

What influences driving under the influence?

December 18, 2015

At the Division on Addiction, we have studied DUI behavior for a long time – almost 12 years. We have established a connection between repeated DUI behavior and mental health diagnosis. We have quantified that connection and replicated it ([Nelson, Belkin, LaPlante, Bosworth, & Shaffer, in press](#); [Shaffer et al., 2007](#)). We have shared those findings with treatment providers and used those findings to inform the development of a computerized mental health screening system, the Computerized Assessment and Referral System (CARS). We hope to continue to raise awareness about mental health issues among repeat DUI offenders and provide tools to detect and address those issues. This work is important; the data are important. But these numbers and rates and charts do not in themselves provide an in-depth understanding of the experiences, pathways, and triggers that influence the DUI population we study to repeatedly commit an act that has the potential to result in severe consequences for themselves and others.

My team and I have spent the last seven months conducting interviews with more than 170 repeat DUI offenders enrolled in our current study. Their stories are complex and diverse and not captured entirely by the numbers we add to our spreadsheets. Below, we share a few observations we have made.

1) Lack of knowledge is not the driving force for repeat DUI offenders.

Many DUI programs focus on education. Massachusetts' first offender program is called Driver Alcohol *Education* (emphasis added), and the second offender program repeat DUI offenders have to attend is primarily education-based. These programs provide information about how alcohol affects a person, how much alcohol different types of drinks contain, the dangers of driving after drinking, state laws related to DUI, and specific steps offenders need to take to get their licenses back. And the individuals in our sample value the information they receive as part of these programs. But, especially among repeat offenders, most have a basic understanding of these facts, and some know the laws and consequences of DUI far better than you or I. Yet still they re-offend. If you look at

the trend line for DUI-related motor vehicle fatalities, there is a notable reduction in DUI fatalities across the decades that corresponds to public awareness campaigns to raise awareness about the dangers of DUI ([National Highway Traffic Safety Administration, 2008](#); [Nelson & Tao, 2012](#)). That reduction has stalled out in the past decade. One interpretation of these numbers is that knowledge-based campaigns reduced DUI behavior among individuals for whom lack of knowledge or attitude was the primary contributor to DUI behavior. Individuals who re-offend today are different than those who were engaging in DUI behavior 30 years ago. Individuals who engage in repeated DUI today, despite being caught, are those whose behavior is driven by more than knowledge and attitude. Most of the individuals in our sample know their behavior is destructive and *want* to stop. In fact, the repeat DUI offenders we have spoken to are, if anything, *more* accepting of the dangers of their drinking and driving behavior and *more* interested in changing their behavior than the first-time offenders we have interviewed. The awareness and desire are there; the control is not.

2) For many repeat offenders, DUI behavior is a manifestation of a lifetime history of trauma and emotional problems

The vast majority of repeat DUI offenders we have interviewed either are suffering or have suffered disproportionately in their lives. Many of these individuals have extensive histories of trauma and abuse. Many have significant family dysfunction, both in their families of origin and, perhaps consequently, in those they construct. A large number grew up in families where substance abuse was the norm and were exposed to substance use from a very young age. Many have significant emotional problems, and some have considered or attempted suicide in their past. As a result, many of the individuals we interview report juggling multiple prescription drugs, in addition to illicit substances, to try to manage mental health problems. In multiple interviews, individuals in our sample have described their initial use of substances as influenced by an environment around them where substance use and abuse was the norm, and their continued use and abuse driven by significant losses, conflict, depression, and the need to escape. Some have acknowledged their DUI behavior itself as an attempt to escape or harm themselves. In many cases, individuals report a background level of trauma, stress, and dysfunction, and then a specific trigger like the loss of a loved one or the failure of a relationship with which they are unable to cope that led them to escalate their substance use or led directly to the DUI for which they

were arrested.

3) Anxiety is a common and pervasive theme for repeat DUI offenders

Past work has focused on other externalizing behaviors as related to DUI, with the idea and some evidence suggesting that DUI is part of a larger pattern of risky behavior and criminality ([LaBrie, Kidman, Albanese, Peller, & Shaffer, 2007](#)). To a lesser extent, studies suggest a role of depression in DUI and some DUI treatment addresses depression issues. However, somewhat unexpectedly, among many of the repeat DUI offenders in our sample, anxiety, more than depression, is a severe and debilitating problem. For some it is tied to trauma and manifests as post traumatic stress symptoms. But for others, it is a problem they have experienced since childhood. Individuals in our sample describe social anxiety, generalized anxiety, and panic attacks. Many drink to relieve those feelings. When these individuals stop drinking, they continue to experience anxiety. Some use other substances, like marijuana, to calm that anxiety and would never consider stopping that substance use even if they are fully committed to sobriety. Many, once they stop drinking, continue to experience anxiety, as well as feelings of social isolation since their social interactions revolved around drinking.

