

INCARCERATION AS AN INTERVENTION FOR INDIVIDUALS
WHO ARE REPEATEDLY APPREHENDED FOR DRUNK DRIVING
A SURVEY OF ADULT MALES SENTENCED TO THE BRANDON
CORRECTIONAL INSTITUTION BECAUSE OF
DRINKING AND DRIVING CHARGES

BY

CARLSON ONISCHUK

A thesis presented to the
University of Manitoba
in partial fulfillment of the requirements
for the degree of

MASTER OF SOCIAL WORK

in the

School of Social Work
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Winnipeg, Manitoba

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TABLE OF CONTENTS

	<u>Page</u>
List of Tables	ii
List of Graphs	iii
<u>CHAPTER</u>	
1 Problem Solving	1
2 Educational Benefits	4
3 Impact of Drunk Driving	5
4 Characteristics of the Drinking Driver	12
5 Alcohol Abuse and Addiction	27
6 Apprehension and Incarceration	46
7 Incarceration as a Crisis Experience	58
8 Impact of Treatment Efforts Within the Correctional Setting	64
9 Method	75
10 Data	85
11 Discussion	121
Bibliography	132
Appendix	

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1 Psychosocial Control Model: Interactionist Approach	13
2 Table to Determine Rough Blood Alcohol Concentration For Males	30
3 Flow Chart of the Crisis Experience	62
4 Distribution of the Impaired Driver Population by Previous Incarceration and Stated Alcohol Problem . .	89
5 Age	90
6 Ethnic Background	92
7 Marital Status	94
8 Education Level	96
9 Employment Status	98
10 Living Location at Time of Admission	101
11 Previous Contact with the Criminal Justice System . .	102
12 Reported Driving Record	104
13 Sentence Length	109
14 Responses as to Who Felt Their Incarceration Would Have an Impact on any Part of Their Social Network . .	113

LIST OF GRAPHS

<u>Graphs</u>	<u>Page</u>
1 Cause of Death by Age of Victim: A Comparison of Heart Diseases and Stroke Related Deaths to Traffic Injuries..	10
2 Total admissions by Sentence Length - September 1986 to September 1987	79
3 Pattern of Admission of Impaired Driver From September 1986 to September 1987	87
4 Result Index of Peer Relations, Index of Self Esteem, Scale of Generalized Contentment	106
5 Alcohol Questionnaire Results	111

CHAPTER 1

PROBLEM STATEMENT

Over the past number of years there has been growing public pressure that action be taken to deal with the drunk driver. A major impact of this pressure has been to have the criminal justice system deal with this individual as someone who is engaged in a criminal act and from whom society must be protected.

Part of this action has been to introduce mandatory sentencing for those who are repeatedly convicted for drinking and driving. The jail sentence aims to punish the individual for his actions, protect society by making it impossible for him to repeat the crime for a period of time, and in turn, hopefully deter the individual and others from committing similar offences in the future.

One result of this action is illustrated by reviewing the numbers of individuals incarcerated for drinking and driving offences here in Manitoba over the past number of years. These numbers include individuals incarcerated for driving with a suspended driving licence, however this group makes up less than ten percent of the total admissions cited.

In 1982 there were 761 admissions to provincial institutions for drinking and driving offences; in 1983 there were 1083 admissions; in 1984 there were 1031 admissions; and in 1985 there were 943 admissions. In total this group of offenders accounted for 3791 admissions to the provincial correctional system.

The impact of this population is best judged by looking at the total number of sentenced adults admitted to provincial custody. In

1982-83 there were 4152 total admissions in 1983-84 there were 4457 admissions; and in 1984-85 there were 4916 admissions (Statistics Canada and Manitoba Provincial Statistics, 1987). This would suggest that drunk drivers make up almost a quarter of the provincial jail populations at any given time.

The interpretation which accompanied the provincial statistics identified increased enforcement of drinking and driving laws as a major contributing factor to growing jail admissions (Manitoba Provincial Statistics, 1987).

The existence of this significant population raises some basic questions. Who are the people that are being incarcerated for drinking and driving? What, if any, special needs or characteristics do they possess? What forces interact to bring them into contact with the criminal justice system? And, what is the nature of the experience they have while in the care of the correctional system?

From the perspective of social work within the correctional system questions have to be asked regarding the impact this intervention has on the client. What program initiatives are undertaken to accommodate the special needs of this client group? And, what impact does these efforts have on the client?

Not only does one want to describe the population in question, one also wishes to develop an understanding of the problem from a social work perspective. The basic foundations of social work practice are stated in Pincus and Minahan (1973) under the heading "Purpose of Social Work."

The purpose of social work is to: (1) enhance the problem-solving and coping capacities of people, (2) link people with systems that

provide them with resources, services and opportunities, (3) promote the effective and humane operation of these systems, and (4) contribute to the development of social policy (pg. 9).

It is hoped that from the information and knowledge generated by this project that issues related to the incarcerated drunk driver can be addressed under each of the areas of action stated by Pincus and Minahan.

CHAPTER 2

EDUCATIONAL BENEFITS

Given the nature of this project there are a number of educational benefits to be gained.

On a global level benefits would be gained in the increased knowledge of alcohol abuse and addiction. This increase in the knowledge related to this problem and the range of interventions which could be considered effective for this particular client grouping would contribute to future program planning.

There would also be gains in the level of knowledge related to the nature of the population of repeat drinking drivers found in the rural area, who are incarcerated because of their offences.

The review of the population will develop an understanding of how these individuals experience incarceration. This would aid the development of program initiatives aimed at this specific group.

The conduct of this project will also develop a framework by which future knowledge building surveys can be conducted with the goal of developing greater knowledge of other specific client groups within the correctional setting.

This, in turn, would aid in the development of an evaluative framework by which other program initiatives within the institution could begin to be evaluated.

CHAPTER 3

IMPACT OF DRUNK DRIVING

Over the past number of years there has been growing pressure to move those who make and enforce laws to do something to reduce or remove the threat of the drunk driver from the public roads.

This is not a new concern as reflected in The Drunk Driver and Jail,

Alcohol has been recognized as a significant factor in motor vehicle deaths and injuries since the beginning of the century. Initially, it was the behavior of drivers involved in accidents that called attention to the role of alcohol. This evidence was sufficiently strong to persuade most states to adopt drunk driving laws during the second decade of the century. New York had such a law in 1910, and by 1924 the drinking problem regarded as sufficiently serious to lead Connecticut to jail 254 drunk drivers (Vol. 1, 1986, p. 6).

