

Effectiveness of Court-Mandated Remedial Interventions for DUI Offenders

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Driving under the influence (DUI) offenses reflect a driving problem as well as an individual's alcohol or other drug use problem. Since these offenses concern both the traffic safety and alcohol treatment communities, the effectiveness of remedial interventions must be viewed from both perspectives.

Remedial interventions include various treatment modalities, educational modalities, probation, victim impact panels, self-help groups, and combination strategies. The effectiveness of individual interventions should be considered within the social, political, and economic environment of the individual and the community when formulating best practices and policy standards.

A recent review of the literature provides evidence for the effectiveness of remedial interventions for DUI offenders and also identifies areas where additional research could enhance the application of these interventions.¹ The review was based on an earlier comprehensive meta-analysis of the effectiveness of remedial interventions for DUI offenders and a review of subsequent relevant studies.

Do remedial interventions for DUI offenders work?

Reductions in DUI recidivism and crashes are the most commonly reported indicators of intervention success; measures of consumption and other indicators of alcohol problem severity are less commonly used and have proved problematic with DUI offenders. In general, remedial interventions reduce DUI recidivism compared to standard sanctions such as fines and jail time. The meta-analysis shows that, on average, remedial interventions result in a 7 to 9 percent reduction in DUI recidivism

rates and a similar reduction in alcohol-related crash rates.

How do the effects of remedial intervention compare to licensing actions?

Licensing actions such as revocation and suspension have proved more effective than remedial interventions in addressing traffic safety, however, they are less effective than remedial interventions in reducing alcohol-related driving events such as DUIs and alcohol-involved crashes. DUI remedial intervention targets alcohol-related driving rather than driving exposure in general. Therefore, combining licensing action and remedial intervention produces both a reduction in alcohol-related driving outcomes and a general traffic safety benefit. This combination is appropriate because research has suggested that many DUI offenders are high-risk drivers even when sober.

Which remedial strategies work best?

The most frequently evaluated remedial interventions include education, supervised contact, probation, and programs that combine one or more strategies (e.g., education, psychotherapy, and supportive follow-up). Research has found combined strategies to be the most effective approach. Longer or more intense combined strategy programs did not differ significantly from shorter, less intense combined strategy programs for reducing recidivism, in spite of a relatively broad range of length and intensity of the multiple-strategy programs. The issue of length and intensity in terms of effectiveness needs further study.

The field urgently needs studies of the efficacy and effectiveness of specific treatment modalities for court-mandated DUI offenders.

Several modalities, such as court-mandated Alcoholics Anonymous and victims' impact panels, failed to show a positive effect on DUI recidivism, with some evidence that those mandated to these treatments had higher recidivism rates. Although additional research is needed to evaluate these strategies, caution should be exercised with respect to mandatory assignment.

Is there good empirical evidence to match individual offenders to specific interventions and treatment regimens?

Few definitive matching studies have been conducted for DUI offenders. Studies have suggested that sociodemographic characteristics such as age, and co-occurring conditions such as depression, should be taken into account when determining intervention needs. However, these studies have addressed only a limited range of treatment options. Since most intervention assignment schema used for DUI offenders have not been adequately evaluated, the field needs additional matching studies that address DUI offenders as a distinct group.

What additional evidence is needed?

The expansion of well-evaluated treatment options for DUI offenders is critical. Promising alcohol treatment strategies should be evaluated specifically for DUI offenders in terms of their effectiveness for reducing alcohol problems and for reducing impaired driving and crash risk. The field needs to develop cost-effective, easily implementable programs that combine strategies and have components targeted at diverse sub-groups of drinking drivers. Future research also needs to focus on effective programs that can be delivered in areas with restricted resources such as personnel, time, and facilities. ■

Reference

1 Wells-Parker, E. et al. "Final results from a meta-analysis of remedial interventions with drink/drive offenders," *Addiction*, Vol. 90, Issue 7, July 1995, pp. 907-26.