Four two-hr. sessions	In-class education OR No-treatment group	Well-controlled study	Phoenix Program showed lower rearrest rates for education programs than a no-treatment control group. Later evaluations found negative results. Clients in the New York program showed a higher accident rate and the same rearrest rate as participants not invited to attend the program
NATIONAL HIGHWAY SAFETY ADMINISTRATION Results of the National Highway Action Projects	Various including alcohol emphasis, traffic safety emphasis and behavior modification	Various including one session, four session literature only formats as well as individual therapy, group therapy, family therapy, and individual therapy	Various, mostly in-class education (See format)	Varying degrees of methodological quality	1. Positive changes in knowledge and alcohol-related problems and possibly attitudes toward drinking and driving 2. No significant effects on rearrests or accidents 3. However, social drinkers had significant lower rearrest rates than social drinkers not referred. Rearrest rates did not vary by treatment modality 4. Problem drinkers entering lecture-type schools had significantly higher rearrest rates than those entering smaller session size, more interactive type schools

SUMMARY OF TREATMENT EFFECTIVENESS STUDIES FOR SHORT-TERM EDUCATION DRINKING DRIVER PROGRAMS

AUTHOR	PROGRAM EMPHASIS	PROGRAM FORMAT	TREATMENT MODALITIES	METHODOLOGICAL ADEQUACY	EFFECTIVENESS
WENDLING KOLODYI An Evaluation of the El Cajon Drinking Driver Countermeasures Program (1977)	Traffic Safety, Rehabilitation Enforcement	4-2½ hr. sessions (education programs)	In-class education plus one or more of the following: • mandatory AA meetings, • mandatory alcohol treatment, jail sentences, antabuse treatment	Control groups not randomly assigned	No evidence of positive effects in reducing subsequent DUI rates, moving violation rates, total accident rates or alcohol related accident rates for the education programs
ELLINGSTAD, VS. JOHNSON An Experimental Evaluation of the Effectiveness of Short-Term Education and Rehabilitation Program for Convicted Drivers (1979)	Not specified	Not specified	Various - for moderate drinkers	Well controlled study	No evidence of effectiveness in changing effectiveness behavior
ELLINGSTAD Alcohol Safety Action Projects 1975 Interim Analysis of ASAP Evaluation Affects	Various	Not specified	Various - mostly in-class education	Four projects had well-controlled evaluations	Summary of 17 project level evaluations; where adequate control groups were employed, none showed effects upon accident involvement and one showed positive effects on DUI rearrest rates

SUMMARY OF TREATMENT EFFECTIVENESS STUDIES FOR SHORT-TERM EDUCATION DRINKING DRIVER PROGRAMS

AUTHOR	PROGRAM EMPHASIS	PROGRAM FORMAT	TREATMENT MODALITIES	METHODOLOGICAL ADEQUACY	EFFECTIVENESS
VENTURA COUNTY Alcohol Information School Level I Rearrest Study	Alcohol emphasis	Not available	In-class education OR No-treatment control group	Nonrandom and small control group	On one year follow-up, education group had a rearrest rate of 8.3% compared with 15.8% for the nonattendee group
McGUIRE, FREDERICK L. The Effectiveness of a Treatment Program for the Alcohol Impaired	Traffic emphasis	Three 8 hr. sessions	In-class education group OR only fine or probation	Quasi-experimental design	On one year follow-up, education group had 78% less alcohol related violations, 23% less moving violations, 40% less suspensions of license and 34% more accidents than the probation and fine group
McNAUGHTON, P. PISKIN, S. Comparison of Alternative Modes of Drinking Driver Rehabilitation: Jefferson County Study	Alcohol OR traffic safety	Not available	In-class education	No controls - a comparison of alcohol education and traffic safety programs	Alcohol programs reduced subsequent drinking while traffic safety programs produced better driving records
McGUIRE, FREDERICK L. The Nature and Effectiveness of Countermeasure Treatments for Drinking Drivers	Alcohol emphasis OR traffic safety emphasis	Dependent on modality	1-Traffic Safety School-duration approx. 4 wks. 2-Discussion group-13 wks. 3-Recurring ltrs. w/ quiz--13 wks. 4-Alcoholics Anonymous--13 wks. 5-Alcoholism School (lecture) 1 hr./wk. for 4 wks. 6-Alcoholism Services (for problem drinkers) ten 1½ hr. sessions	Good quasi-experimental	All methods resulted in significantly lower post treatment violations for participating drivers who were classified as light drinkers compared with a no treatment group. Traffic Survival School exhibited the most consistent and positive effect. None of six methods appeared to work for heavy drinkers. Methods emphasizing alcohol did appear to result in somewhat better outcome measure rates. However, the difference was not statistically significant.

SUMMARY OF TREATMENT EFFECTIVENESS STUDIES FOR SHORT-TERM EDUCATION DRINKING DRIVER PROGRAMS

AUTHOR	PROGRAM EMPHASIS	PROGRAM FORMAT	TREATMENT MODALITIES	METHODOLOGICAL ADEQUACY	EFFECTIVENESS
McGUIRE, FREDERICK L. (cont.)			7-Alcohol Abuse (for problem drinkers) 2 hrs. a wk./10 wks. 8-Quasi-experimental control-fine-probation	Good quasi-experimental design	
MALFETTI, JAMES L. and WINTER, DARLENE Counseling Manual for Educational and Rehabilitation Programs for Persons Convicted of Driving While Intoxicated	Traffic Safety	Five 2½ hrs. sessions	In-class education	No control groups--descriptive data	Positive changes in attitude, knowledge, and behavioral intentions between pre-treatment and post-treatment
LIBEL, et al The DUI Demonstration Program	Traffic Safety	Four 2½ hrs. sessions	In-class education	Inadequate--no control groups--descriptive data	Data for first offenders showed a 5% recidivision rate after one year and a 9% rate after two years, an accident rate of 7% after one year and 11% after two years. A reckless driving rate of 2% after one year and 4% after two years and a moving violation rate of 15% after one year and 22% after two years
NEW YORK STATE An Interim Evaluation of the New York State Alcohol and Drug Rehabilitation Programs (1978) and Problem Drinking Drivers, Fall 1979, State of New York, Division of Alcoholism and Alcohol Abuse	Alcohol and traffic safety emphasis	16 hrs.--7 wk. program	In-class education	No control groups--data is descriptive	Before-after comparisons showed a lower rate of alcohol related violations, and a lower number and rate of accidents

END