Today the drunk driver inflicts a terrible price on society. This price can be measured in terms of the cost burden on the medical, social and legal systems. There is also the immeasurable cost borne by the families, friends and communities of the victims of the drunk driver.

A May, 1987, press release from the Right Honorable Lee Clark's office reported in Sunday, Sunday, that in Canada "1900 people die every year and 50,000 people are injured because of drunk drivers." Continuing with a special focus on young people, "according to a recent poll...over 50 percent of young people drive after drinking. While they represent only 16 percent of the population, youth account for 36 percent of those who are arrested for drinking and driving." The release goes on to report the "50 to 60 percent of all traffic fatalities in this age bracket are alcohol related."

The Washington Post, November 9, 1984, reviewing information from the U.S. Department of Transportation stated that "drunk drivers were both dangerous and expensive to the nation - causing 25,000 fatalities and half a million injuries at a cost of more than 24 billion dollars a year."

This report pointed to other costs related to dealing with the drunk driver.

In Seattle, for example, the law was amended in 1980 to require all those convicted of drunk driving to serve at least one day in jail...three judges have been added to the six who had previously handled these cases. Jury trials have doubled, and the country has had to open a new corrections facility to handle first offenders (Washington Post, Nov. 9, 1984).

In addition the same report stated that, "drunk drivers now represents 70 percent of the probation departments caseloads." And, "a new legal specialty has arisen in this field....As a result, cases are more often contested, and are, therefore, more lengthy and expensive" (Washington Post, Nov. 9, 1984.)

A summary of statistics related to the impact of the drunk driver from the American National Highway Safety Administration includes the following review of the impact of the impaired driver in the American context.

- A quarter of a million people have died in alcohol-related auto crashes in the past decade.

- More than 25,000 people are killed each year in alcohol-related crashes.

- About 500 people are killed each week in alcohol-related crashes.

- Nearly 70 people are killed every day in alcohol-related crashes.
- One person dies every 21 minutes in an alcohol-related auto crash.
- 650,000 persons are injured in alcohol-related crashes each year.
- 125,000 persons are permanently injured in alcohol-related crashes each year.
- One million drunk driving collisions occur each year.
- More than 50% of all fatal highway crashes involving two or more cars are alcohol-related.
- More than 65% of all fatal single car crashes are alcohol-related.
- An estimated one out of every two Americans will be involved in an alcohol-related crash in their lifetime.
- Alcohol-related crashes are the leading cause of death for Americans between 16 and 24 years of age.
- Young people between the ages of 16 and 24 are involved in 44% of all night time fatal alcohol-related crashes, but make up only 22% of the total licensed population and account for only 24% of the total vehicle miles travelled by licensed drivers.
- 36% of adult pedestrians accidents involve an intoxicated pedestrian.
- The motor vehicle crash is the number one cause of death for all Americans up to the age of 35 (and more than 50% of these fatal crashes involve drunk drivers).
- 80% of all fatal alcohol-related crashes occur between 8 p.m.

and 8 a.m.

- On an average, by 12 midnight on a typical weekend night, one out of every ten drivers is legally impaired or drunk.

- Of every 2000 drunk drivers, only one is arrested (and the chance of receiving a serious penalty is statistically insignificant).

The Canadian experience shows much the same. From Crossroads: A National Newsletter on Drinking and Driving, Vol. 1, No. 4, December, 1987, an article titled, "How Big is the Alcohol-Crash Problem?" the authors state, "Impaired driving destroys the quality of life for victims and offenders alike, overburdens our criminal justice system and health care systems and yet persists as the single most frequent cause of serious traffic crashes."

What follows are the best estimates possible of the Canadian experience in the opinion of the authors of Crossroads.

- In 1986, there were 3,516 traffic crashes resulting in one or more deaths. About half of these crashes (50%) involved alcohol as a causal factor. Thus, fatal crashes due to alcohol numbered about 1,750.
- In 1986, there were 183,476 traffic crashes resulting in one or more injuries to vehicle occupants or pedestrians. Based on past studies, about 25% of these crashes probably involved alcohol as a causal factor. Thus, injury cases due to alcohol, numbered about 45,860.
- In 1986, 4071 persons were killed in traffic crashes. Given that 50% of fatal crashes are related to alcohol, we estimate that about 2000 people died in alcohol-related crashes.
- In 1986, 264,481 people were injured in traffic crashes. Since about 25% of these crashes are related to alcohol use among drivers and pedestrians, we estimate that about 66,000 persons suffer injury due to alcohol impairment among road users.

The impact of drunk driving is made clear when compared with the other major causes of death which are foremost in our awareness;

heart disease, stroke and cancer. Graph 1, adapted from Transport Canada's magazine on drinking and driving, Smashed, 1987, shows that traffic injuries easily double the death rates of the others causes combined. Give that the standard appears to be that 50% of all traffic fatalities are attributable to alcohol use, this massive loss of life could be eliminated.

The report goes on to review other facts about the magnitude of the drinking driver threat in Canada.

- About one in five (20%) of nighttime drivers in Canada have been drinking and one in fifteen (6%) are legally impaired.
- Alcohol is involved in one in two (50%) of fatal crashes, three in ten (25%-30%) of accidents involving injury, and one in ten (10%) of accidents involving property damage only.

