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Eliminating drunk driving: A contemporary problem

Abstract

Since the advent of the "horseless carriage" in this country, we as a society have been dealing with the dilemma of preventing deaths, personal injuries, and property damage and loss from automobile accidents. With the ownership of automobiles moving from an item of luxury belonging to just the wealthy, to a daily life-style essential to the masses, traffic legislation has become a necessity of life. Part of this traffic legislation has included enacting laws in an attempt to eliminate alcohol impaired drivers from operating motor vehicles on the public highways.

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ELIMINATING DRUNK DRIVING: A CONTEMPORARY PROBLEM

A Research Paper

Presented to

The Department of Educational Administration

and Counseling

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Rebecca S. Lavenz

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Since the advent of the "horseless carriage" in this country, we as a society have been dealing with the dilemma of preventing deaths, personal injuries, and property damage and loss from automobile accidents. With the ownership of automobiles moving from an item of luxury belonging to just the wealthy, to a daily life-style essential to the masses, traffic legislation has become a necessity of life. Part of this traffic legislation has included enacting laws in an attempt to eliminate alcohol impaired drivers from operating motor vehicles on the public highways.

The purpose of this paper is to: (1) Show that the fatal consequences of drunk driving has become of social concern; (2) Show that the behavior of drunk drivers is becoming unacceptable and illegal; (3) Show that past efforts to eliminate drunk driving have been done through a multiplicity of strategies; (4) Point out that these efforts have not been effective in eliminating or reducing the incidence of drunk driving or the rise in drunk driver involvement in fatal crashes; (5) Show that a closer coordination between the various strategies in a systems approach is needed to more effectively eliminate drunk driving; and (6) Recommend that more curative treatment methods be used along with the punitive sanctions and rehabilitative methods of treatment.

Review of Literature

When the first automobile appeared in California in the year 1900, it prompted a 1901 legislated action that permitted mandatory licensing of automobiles and the individuals who operate these vehicles. This mandatory licensure went into effect in 1905, paving the way for future traffic laws that were developed to provide some type of safe public usage regulation and control. As such, traffic law was originally defined as a form of administrative activity that would regulate the flow of automobile traffic in a safe convenient pattern (Gusfield, 1981). It did not take long for other states to follow suit in traffic regulation.

The enforcement of traffic law has evolved, though, in the midst of a paradox. Although the courts and law enforcement personnel now deal with traffic law violators within the criminal justice system, popular opinion generally does not see traffic violators as criminals. As noted by Gusfield (1981), people do not see themselves as criminals when they commit a traffic violation and do not expect to be treated as such by the police or any other part of the criminal justice system. This opinion is seemingly a part of the basis for the widespread belief that people charged and convicted of driving while intoxicated (DWI) are simply individuals who got caught doing what everybody else does.

This view could imply that drunk driving is a behavior that is possibly inherent in many people's lifestyle (McCord, 1984). The serious impact of widespread drunk driving does not appear to be reflected in the general public's view or oftentimes in the judicial system's handling of the offense (Ball & Lilly, 1986; Cramton, 1968; U.S. Department of Transportation, 1968).

Despite the widespread social acceptance of drunk driving, it is rapidly being considered by a growing portion of the population, a major social problem and a behavior that needs to be changed. In recent years it has been recognized that drunk drivers are responsible for a large proportion of automobile accidents.

The emergence of this increased public awareness of the drunk driving issue can be partly attributed to the success of organized pressure groups that have influenced the public consciousness. Groups such as Mothers Against Drunk Drivers (MADD) and Students Against Drunk Driving (SADD) have been waging an effort to put pressure on various state legislative bodies to enact stricter laws and punitive sanctions directed at eliminating the behavior of drunk driving (Banston, Jenkins, Thayer-Doyle, & Thompson, 1986; Vejnoska, 1982). As such, many states have raised the legal drinking age, many of which were lowered in the 1970's. This author fears that these

measures are but a proverbial "band-aid" aimed at appeasing these seemingly hysteria-based small-group lobbyists. Let it suffice at this time to say that these groups are achieving a widespread and sometimes powerful impact on legislated actions concerned with the drunk driving issue.