4) One size does not fit all

For every observation here, there is an individual who does not fit that generalization. DUI is a unique crime. It is a criminal act that consists of two acts – drinking and driving – that are each perfectly legal when separated from each other. As a result, DUI offenders, particularly first-time offenders, range across the entire spectrum of economic and social status, criminal background, living situation, etc. Even among the repeat DUI offenders in our sample, there is extensive diversity of economic situation, family background, and criminal involvement. Most have some history of past traumatic experiences or emotional problems, but some don't. Though for many drinking is a way of coping, for others it is strictly a social activity.

5) People want to get better and can recover

Perhaps the most striking observation about the repeat DUI offenders in our sample, as mentioned earlier, is the strength of their desire to get better and recover. A vast majority of those we have interviewed accept that their drinking is

or was out of control and are fighting to change it. Many have indicated that they know their drinking will kill them if they don't stop. For those who have attempted to quit drinking and lapsed, recovery continues to be something they struggle for. In more than one interview, respondents told us that they had lapsed, gone on a drinking binge, and then called the police on themselves in order to get help. For others, giving up drinking means turning their backs on all of their past friends and acquaintances who still drink. For these individuals, lapses can occur when they need support and only have drinking- or substance-using friends to turn to. Those who don't lapse still must struggle with social isolation exacerbated by their lack of transportation. (In Massachusetts, repeat DUI offenders lose their licenses.) Many of the individuals we interview are fully committed to AA or other recovery support groups and have been sober since they received their last DUI. Others want nothing to do with AA, but set up their own social support systems through family and friends to stay sober. Many of those who still drink have reduced their drinking or changed the settings in which they drink.

6) Among repeat DUI offenders, DUI is the consequence, not the problem

These observations are not meant to apologize for these offenders, justify their actions, or downplay the immense suffering and damage their actions can cause. On the contrary, these observations demonstrate how deep and pervasive the problem of repeat DUI is. Education, punishment, and intervention as usual, does not and will not change this behavior among repeat DUI offenders. Those who do change do so not because of their loss of license or a better understanding of the size of a standard drink, though these might serve as catalysts. Those who change do so because they begin to recognize and address the problems that influence the way they drink. They find or create support systems that help them do this work. Most of those who don't change do not lack information; they want to change but lack the tools, treatment, and support system to cope with their problems.

— Sarah Nelson

What do you think? Please use the comment link below to provide feedback on this article.

References

LaBrie, R. A., Kidman, R. C., Albanese, M. J., Peller, A. J., & Shaffer, H. J. (2007). Criminality and continued DUI offense: Criminal typologies and recidivism among repeat offenders. *Behavioral Sciences & Law*, 25(4), 603-614.

National Highway Traffic Safety Administration. (2008). *Statistical Analysis of Alcohol-related Driving Trends, 1982-2005* (No. DOT HS 810 942). Washington, DC.

Nelson, S. E., Belkin, K., LaPlante, D. A., Bosworth, L., & Shaffer, H. J. (in press). A prospective study of psychiatric comorbidity and recidivism among repeat DUI offenders. *Archives of Scientific Psychology*.

Nelson, S. E., & Tao, D. (2012). Driving under the influence: Epidemiology, etiology, prevention, policy, and treatment. In H. J. Shaffer, D. A. LaPlante & S. E. Nelson (Eds.), *The APA Addiction Syndrome Handbook* (Vol. 2. Recovery, Prevention, and Other Issues, pp. 365-407). Washington, DC: American Psychological Association Press.

Shaffer, H. J., Nelson, S. E., LaPlante, D. A., LaBrie, R. A., Albanese, M. J., & Caro, G. (2007). The epidemiology of psychiatric disorders among repeat DUI offenders accepting a treatment sentencing option *Journal of Consulting and Clinical Psychology*, 75(5), 795-804.