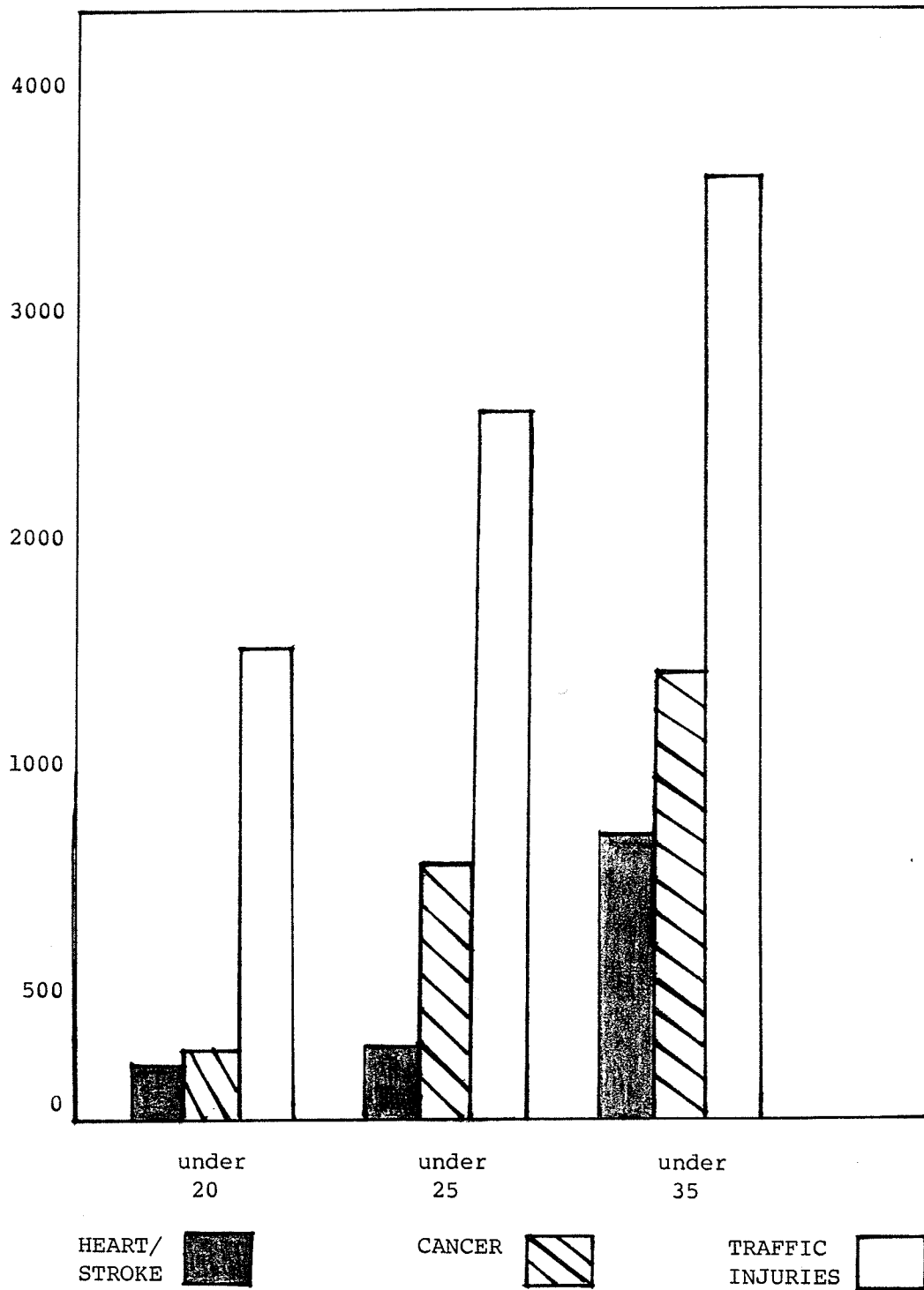
One needs only think in terms of what we consider normal social networks to gain a sense of the grim cost inflicted on our society. Each person represented by these statistics belonged to a family, a network of friends, a network of co-workers and a community. All these lives suffer in some way because of the actions of the drunk driver.

Yet, one has to wonder at the lack of a general outcry of rage from society against this senseless slaughter. Other criminal activity which results in loss of life, great loss of property and great cost to society (murder or the drug trade) result in public condemnation, political debate and action.

Is there a sense, that because for most in society consuming alcohol and operating an automobile are not unknown or uncommon, that we look at the impaired driver and think "by the good grace of God go I," seeing ourselves and minimizing the reality of the act?

GRAPH 1
CAUSES OF DEATH BY AGE

FREQUENCY



Ref. Simpson, H.M., Issues in Traffic Safety, TIRF Report: 1985.

The reality of the impact of the impaired driver on our society cannot be ignored. And the awfulness of this reality demands action, but before effective action can be taken to reduce or eliminate the drunk driving we must develop an understanding of who commits this crime.

CHAPTER 4

CHARACTERISTICS OF THE DRINKING DRIVER

Driving drunk is an act which an individual makes a decision to commit being fully aware of the possible consequences and costs to himself and others.

This project aims not to deal with the drink driver found in the community, but with the repeat offender who is incarcerated. Therefore, while the literature review establishes a wide range of characteristics of the drunk driver it is expected that the target population will reflect a more focused concentration of these characteristics.

The review of the literature indicates that identifying a specific profile of the drunk driver may not be possible. However, it becomes clear that a number of patterns in the drunk driver population reoccurs giving practitioners a clearer target at which to aim their efforts.

In 1984, The Journal of Studies on Alcohol held a conference on "Alcohol and Highway Safety." This conference attempted to review the problem of the drinking driver in a larger context, looking at the multi-causal character of the problem, but found a lack of hard data and, in the opinion of some presenters, a history of neglect regarding the subject.

Joseph Gusfield (1985), found that most studies of drinking and driving focused on establishing the link between alcohol use and accident risk. Gusfield goes on to look at social and cultural contexts which may contribute to the decision to drink and drive.

His review of the literature led him to conclude that past studies attempting to link the social composition of drinking drivers were

"inconclusive, conflicting in nature or limited by the multi-causal elements that affect risk" (Jones and Joscelyn, 1978; Zylman, 1972; p. 71).

One factor which was clear was that drinking and driving was a male activity. Of those arrested for drunk driving men constitute 85-90%. In fact the arrest rate of men for drinking and driving far exceed the norms of male driving and the frequency of male drinking.

The Panel Discussion of the Alcohol and Highway Safety conference (1984) was summarized in a table titled "Psychosocial control model: Interactionist approach" (see Table 1 below).

The range of variables chosen to be included points to the difficulties in attempting to specify characteristics of the drunk driver and the relationships between these characteristics.

Table 1

PSYCHOSOCIAL CONTROL MODEL: INTERACTIONIST APPROACH

<u>Person characteristics</u>	<u>Situation reefer</u>
sex	
age	cultural-racial
educational level	driving context
occupation	drinking context
personality traits	legal controls
drinking pattern	economic conditions
drinking problem	vehicle characteristics
cognitive style	road characteristics
attitudes	weather conditions
opinions	
knowledge	

Source: Journal of Studies on Alcohol, Supplement No. 10, 1985, p.90.

This conference also highlighted a common phenomena among those arrested for drinking and driving who subsequently had their driving licences suspended. It was reported that over 65% of those

who had had their licence suspended had operated a motor vehicle at least once during the period of suspension. This is an indicator that this group of individuals are not easily deterred from rule breaking.

In a study to identify predictors of impaired drivers Jean Wilson and Brian Jonah (1985), surveyed 2000 drivers across Canada. They found,

...the Drive While Impaired (DWI) offender is most often a man, aged 30-45, with lower than average education and income, a worse than average history of driving and psychosocial disturbance (pg. 531).

They found that DWI's used seat belts less often, reported greater number of accidents, were more likely to be beer drinkers, and were less likely to moderate drinking if driving were to be involved.

They concluded that alcohol consumption was the most powerful predictor of driving while impaired. In fact, the amount of alcohol consumed by this group was 2.5 times that of the sample mean.