The problem of drunk driving is noted as the fact that a high rate of drivers involved in traffic crashes are alleged to have a discernible amount of alcohol in their systems. In 1983, a nationwide survey showed that driving while intoxicated (DWI) arrests exceeded one million motorists annually in the United States (Joye, 1983). A review of studies in different countries, including Australia, England, New Zealand, and Canada puts alcohol involvement with fatal traffic accidents at around fifty percent of the total (Stacey, 1985). According to the Iowa Crash Study (1986), out of a total of 414 fatal crashes in the state of Iowa in 1985, 202 were cited with the drivers having alcohol in their systems. These crashes were responsible for 234 deaths or 49.6 percent of the traffic fatalities for that year. In this same year an additional 160 persons were injured as a result of alcohol related highway accidents. In addition, 12 pedestrian deaths were reported that involved alcohol consumption by either the driver or the pedestrian. Fatal crashes have decreased about 45 percent since 1970, but the alcohol related percentages

of the fatalities have increased about 20 percent (Camper, 1987).

As the number one cause of death among American youth, automobile accidents kill more than cancer and suicide combined. In 1985, the 13,735 automobile deaths for those Americans aged 15-24 was a death every 38 minutes. Those aged 15-19 accounted for 6,063 of these deaths. Statistics again have shown that half of those involved in these fatal accidents had been drinking alcohol (Camper, 1987).

These published percentages of deaths are adding fuel to the fire of current public attention to the issue of more adequately restraining the alcohol impaired person from operating a motor vehicle on the public thoroughfares. This is where the paradox lies: a discordance has developed. On the one hand, until recently drinking and driving has not been questioned by the general public. On the other hand, a loud social outcry against this behavior is emerging. With the onset of increased public awareness, this discordance is becoming more visible.

In describing the drunk driving issue the literature used the following terms:

Alcoholic: The alcoholic is a person whose nervous system over time has developed a tolerance for alcohol and requires more and more to achieve the desired effect. The

alcoholic drinks in order to cope with life, yet is not coping with life or with the drinking. The drinking patterns of this individual clearly contribute to problems of poor health, social disruption, and economic instability.

Alcohol impaired: The inability or lessened ability to function as usual due to the effects of alcohol in the body.

BAC: Breath alcohol concentration as determined by the Breathalyzer chemical test.

Celerity of punishment: Refers to the swiftness in which punishment is applied for an offense.

Cross-addiction: Refers to an addiction to more than one substance.

Cure: To eliminate or permanently alleviate an undesirable behavior, in this case, drunk driving.

Driver: An individual who is responsible for the movement of a motor vehicle.

Driving: The operation of a motor vehicle by the driver.

Drunk driving: Driving while alcohol impaired to the degree that safe control of the vehicle is compromised.

DWI: Driving while intoxicated as defined by legal BAC limits.

General deterrence: Refers to the effort of threatened punishment of the population as a whole. General deterrence

is intended to affect the behavior of all people, whether or not they have ever committed the offense in question.

Habilitation: To educate, qualify, or make one capable (in this case to provide a learning or values).

Problem drinker: Refers to those whose pattern of alcohol consumption either contributes to or is symptomatic of the disruption of their relationships with others. Alcohol is not necessarily the cause of the problems of the drinkers in this category; it may be just one of many inappropriate behaviors displayed by people with interpersonal problems and a poor concept of moderation.

Recidivism: Repeat offenses.

Rehabilitation: Refers to changes in an offender's behavior resulting from non-punitive treatment methods. It refers to the treatment of a medical or social ill whereby a person is returned to "normal" functioning but is not cured of the malady.

Social drinker: These are the individuals whose consumption of alcohol is part of their socially defined interactions with others. The health and functioning of the social drinker are usually not impaired by this pattern of alcohol consumption.

Specific deterrence: Refers to the effect of punishment experienced by convicted offenders in making them more

sensitive to the consequences of the legal threat in their future activities.

Treatment: Methods by which an attempt is made to change or stop a behavior.

Since the early 1970's federal, state, and local intervention efforts have been fostered to discourage drinking and driving. Five categories of strategies are involved as defined by the U.S. Department of Transportation (1980). Legal strategies are based on legislation designed to deter drinking and driving. Health strategy programs attempt to identify and treat the problem drinker. Public information and education strategy efforts rely on media campaigns. The technological strategy includes devices that can inhibit intoxicated individuals from driving as well as devices to measure breath alcohol concentration (BAC). The systems strategy combines facets of the other strategies and has been characterized by the Alcohol Safety Action Programs (ASAP) (U.S. Department of Transportation, 1980). The strategies listed offer a variety of approaches, most of which appear to have potential to reduce the incidence of drunk driving. Success, however, appears to have been limited (Ball & Lilly, 1986; Goodstadt & Sheppard, 1983; Holden, 1983).

