

Op-Ed/Editorials - Repaving the Road to Recovery

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People who drink and drive continue to kill children in the United States. While we have made some significant progress over the last couple of decades, driving under the influence (DUI) is still an epidemic. Of special concern are the repeat offenders, those people who are arrested more than once for DUI. Despite the hardships caused by temporary loss of license, fines, and stigma, repeat offenders keep offending. What drives this behavior to drink, and then get behind the wheel? Most likely multiple factors influence this sort of behavior, and a multi-pronged approach is most likely to succeed in decreasing the behavior.

Motor vehicle fatalities have decreased as a result of several factors. With organizations such as Mothers Against Drunk Driving (MADD) leading the way, laws have improved. For example, states have lowered the blood alcohol concentration (BAC) at which it is illegal to operate a motor vehicle. Many states also have adopted mandatory seatbelt laws and lower speed limits. Locally, police stringently enforce laws, and communities support initiatives such as the “designated driver” (see BASIS Editorial The road to responsible alcohol use: Physicians address drunk driving) and automobiles, themselves, are safer than they have ever been; still, the drop in alcohol-related motor vehicle fatalities has leveled off (NHTSA 2002 and 2003; see BASIS Editorial Alcohol Use and Driving: A Continuing Public Health Crisis). Clearly, other factors remain potent, and will need to be addressed, if more progress is to be made, especially among recidivist offenders.

Throughout my career, I have worked with people who reoffend. They are not bad people. They are not scofflaws, for the most part. They are people who struggle with a variety of psychosocial issues, however. They have serious medical problems, serious relationship problems, and serious addictions and psychological

problems. While these recidivists and the professionals who work in treatment centers for recidivists are aware of the complex problems in their lives, nobody has comprehensively catalogued the issues that complicate recovery. If problems go unidentified, then the treatment approach is not fully informed, and outcomes are less likely to be successful.

To fill this void in knowledge, the Cambridge Health Alliance Division on Addictions has undertaken federally-funded research to systematically document the variety of psychological and social difficulties from which repeat offenders suffer. The data compiled in this study will inform the redesign of our own treatment system which will, we hope, result in less DUI recidivism. In our work with offenders receiving DUI treatment in a residential program, the Middlesex Driving Under the Influence of Liquor (DUIL) program on the grounds of Tewksbury Hospital, we match clients to treatment based on the client's motivation to change. Our program offers three levels of such matched interventions: group therapy, individual counseling, and dual diagnosis clinical consultation. We have found that repeat offenders who receive such matched treatment are more motivated to pursue treatment than are those people who received treatment-as-usual. Clearly, even further improved targeted treatment for DUI offenders, especially those who repeat the behavior, needs to be added to the treatment plan for repeat DUI. Our hope is that the next decade will witness another significant decline in alcohol-related motor vehicle fatalities, much as we experienced in the 1980s and early 1990s.

What do you think? You can address comments to Dr. Mark Albanese.

References

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