In a study of 206 first offenders and 104 repeat offenders Yoder and Moore (1973), found 18% were female, 86% were "Anglos," the remainder Mexican-Americans and American Indians. The age distribution was, for first and repeat offenders under 20, 2 and 0%; age 20-29, 21 and 15%; age 30-39, 28 and 32%; age 40-49, 22 and 28%; age 50-59, 19 and 23%; age 60-69, 6 and 2%.

There was no difference in marital status between the two groups. Of the two groups, 11% had never been married; 55% were married and 23% were divorced or separated.

This study reported 65% had at least a high school education,

while 43% had completed grade 12. The population reported an unemployment rate of 15% with a rather even distribution across occupations.

Of the sample, 24% reported being raised in a home without one or both parents, while 76% were raised in a household with both parents present.

This study also asked the question, "Have you ever been arrested before for any cause?". The repeat offenders showed the highest level of previous contact with 94%, while the first offenders reported 42%. This included previous drinking driving charges for the repeat offenders. In addition 26% of the first time offenders responded positively to the question, "Have you ever thought you might have a drinking problem?". Of the repeat offenders 48% reported having thought they had a drinking problem.

This study also reported Blood Alcohol Concentrations (BAC's) of the population in question. They found a mean BAC for first offenders of 0.19% and 0.22% for repeat offenders. The Michigan Alcoholism Screening Test was also administered to the study population. Scores of 5+ indicate a problem with alcohol, likely alcoholism. Of the total N of 269, 74% scored 5+, 6% 4+ and 20% < 4. The authors raised some doubt of the accuracy of these results because of their dramatic nature. Overall this seems to point to alcohol abuse as being a major factor in the make-up of the drinking driver population.

Steer, Fine, and Scoles (1979), reviewed 1500 men arrested for driving while intoxicated in an attempt to classify these individuals.

They found the group had a mean age of 37.59 years. When

reviewing marital status they found 46.2% were married, 27.9% had never married, 15.5% were separated, 7.7% were divorced and 2.7% were widowed. The study also showed 80.1% were employed full time.

Of the population 19.6% grew up in a home where no father was present, 13.8% reported a father who was a heavy drinker, and 6.7% reported the mother was not present.

The population reported that 3.9% had been exposed to previous alcohol treatment and 28% reported previous drinking and driving offences.

McCord (1984), conducted a study which compared the lives of men convicted of drinking and driving with a matched population of non-offenders.

Of the non-offender population 24% showed a history of alcoholism, while those convicted of drinking and driving 86% showed similar histories. When comparing the two groups for previous alcohol treatment, 6% of the non-offenders and 33% of the offenders had an previous exposure.

When looking at other criminal activity no significant difference could be found between the two groups when looking at age of first conviction. However, of those convicted of drinking and driving 64% had been convicted of crimes against property and 31% convicted of crimes against persons. Of the non-offender group 21% had been convicted of crimes against property and 13% convicted of crimes against persons.

The study also seemed to indicate that the pattern of paternal interaction had some influence on future drinking and driving. This paternal interaction was characterized by conflict, aggression,

paternal alcoholism, paternal rejection and criminality.

Bradstock, Marks, Forman, Gentry, Hogelin, Binkin, and Trowbridge (1987), found that life style could have an impact on the decision of a person to drink and drive. Binge and chronic alcohol use were linked to incidents of drinking and driving. The study also explored how the population experienced stress and how they responded to it. Thirteen point three percent of the population reported high stress levels and 21% of the population reported that they were likely to drink and drive if experiencing stress.

Mercer, writing in the Royal Canadian Mounted Police Gazette (1988), took the approach of attempting to look at those who come into contact with the system for drunk driving as belonging to one of two classifications of the problem. The problem could be looked at as an "impaired driver problem" or as an "impaired problem driver." His findings pointed to the fact that the driving records contained significantly higher arrest and accident rates than those of the general driving population. He found that those not convicted of DWI, 60% showed a conviction free record while for those convicted of DWI only 20% showed a conviction free record. The position put forward by this paper is that the problem is not one of impaired drivers but one of impaired problem drivers.

Hyman (year unavailable), conducted a study of 1722 subjects arrested for drinking and driving in Santa Clara County, California and Columbus, Ohio.

It was found again, that impaired driving was a male activity with men making up between 90 to 95% of those arrested. The median age of the two sample groups were 37.9 and 37.3 years with two-thirds

of the men falling between 25.9 and 47.9 years in one group and two-thirds falling between 27.4 and 51.4 years in the other group.

The research also showed lower BAC's reported at the time of arrest for the younger population. This pointed to less alcohol consumed by the younger drivers than the older and possibly more addicted drinker. It is also suggested that the younger drinking driver has yet to learn to drink and drive as effectively as the older drinking driver. This would contribute to the easier detection of the young impaired driver by police.

The study also found that those arrested for drinking and driving had an unemployment rate higher than others found in the same census tract. One group reported a rate of unemployment of 18.7%, compared to 9.3% for the general population, while the other group showed an unemployment rate of 11.6% as compared to 3.8% for the general population.

The study also reviewed the BAC's against the standards which would indicate "heavy drinkers." It was their conclusion based on the standard of 0.25% and the fact that 33% of those under 21, 54% of those aged 21-24, 64% of those aged 25-29 and 88% of those aged 30-34 were over this standard. Between age 35 and 54 reported BAC's varied between 68 and 91% over the standard, declining after age 55. This all seems to indicate that when dealing with drinking drivers we are dealing with "something more than 'heavy drinkers'" (p. 144).

Cosper and Mozerky (1968), attempted to look at the social correlates linked to drinking and driving rather than follow the usual pattern of reviewing alcohol use and accident rates. Their review of the field found that in a study of 367 drivers apprehended for impaired

driving in Ottawa, Ontario. They found 86% were between the ages of 25 and 54, 62% were blue collar workers, 63% had been drinking in a bar, 75% had been drinking non distilled beverages and nearly 50% were apprehended on Friday or Saturday (Coldwell and Grant).

They also reviewed an extensive Swedish study (Goldberg) which reported that the impaired driver population was overrepresented in the 25 to 54 age group and underrepresented in the over 54 group. It was also found that those who reported being divorced were overrepresented. When looking at the living location of the subjects they found those from urban centers were overrepresented, while those from a rural setting were underrepresented. This population is also overrepresented by those groups who were legally defined as alcoholics and those who had previous arrests for drunkenness.