Legal Strategy

Defining "drunk driving" has proven to be a difficult task because of the uncertainty in determining by what standards an individual is too intoxicated to safely handle a motor vehicle. "Under the influence" covers a wide spectrum of behavior in the minds of most people, from ever so slightly drunk to obviously "falling down" intoxicated. Yet many states have legislation that defines drunk driving as "driving under the influence." Some states have recognized the ambiguity and are attempting to reconcile this problem by stipulating limits of BAC for safe driving.

This effort began in 1938 when the National Safety Council (NSC) and the American Medical Association (AMA) concluded that persons with less than .05 percent of alcohol in their system are not under the influence to any appreciable degree. They also concluded that persons with .05 to .15 percent of alcohol in their system, may or may not be under the influence to the degree it affects that person's ability to drive an automobile in a safe manner. And, it was concluded that persons with .15 percent probably, but not conclusively, are under the influence of alcohol to the degree their abilities to operate a motor vehicle are impaired (Borkenstein, Crowther, Shumate, Ziel, & Zylman, 1969). Borkenstein et al. (1969) also noted that drivers in alcohol level classes .08 percent

and above tend to have more single vehicle accidents which are more severe, as well as expensive, than drivers with less alcohol in their systems. In 1960 a joint committee of the NSC and the AMA recommended the level for safe driving be limited to .10.

Most areas, like Iowa, have established .10 as the legal limit but some states have even lower limits: the District of Columbia has reduced the limit to .05; England and Canada, along with the states of Utah and Idaho, use .08 percent. Minnesota automatically administratively revokes an individual's drivers license for 90 days if the chemical test (Breathalyzer) reading is .10 or higher or if the individual refuses to submit to the Breathalyzer examination.

The threat of punishment is used as an attempt to inhibit individuals from driving while intoxicated. When sanctions are directed toward first-time offenders, the legislation's goal is general deterrence. When laws dictate increasingly severe penalties for repeat offenders, they attempt to promote specific deterrence. Ross (1982) observes the strongest effects only when legislation increases the celerity of punishment as well as the severity. Increases in the severity of punishment alone have had little effect on the reduction of alcohol related accidents. Analysis of punitive deterrence legislation suggests that significant reductions do not occur

in alcohol related accidents (Ball & Lilly, 1986; Hayslip, Kapusinski, Darbes, & Zeh, 1979; Meier, Brigham, & Handel, 1984).

Despite the weak evidence of their effectiveness, citizen action groups still lobby for more severe sanctions for convicted DWI offenders, particularly repeat offenders (Vejnoska, 1982). Partly in response to these requests, legislators are attempting to develop effective approaches to the general and specific deterrence of drunken driving. During 1982 and 1983, 39 states revised their legislation and 41 states established drunk driving task forces or commissions (Presidential Commission, 1983). In 1986, the state of Iowa passed legislation making DWI 1st and 2nd offense a misdemeanor and 3rd offense a felony with a mandatory prison sentence. Unfortunately, continued modification of legislation without attention to data on the impact of prior effects may produce laws that fail to reduce the incidence of drunk driving. Severe punishment alone does not inhibit the general incidence of drunk driving and may in fact reduce DWI conviction rates because of an unwillingness of the courts to impose the sanctions (Ball & Lilly, 1986; Meier, et al., 1984; Ross, 1982; Voas, 1982).

In their discussion of "slammer laws", Ball and Lilly (1986) asserted that it is estimated that only 2 out of every

75 to 100 suspected drunk drivers are arrested and charged. It would appear that law enforcement personnel also share the prevalent cultural ambivalence associated with the drunk driving issue.

The potential positive and negative effects of legislation on specific deterrence are even less clear. Aside from evaluations of the Alcohol Safety Action Program education program models, few studies address the relationship between changes in legislation and recidivism rates. This is especially troublesome because a growing sector of the public is demanding even more severe punishment for the DWI offender. This legislation process could be better guided if more data were available on the impact of past legislation.

Health Strategy

When an individual convicted of drunk driving entered the health system for treatment it had generally been assumed that alcoholism was present. For the most part, medical doctors provide an intervention that rarely goes beyond diagnosis, detoxification if needed, and general health maintenance. According to Steffenhagen (1983) medical intervention is useless in treating alcoholism, except during the detoxification process, because it does not provide any significant rehabilitation or cure.