Cosper and Mozersky also reviewed Mulford, who in a study of Iowa drivers looked for a "high probability drinking driver." This study defined an target driver as a driver who was likely to have imbibed 2 or 3 drinks in an hour and driven an auto within the hour sometime in the previous year. The study found the high probability drinking drivers were male age 20-40, disproportionately college educated, overrepresented in the upper while-collar skilled and unskilled occupations and underrepresented in clerical, sales, semi-skilled and farming occupations.

The authors collected data from two different communities, randomly selecting dwelling units to be surveyed. One item of study was drinking patterns. In one community 52% of the men preferred to drink several times a week, one group showed 30% who averaged three or more drinks per occasion, the other group showed 20% who preferred

four or more drinks per occasion. The two groups showed between 7 and 12% of the men were deviant drinkers. The study also showed a relationship to age with the percentage of those who preferred frequency of drinking was several times a week beginning low, increasing sharply to age 30 or 40 and then leveling off.

It was also noted that divorced or separated people drank more than married people, particularly at younger ages.

Leisure activity, the need of the respondent to drive to and from the activity and the relationship of alcohol consumption to the leisure activity all had a bearing on the frequency of drinking and driving. Of the sample, 40% reported drinking and driving after socializing, 26% after sports, 18% after service activities, 14% after hobbies and 7% after entertainment.

The respondents were also asked how many drinks they could consume before they would stop driving. Three times as many men than women thought they could have six or more drinks safely, those between 20 and 44 years of age were more likely to make large estimates of their capacities. Those who were divorced or separated also made estimates of six or more drinks. These estimates seem to be linked to the drinking experiences of the respondents and not their driving histories.

Maisto, Sobell, Zelhart, Connors and Cooper (1979), randomly selected the driving records of 656 individuals who had come to the attention of the Tennessee Department of Safety due to driving violations. The data suggests that the probability of receiving the first drinking and driving conviction is low. However the probability of receiving a second conviction is high: 26% of the sample

re-offended at least once during the 65 month study period. The study also showed the period of time between the convictions decreased as the number of convictions increased. From a period of two years between the first and second conviction the gap decreased to 17 months between the second and third conviction, to 11 months between the third and fourth, and to 8 months between the fourth and fifth conviction.

Argeriou, McCarthy and Blacker (1985), searched the records of 1406 individuals convicted of drinking and driving to review past criminal activity. They found 59% had previous convictions for serious traffic violations other than drinking and driving and 27.7% had been previously arrested for drinking and driving. Of the sample 34.4% had been arrested for public order offences, 29.3% for property offences, 18.1% for theft, 14.5% for vandalism and 19.1% for offences against the person. Broken down by age the data seemed to show for younger individuals that drinking and driving charges were part of a larger picture of criminal activity while older individuals with driving offences seemed to indicate a problem with alcohol. In total only 23.5% of the population had no previous arrest record.

Mookherjee (1984), reviewed questionnaires from eight hundred men who had been convicted of drinking and driving. He concluded that alcohol in combination with disrespect for the law, peer influence, and dissatisfaction with work and leisure activities could be linked to high risk drinking and driving.

Scoles, Fine and Steer (1984), reviewed the personality characteristics of high risk drivers never arrested in a study of 124 individuals. From the measures utilized in the study the authors

concluded that 50% of the drivers were experiencing "significant problems regarding alcohol consumption and driving." Fifty percent of the Mortimer-Filkins scores were within the severe problem drinking range. In addition, 49.2% of those studied did not hold a valid drivers licence, and 20.3% reported an alcohol related arrest. The personality traits identified in this study would describe the drinking driver as intelligence, warm-hearted, resourceful, and shrewed-impulsive. The study also described the high risk driver as married, under 50, educated, employed and having a problem with alcohol.

Shults and Layne (1975), studied the BAC's of people arrested for drinking and driving and public drunkenness for a four year period. They found that the BAC's of the younger arrestees were lower than those of older arrestees. This seems to indicate to the authors that the older drinkers had learned to conceal the effects of intoxication and interact in an appropriate manner with law enforcement officers to avoid detection. While younger people were less able to deal with the effects of intoxication and were more likely to come to the attention of the police.

Berger and Snortum (1985), studied alcohol beverage preferences of 1000 licensed drivers in a telephone study. It was their belief that the attitude that beer was a drink of low risk would be reflected in a higher rate of drinking and driving among beer drinkers. From their review of the literature the pattern had been noted that drinkers who preferred beer were more likely to drink and drive. The literature also seemed to suggest that beer drinkers reached higher levels of intoxication in typical drinking situations. The authors

found that beer was the preferred drink of men and young adults; those who are considered high risk violators in the field of drinking and driving. Also among heavy drinkers, men showed a strong preference for beer. Beer was also the preferred drink of low-income drivers with a limited education.

This population of beer drinkers also reported that just over half had driven at least once while "slightly intoxicated" while only 23% of wine drinkers and 31% of the spirits drinkers reported the same activity.

In regard to the attitude toward drinking and driving a smaller proportion of beer drinkers agreed that it was morally wrong to drive after having three or four drinks. Fewer of the beer drinkers felt their friends would disapprove of driving after drinking.

The study pointed to the fact that beer drinkers typically drank to higher levels of intoxication, were less likely to express moral objections to drinking and driving and were more likely to report higher frequencies of drinking and driving. The authors also suggest that a "beer drinkers" sub-culture may exist which views drinking and driving as harmless.

McCarthy, Argeriou and Blacker (1985), reviewed the three year arrest records of 522 individuals arrested for drinking and driving. Consistent with other studies they found the population to be 90%+ male with a mean age of 31.2 years. The mean age was shown to be declining because of changes in the legal drinking ages at the time of the study. The records showed that 74% of the individuals were first offenders. But there was an indication that a larger number of young people were being arrested for drinking and driving and they

were being arrested more often. The three year recidivism rate was about 19% with an over all re-arrest rate of slightly over 30% when compared with the general driving population.

Berliner (1987), reviewed the characteristics of individuals on probation because of drinking and driving charges. He found the group to be 93% male, 51% between 18-34 years, 48% between 35-64 years and 1% 65+ years. When reviewed for marital status and family background the study showed 11% never married, 5% separated, 5% widowed, 17% married (seventy percent of this group had been previously divorced), and 61% divorced. In addition, 44% reported a history of problem drinking in the family of origin while 39% reported parents divorced prior to the subject turning 18.

The study reported education levels of 11% completed the 2nd grade; 17% the 8th grade, 11% the 9th grade, 17% the 10th grade, 28% high school and 17% some college.

The population reported 6% unemployed, 5% retired, 83% blue collar and 5% managerial.

The study also reported on characteristics observed during group meetings. These observations pointed to alcohol's positive appeal because of its ability to quell feelings of isolation, despair or self-contempt. Drinking made the participants feel good, if only temporarily. The bar was also a centre of social activities and giving up drinking would mean giving up social contact. This environment was also a stage on which to act out, to prove one's manhood with aggressive behavior.

This group also seemed to see themselves as at best apart from the "square world" and in some ways more apt to be prosecuted for

drinking and driving than "the rich."

Berliner also described the group as having difficulties with relationships with the opposite sex. The men tended to see women as either "sex objects or mothers" and marriage was viewed as a trap.

A final area of interest is represented by a study conducted by Wells-Parker, Miles and Spencer (1983), which looked at the stress experiences and drinking histories of elderly drunk drivers. The findings pointed to the fact that a stressful event, such as the loss of a significant other, can be linked to the first time drinking and driving offence for the elderly. It should be noted that this population reported a history of more drinking problems than the general population of non-offenders. Within the group of offenders it was found that there was a recidivism rate of 45% among those not married while the recidivism rate among those married was 27%.

The body of knowledge seems to indicate that the drunk driver for the most part is not the average person, but is someone who exhibits a pattern of characteristics which interact to put him more at risk of drinking to a level of impairment and then driving. The next question seems to be how closely does this pattern of characteristics parallel those of individuals incarcerated for various crimes and does there exist some common ground regarding predictors of recidivism.

In summary, it appears that the research into drunk driver covers a very wide range of variables. This has produced a wide range of findings describing the drunk driver under various conditions. The data would seem to point to the drunk driver as being a male who may have a varied criminal record and a poor driving record. He would also be in his middle years (25-40) and likely to exhibit a problem with

the use of alcohol.

One may also find a history of disrupted relationships and a worse than average employment record.

This description comes from data collected from the community at large and it would be expected that those found in the correctional setting would display more dramatic indications of these variables.

CHAPTER 5

ALCOHOL ABUSE AND ADDICTION

The dynamics related to alcohol misuse are important components in developing an understanding of the drinking driver population as the literature points to the high levels of alcohol intake for these individuals.

The complexity of the development and progression of an alcohol problem is also important when one attempts to review the efforts an institution makes to deal with individuals who may have such a problem. When one considers the social, psychological and physical factors linked to the problem it becomes clear that professionals attempting to deal with the problem must possess specific knowledge and skills. In turn, this requirement for specific skills and knowledge to deal with the complexities of an alcohol problem may impact on the quality and quantity of action undertaken by an institution.

Central to the view taken of the drinking driver by organizations which must deal with him is the idea that in the majority of cases one is dealing with an individual with an alcohol problem. The United States National Highway Safety Administration (1986) states, "Because the majority of convicted drunk drivers are problem drinkers, alcohol treatment is a sanction that should be an adjunct to other penalties."

In Manitoba, the report to the Attorney General's Committee on Impaired Driving (1983), saw 70 to 75% of impaired drivers as being high risk drinkers as defined by the Alcoholism Foundation of Manitoba.

The Encyclopedia of Crime and Justice, in reviewing programs aimed at the drinking driver, states that about one-half of those

arrested for impaired driving were problem drinkers using such variables as frequency and amount of alcohol consumed and effects such as missed meals and blackouts.

Scoles, Fine and Steer (1984), found in a study of "high risk drivers" that 50% of the subjects scored within the severe problem drinking range on the Mortimer-Filkins assessment scale leaving the remainder with a "normal drinking pattern" to a "problem with drinking" score.

One needs to understand the impact the use of alcohol has on a persons ability to operate a vehicle. This is straight forward and irrefutable. However, it is information many may choose to ignore or forget in a drinking setting.

The other level is far more complex as it deals with the idea of a person's use of alcohol becoming habituated. These are the individuals who are developing a pattern of alcohol use which no longer allows them any great level of control. As with those who choose to ignore the reality of drinking and driving these individuals also run a high risk of being repeatedly apprehended for drinking and driving.

Throughout the literature the studies refer to Blood Alcohol Concentrations (BAC's) which are reported in a percentage form. The legal limit of impairment allowed is expressed as ".08" and is an expression of an individuals BAC. This is a figure which is a function of time and amount of alcohol consumed.

The standard measure of alcohol intake is expressed as a "drink" which means 1 drink = 43ml (1.5 oz.) of distilled spirits, 341ml (12 oz.) of normal strength beer, 85ml (3 oz.) of fortified wine,

and 142ml (5 oz.) of table wine. The body can process alcohol at a limited rate, one which is much slower than the rate at which the body can absorb alcohol. The rule of thumb is that the body can eliminate one standard serving of alcohol from the body every hour. In a crude manner this can be used by individuals to determine a rough BAC and their level of impairment in relation to the legal limit of ".08".

Table 2 from SMASHED (1987) is a tool which can be utilized to determine this crude BAC.

The following is a brief review of the effects of increasing amounts of alcohol on the behavior of a 73 kg (160 lb.) male from Alcohol--Do You Know Enough About It?, the Addiction Research Foundation of Ontario. At 1 to 2 standard drinks there is a flushing of the skin; inhibitions begin to disappear; heart speeds up; gaiety; and the average time for all the alcohol to leave the body is 2-4 hours. After 3 standard drinks judgment is slower; giddiness; coordination is a bit off and elimination time is 5 hours. After 5 standard drinks vision is blurred; speech is a little fuzzy; reaction time slowed down and elimination time is 9 hours. After 8 standard drinks there is staggering; loss of balance; double vision and elimination time is 15 hours.

SMASHED (1987), offered a clear summary of the effects of alcohol on the person's ability to drive. Driving is a task which requires people to use all their basic skills; perception, attention, judgment, decision-making, physical reactions and the ability to coordinate these skills. This publication goes on to state that the ability to judge distances between stationary objects is reduced at BAC's over .08. This ability can be impaired at BAC's between .05 and .08. The

Table 2

TABLE TO DETERMINE ROUGH BLOOD ALCOHOL CONCENTRATIONS FOR MALES

Body Weight kgs/lbs	Number of Drinks								
	1	2	3	4	5	6	7	8	9
45/100	43	87	130	174	217	261	304	348	391
57/125	34	69	103	139	173	209	242	278	312
68/150	29	58	87	116	145	174	203	232	261
79/175	25	50	75	100	125	150	175	200	225
91/200	22	43	65	87	108	130	152	174	195
102/225	19	39	58	78	97	117	136	156	175
114/250	17	35	52	70	87	105	122	139	156

HOURS SINCE FIRST DRINK 1 2 3 4 5

SUBTRACT FROM BAC 15 30 45 60 75

HOW TO USE THE CHARTS: Find body weight in the left-hand column, move across to the number of drinks consumed and the estimated total BAC, then determine the number of hours it takes you to consume this many drinks for every hour subtract 15 mg% from the total BAC estimate (second chart).