The medical community considers alcoholism as a disease which is often treated with other chemical substances such as Valium or Librium. These drugs serve to exacerbate alcohol induced depression and oftentimes result in a case of cross-addiction. At best this method of treatment serves to ease the individual's discomfort during physical and psychological withdrawal, thereby providing only symptomatic relief (Steffenhagen, 1983).

According to Zylman (1975) there have been several studies that showed that persons who drink and drive are not necessarily alcoholic. It is not clear whether the behavior of drunk driving is a manifestation of alcoholism or is the manifestation of emotional disorders that all include excessive drinking and poor decision making skills with regard to drinking and driving.

The medical community has not been highly successful in the elimination of alcoholism. They have been just as unsuccessful in reducing incidence of DWI. This can be attributed in part to the lack of clarity in distinguishing the alcoholic, social drinker, and problem drinker in treatment as well as to the methods used in treating alcoholism.

Public Information and Education Strategy

With the realization of the DWI problem, public information and education campaigns were developed as

counter-measures to the drunk driving problem. These measures were designed to be used in conjunction with other interventions or strategies. The term "public information and education" included a wide range of activities. Mass media promotions were the most commonly used, yet were found to be ineffective in changing the behavior of drinking and driving (Korenbaum, 1982; Lindenman, Nasatir, & Koraman, 1980; Swinehart, 1972; Wilde, L'Hoste, Sheppard, & Wind, 1971).

In the review of road safety campaigns, Wilde, et al. (1971) concluded that media campaigns cannot bring about behavior changes and only result in a few attitudinal changes, but such campaigns can be successful in providing information. Swinehart (1972) concurred with this, stating that the mass media efforts were not effective in changing drinking and driving attitudes, but were good at conveying information. Thus, research does not show that informational campaigns in general are totally ineffective, but merely indicates that they have not been successful in reducing incidence of vehicle crashes, especially when used alone. There is evidence that informational campaigns have been effective in supporting other interventions, particularly the legal strategy.

A significant problem in the education of drinking drivers revolved around the effort to teach individuals how to estimate the alcohol content in their systems and to sense their own

impairment and that of other. Pawlowsky (1982) noted that in the adult groups which he investigated, participants had considerable difficulty defining alcohol impairment. Those who felt able to measure their own impairment still could not communicate this concept or the extent of this impairment to others. The results of other studies also tended to show that people could not estimate their level of intoxication with any accuracy (Grey Advertising, Inc., 1975; Lansky, Ersner-Hersfield, & Lipscomb, 1978; Oates, 1976; Sherman, Lindley, & Abernathy, 1978).

This author thinks it is possible that previous evaluations of public information media campaigns and either education efforts may not be predictive of their potential effectiveness, because of organization and political success of special interest groups have created a new public awareness that could be the foundation of a new social climate. This new social climate could increase the effectiveness of future informational and education programs.

Technological Strategy

According to Joye (1983), most of the states in the United States and many other counties have some kind of legislation that establishes statutory presumption of guilt based on the results of a chemical test given to suspected drunk drivers. The chemical test used is the Breathalyzer

machine invented by Professor Robert F. Borkenstein. It is noted that the "Breathalyzer" has a limited forensic application and rarely used by the scientific community as a whole. It is also noted that with this chemical test, individual differences such as age, weight, dilution of drinks, eating habits, rate of drinks consumed, water content in the body, and quality and quantity of muscular tissues are ignored. Other differences that are also not taken into account when presuming guilt based on the Breathalyzer chemical test are gender, tolerance to alcohol, and psychological condition, as well as general overall physical well-being. This test does no more than show that an individual has consumed a certain amount of alcohol; it does not indicate the extent of impairment or inability to drive safely.

The maker of this much used and relied upon machine, Smith and Wesson Corporation, issued a recall on several models of the Breathalyzer in 1982. This recall was issued because it was determined that these machines could be affected by radio frequency interference to the degree that results could be unpredictable, thereby inaccurate and possibly unreliable (Joye, 1983). In spite of these noted problems with the credibility of the Breathalyzer, its results are used almost exclusively and conclusively in many areas as an indicator of intoxication.

Other technological devices being developed are cards that provide drinkers with methods of calculating their approximate blood alcohol concentration. Breath alcohol content monitoring machines have been installed on an experimental basis in drinking establishments. These machines are intended to prevent alcohol impaired individuals from driving by providing immediate feedback on levels of intoxication. Little data is available yet on the impact of these devices (Meier, et al., 1984). It would seem that the use of these devices could be but a moot effort as most individuals would not choose the use them once a level of intoxication has been reached.