Source: SMASHED, The Magazine on Drinking and Driving, Injury Research Foundation of Canada, 1987.

ability to estimate distances between moving objects is reduced with impairment appearing at BAC's as low as .02. Everyone's vision is affected at BAC's of .10. Night driving is subject to particular problems associated with alcohol impairment. The ability to adjust to sudden darkness is impaired as BAC's of .08 and higher. The higher the level of impairment the longer the period of time a person is partially blinded when exposed to bright lights and then to darkness. This happens each time the drunk driver meets an oncoming vehicle at night.

When driving, people make a conscious effort to scan the road for signs, traffic and pedestrians. The drunk driver tends to make fewer scans of the environment and is likely to spend more time looking at one thing. Alcohol also has an impact on involuntary eye movements called saccadic movements which make it possible to identify the presence of objects on the periphery of the visual field. This movement is reduced by alcohol.

Vision impairment may continue till the impaired driver is viewing the world through tunnel vision. The person sees less on either side and may not see hazards in the environment.

The contribution to SMASHED went on to report that in simulated driving tests drivers with BAC's of about .09% steered and braked more slowly and used the break pedal more roughly. Some drivers with BAC's as low as .042% preformed emergency breaking and evasive maneuvers with less skill than non-drinking drivers.

As a depressant alcohol also affects the ability to make correct decisions at the right time, the normal automatic decision making process related to driving a vehicle can become a difficult task to

sort and coordinate. The experienced driver can have their driving skills reduced to the level of the beginner driver. With this there is also an impact on judgment with an increased willingness to take risks.

Moskowitz, Burns, and Williams (1985), studied the effects of low blood alcohol levels on the driving performance of ten moderate drinkers. Unlike some studies have suggested the authors could find no indication of improved driving performance at low blood alcohol levels. The study reported increasing impairment of the subjects performance as their blood alcohol levels increased. All measures in the study showed a general trend toward impaired performance with increased blood alcohol levels beginning with the lowest departure from zero blood alcohol. This would indicate that any alcohol intake would effect a persons ability to operate a vehicle.

A review by Greenberg (year unavailable) looked to the literature and found much the same data regarding the point at which a persons ability to drive is impaired by the use of alcohol. Again impairment of performance was seen in virtually all people with BAC's above .10% and in some as low as .05%. It was Greenberg's conclusion that the scientific evidence would indicate that above .05% alcohol in the blood that many individuals will experience some impairment of their performance.

These levels of intoxication should be referred to in table 2 noted earlier to give an indication of the amounts of alcohol the individual must consume to reach these levels of intoxication.

This study will include individuals who fall into the range of "normal" alcohol users, however because the target group is made up

of repeat offenders the assumption can be made that a significant proportion of the population is misusing alcohol. This is not to say that the population will be viewed as being totalty made up of alcoholics.

The most basic manner of dividing this group would be those who state they have an alcohol problem and those who state they do not have an alcohol problem. In fact, this is how the initial intake process to the institution assesses whether or not the individual has a problem with alcohol. He is asked "do you or don't you have a problem with alcohol?" and a "yes or no" answer recorded.

It is necessary to have a foundation of understanding of the development of a problematic pattern of alcohol use so one can be more discriminating with one's assessment of a possible alcohol problem.

The review of the literature indicates four general models which can be used as conceptual frameworks to explain problem drinking and alcoholism. The four are moral, biological, psychological, and sociological. No one of these models can explain adequately the etiology of problem drinking or alcoholism, however, when viewed in an interactive manner they help create a framework for understanding.

The moral model is based on the simple idea of what is right or wrong, usually rooted in religious beliefs. While this does little to advance the understanding of the problem it does help the understanding of the reaction of much of society to alcohol mis-use. There is still a reaction that those who misuse or abuse alcohol are responsible for their actions and somehow are less than moral or even sinful in their behavior.

The biological models look to some preexisting abnormality of the

individuals make-up that somehow makes the individual more susceptible to the effects of alcohol.

This area of thought has generated genetic theories which look to explain alcoholism as an disease which is passed on from one generation to another. However, there is little support for this field of thought.

There are brain dysfunction theories which attempt to account for continued uncontrolled drinking as a function of brain damage caused by alcohol consumption. This theory suggests that the continued consumption of alcohol at abusive levels causes damage to the areas of the brain which is responsible for will power and judgment. When a level of damage is reached a single drink will impact on the surviving brain cells and lead to uncontrolled drinking.

There has also been the suggestion that a pre-existing or alcohol-induced adrenal cortical insufficiency is the basis of alcoholism and could be treated by the use of adrenal cortical extract.

There are also other biological theories which view alcoholism as an "allergy" to alcohol which means that the loss of control over drinking happens with the first drink.

There is also a body of psychological models which attempt to account for problem drinking and alcoholism. It is felt that these theories can be divided into six major groups according to their orientation.

The most simplistic view is reflected by the "the alcohol effects orientation" model. This model sees the individual as consuming alcohol because of the effects alcohol produces. The better the

understanding of the effects of alcohol one has the better the understanding one will have regarding the reasons an individual abuses alcohol.

The "learning or reinforcement orientation" model focuses on psychological learning theories. The most passable theory reported within this framework is Bandura's social learning theory (1969), which views excessive alcohol consumption as initiated by environmental stress and then maintained by alcohol's central depressant and anesthetic qualities. This view places importance on the pre-alcoholic social learning of drinking behavior as a significant component in the individuals development of a drinking problem or alcoholism.

The "transactional orientation" looks to interaction between the alcohol user and their environment in the development of alcoholism. This field of thought looks to the patterns of interactions engaged in by the drinker which reinforce the continued abuse of alcohol. It is not the effects of the drug alcohol which are central but the social reinforcements and patterns of interaction which necessitates the excessive use of alcohol.

The "psychoanalytic orientation" looks to alcoholism as a result of disturbances in the psychic. These can be based on Freudian, neo-Freudian or non-Freudian principles. Alcoholism and the abuse of alcohol is associated with oral passivity and regression; self-punishment; anxiety over masculine inadequacy; deficient ego functions and an attempt to attain a sense of security as a substitute for external object attachments. Treatment is the classic psychoanalytical approach.

A school of thought also found that alcoholics were more

field-dependent than others and this brought with it a perceptual inclination toward dependency and passivity as a trait in personality development. This may not be only explained as a precondition to alcoholism, but in fact, may be a product of heavy drinking.