Various mechanical devices have also been proposed as a response to the problem of drunk driving. Interlocks have been developed that require an individual to successfully complete some complicated puzzle type operation before being able to start the car. The problem with these devices is that often an alcohol impaired person can quite easily perform the task while a sober individual, such as an older person, cannot. Another fault with this type of device is that the person who starts the car might not actually be the person who does the driving.

Another system has been developed that will automatically cut off the engine if a monitor detects the presence of alcohol

through breath exhalation in the vehicle. The problem with this device is that it prohibits a sober driver from operating the vehicle with an intoxicated passenger on board. This then defeats the plan of alcohol impaired individuals seeking out a sober driver to escort them safely home.

Still being tested is a continuous monitoring system that will totally immobilize a vehicle if that vehicle is driven in such a manner as to indicate an impaired driver. These devices pose a problem for individuals with slower reflexes, poor driving skills, or motor skill difficulties. Of course the obvious problem with these mechanical devices is that they can malfunction or fail to operate. Another danger is that the immobilization of a motor vehicle could present the risk of causing the accident it was designed to prevent.

Systems Strategy

The middle 1970's saw the emergence of diversionary type programs designed to provide rehabilitative treatment outside the jails and penal institutions. The Alcohol Safety Action Programs (ASAP) were intended to directly affect drinking and driving behavior through a "systems strategy" approach. The ASAP's were considered a systems approach because they combined facets of the legal, information and education, and health strategies.

Many of the ASAP programs were modeled after the "Phoenix Model" (Stewart & Malfetti, 1970) which proposed to re-educate the offender rather than impose punishment. The objectives of this type model were to provide information and education on the consequences of drinking and driving behavior, to explore why people drink and drive, and to help people develop countermeasures or alternatives to their drinking and driving behavior. The ASAP's also introduced the concept of prevention as an attack measure in the battle to eleminate drunk driving, through educational programming in elementary and secondary schools (Hayslip, et al., 1976; Holden, 1983; Landrum, Miles, Neff, Pritchard, Roebuck, Wells-Parker, & Windham, 1981; Meir, et al., 1984; Michaelson, 1979; Neff & Landrum, 1983; Scoles & Fine, 1977; Salzburg & Klingberg, 1983; Waller, 1976).

Several reasons repeatedly appear in the literature with regard to the lack of reportable success of the ASAP type programs in reducing DWI recidivism. First, it has been quite difficult to establish success of the ASAP's due to the unavailability of uncontaminated results (Goodstadt & Sheppard, 1983; Michaelson, 1979; Scoes & Fines, 1977). Second, these programs were originally designed to re-educate rather than punish the convicted DWI offender. The punishment aspect that arose resulted incidentally from the inconvenience of class attendance. Third, oftentimes people who failed to

attend the classes were not forced to suffer any subsequent consequences. This distracted from the credibility of the programs in the eyes of the courts as well as the participants, in that there was no treatment effort completed in these cases.

Another factor pointed out in the literature that greatly contributed to what is considered a lack of success of these programs was that first-time offenders, recidivists, social drinkers, problem drinkers, and alcoholics all received the same educational programming and treatment (Goodstadt & Sheppard, 1983; Kern, Schmelter, & Paul, 1977; Michaelson, 1979; Reed, 1981; Scoles & Fine, 1977). Reed (1981) also contends that because most drunk drivers are never arrested, the potential benefits from these programs are relatively minor.

The DWI school is a more recent approach to working with the legal system by providing education to the convicted drunk driver as an effort to prevent the reoccurrence of the drunk driving behavior. This approach is patterned after the ASAP model and is designed to use a standard informational curriculum that focuses primarily on the effects of alcohol misuse on traffic safety. At this time there is little evidence to indicate that these efforts have been successful in reducing DWI recidivism to any appreciable degree (Holden

& Steward, 1981; Landrum, et al, 1981; Neff & Landrum, 1983; Reis & Davis, 1980).

Even though these programs did not show a significant success as a deterrent to DWI recidivism, their existence has proved to be part of the foundation for the development of the current drug and alcohol counseling centers. At this point in time these centers are, for the most part, treating the convicted drunk driver in a post-conviction effort. This treatment usually consists of an evaluation to determine the degree of alcohol lifestyle involvement. Often this evaluation is court ordered as part of pre-trial or pre-sentence investigations. The completion of this evaluation does not insure that an individual will receive or be required to undergo treatment for alcohol abuse. Counseling is done on an individual or group basis, as needed.

At this point in time many alcohol counseling centers refuse to work with the resistant client who is unwilling to admit to being an alcoholic. Once again, like the medical model of the health strategy, these programs often operate from the assumption that drunk drivers are alcoholic or in a pre-alcoholic stage. Since alcoholism is considered a disease that cannot be cured, rehabilitative efforts are stressed rather than working toward a cure for the behavior. Thus,

drunk drivers may still not be receiving the type of treatment needed to eliminate the behavior of drunk driving.

Recommendations For The Future

It is my belief that the elimination of drunk driving can be more successfully accomplished by the utilization of a systems approach. This systems approach can only be effective when the various parts or strategies within the system work together in a coordinated and unified effort.

As was stated earlier in this paper, pressure has been placed on legislative bodies to dictate increasingly severe punitive sanctions for those convicted of drunk driving. It would appear that laws dictating more severe punishments are counter-productive. Law enforcement personnel are failing to make arrests, prosecuting attorneys are plea bargaining to lesser charges (i.e., reckless driving), and judges and juries hesitate to send convicted drunk drivers to prison.

The laws should be written in such a manner that they provide provisions for treatment alternatives in addition to punitive sanctions. This treatment should be curative in nature and individuals not successfully completing the minimum requirements should then be fined or incarcerated. It should be the responsibility of the counselor providing treatment to notify the courts when an individual does not meet treatment requirements. It should then be the responsibility of the

judicial system to treat the offender with punitive sanctions. These punitive sanctions should be applied consistently regardless of the offender's sex, age, race, occupation, or social-economic background.

To go along with consistency in sentencing of drunk driving offenders, celerity of punishment is essential if this punishment is to serve any other purpose than mere social retribution. Celerity of punishment can also be used as an operant conditioning process for more effectiveness when using punitive sanctions as a method of inducing behavioral change. Consistency and celerity of sanctions, especially punishment, could result in more arrests, a higher conviction rate, and possibly more success in the elimination of drunk driving.

As mentioned previously, judges and juries might be more apt to convict and sanction drunk drivers if the sentencing options available are not all punitive in nature or oriented to the criminal. It should be noted here that only 21.1 percent of all convicted drunk drivers in the state of Iowa in 1986 received any type of counselor evaluation or treatment of their drinking/driving problem; while 52 percent were given jail time, 63.5 percent were fined, 3 percent were confined to a residential facility, 1.6 percent were

incarcerated in prison, and 43 percent were given supervised probation (Iowa Statistical Center, 1987).

Looking at these very recent statistics of court ordered sanctions for the convicted drunk driver, I do not find it at all surprising that a cultural ambivalence exists with regard to arresting, convicting, and sentencing those who choose to drive while alcohol-impaired. This social issue has been turned into a criminal problem. I do not believe that all individuals who are arrested and convicted of drunk driving are necessarily alcoholic or criminal despite the fact that society has "dumped" this social issue into the realm of the judicial system.

Since laws have been written and passed that in effect do criminalize drunk driving, counselors are needed to work within the criminal justice system in order to provide curative treatment methods. Counseling should be made a mandatory element of the sentencing for all DWI offenders, thus trained professionals must be available to provide this treatment. These trained professionals should have a college education in the counseling field with a specialization in addictions and the use and abuse of substances. These providers should also have a working knowledge of all the elements of the judicial process and the criminal justice system. These counselors must be able to demonstrate their competence in

counseling, be non-judgmental, sensitive to client as well as to agency needs, be mature, patient, gentle and firm. Counselors that work with the drunk driver must discover, examine, and search themselves for any bias they may possess in this area. Working in this area as a counselor without self-knowledge of possible bias is unethical.

Whether the behavior of drunk driving is considered a manifestation of alcoholism, a lack of habilitation in values concerning driving when drinking, or a behavior as a result of a habit not heretofore questioned, past counseling methods must be closely examined to determine the reason for failure. Counselors need to be unafraid of trying creative and new approaches when working with the drunk driver.

Possible methods of treatment to be considered when working with the drunk driver are reality therapy, assertive training, self-esteem training, communication skills training, problem solving skills training, and positive "mind-talk" training. Family therapy should also be considered when working with the convicted drunk driver as a mode of therapy.

Summary

A coordinated approach between the legislative body, legal system, and counseling personnel is necessary to eliminate drunk driving. Laws need to be passed that provide for curative as well as punitive treatment methods. Counselors

must be trained and utilized to provide ethical and competent services. Family therapy should be used in order to affect maximum behavioral change in the convicted drunk driver's future lifestyle.

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