The final group is that which views an alcoholic personality orientation as the basis of the development of alcoholism. Within this framework there are those which see the alcoholic as possessing a specific pattern of personality traits or some combination of traits. Included in these traits are high emotionality, immaturity in interpersonal relations, low frustration tolerance, inability to express anger, anger over dependence with ambivalence to authority, low self-esteem with grandiose behavior, perfectionism, compulsiveness, feelings of isolation, and sex role confusion (Catanzaro, 1967).

With little agreement of a unique nature of the alcoholic there is also a train of thought that alcoholism does not constitute a specific entity but is a symptom of a psychiatric disturbance.

The Alberta Alcoholism and Drug Abuse Commission (1966) describes a number of viewpoints from the sociological framework.

The cultural theories propose that there are three ways in which culture and social organization influence the existence of alcoholism. There is a culture which operates in a way which produces inner tensions for the individual which produces a need for an adjustment of these tensions. The attitude toward drinking which exists in the culture, and the degree to which the culture provides alternatives to alcohol use as a way of adjusting for these inner tensions.

Sub-culture theories look to social factors, how the drinker views himself and the environment to see how they relate to create

the combination which develops alcoholism. A strong idea is that of "anomie" that those involved in heavy alcohol use feel alienated from society and have no sense of belonging. Because of this they do not feel bound by societies rules regarding drinking and in turn, are at greater risk of developing alcoholism.

This training manual goes on to describe the "deviant behavior theory" which looks at alcoholism in the social context as the judgment must be made in the context of what is considered as normal by the society. Alcoholism is seen as more than an physical dependency or a psychological problem. It is seen as a result of a pattern of interaction between the individual and others, family and institutions, which are of a nature which could be considered deviant.

There is also a "availability-economic model" which views the occurrence of alcoholism being linked to consumption rates. The pressures and acceptance of alcohol use are seen as being a factor which influence the use of alcohol. This brings in the idea that vested interests have a profound impact on alcohol consumption and, in turn, the existence of alcoholism.

The review of the viewpoints which look to the causes of problem drinking or alcoholism highlight a major problem in addressing this area. The field does not give a clear singular framework from which to address alcohol use. This impacts on how one can assess the problem and in turn how the problem can be treated.

It is also necessary to attempt to arrive at a definition of alcohol abuse and addiction in terms which can be considered as a bases for action. The definition should give the worker a brief and usable definition which can direct investigation and then action.

The term "alcoholism" appeared in 1849, a Dr. Magnus Huss included "all pathological (trivial or clinical) troubles due to excessive consumption of alcoholic drink" (Brossard, 1970). Manuals from the Alcoholism Foundation of Manitoba and the Department of National Health and Welfare (Core Knowledge in the Drug Field) review the range of definitions of alcohol abuse and addiction.

The first division of the problem is to view the client as either an alcoholic or not. However, it is difficult to arrive at a clear definition along which to make this division.

Dorland's Medical Dictionary, describes alcoholism as "alcoholic poisoning, the morbid effect of excess in alcoholic drinks"; acute alcoholism as "drunkenness, or the temporary disturbance caused by the excessive use of alcohol"; and chronic alcoholism as "the state induced by repeated and long-continued excess in the use of alcohol" (Core Knowledge, pg. 9).

In 1960, Keller, defined alcoholism as "...a chronic disease manifested by repeated implicative drinking so as to cause injury to the drinker's health or to his social or economic functioning" (pg. 9).

The World Health Organization defined alcoholics as:

Those excessive drinkers whose dependence on alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with bodily and mental health, their interpersonal relations, and their smooth social and economic functioning; or who show the prodromal signs of such development. They therefore require treatment" (Core Knowledge, p.11).

It is the idea of viewing alcoholism as a disease which has gained the greatest acceptance in the field on this continent.

This is based in the definition of alcoholism created by Dr. E.M.

Jellinek in the early 1960's. In his book, The Disease Concept of Alcoholism (Jellinek, 1960), Jellinek traced the development of the definition of alcoholism from the 1830's to the 1960's. He acknowledge the difficult nature of this task because of the major forms the problem assumes under differing conditions. He finally arrived at the definition of alcoholism as: "any use of alcoholic beverage that causes any damage to the individual or society, or both. Vague as this statement is, it approaches an operational definition."

Though the definition could be applied in a manner which could divide the population as alcoholic or not alcoholic the definition is more complex than this.

Core Knowledge in the Drug Field (Jellinek, 1960), goes on to review Jellinek's types of alcoholism which add further complexity to the recognition and definition of an alcohol problem. Jellinek identified five types of alcoholism with differing social, psychological and physical characteristics which relate to the progression of the diseases, loss of control over consumption of alcohol and the impact on the individual's physical and social self.

Jellinek also pointed out that in the area of problems related to the use of alcohol the classic concept of alcoholism is only a small segment of the total problem. The problem must be seen on a continuum where the problem is viewed as touching all those who experience difficulties with alcohol without the value loaded concept of alcoholism. This shifts the emphasis onto the individual and the care givers to act earlier to intervene in the progression of this problem. The manual goes on to quote Cahalan, who states that the problem should be viewed as "problems associated with the use of

alcohol or problem-related drinking." This would appear to be a more appropriate view when dealing with the population of drinking drivers. As this group come into contact with the system not because of the overall pattern of their drinking but rather by the decision to drink and drive. It is the framework from the definition which develops a starting point from which professionals can begin to assess the nature and extent of the individuals problem with alcohol.

It is held in the field that the development of a problem with drinking follows a progressive pattern in the majority of cases. However, the development of the problem will be influenced by factors such as individual characteristics and environmental factors.

Though many types of "alcoholism" have been identified worldwide the predominate patterns found in North America are "the peak-cyclical" or "bender" type, and the plateau or "daily excessive type."

Alcoholism Foundation of Manitoba's publication, Recognition, Consultation and Referral of Alcoholics views the process of the development of an alcohol problem.

This material goes on to describe the phases as: the pre-alcoholic phase, the crucial or "basic" phase and the chronic phase. Each phase having an identifiable cluster of characteristics which aid in its assessment.

In the pre-alcoholic phase there can be symptomatic drinking, the use of alcohol for its effect on the person; increased tolerance; sneaking drinks; gulping drinks; preoccupation with drinking; avoidance of reference to drinking; and "blackouts", a period of time when a person while not unconscious (passed-out) has no recall of events.

The crucial phase is indicated by an inability to abstain,

persistent remorse, extravagance, aggression, rationalization, going on the wagon, changes in drinking patterns, reproof and rejection by family, loss of friends, resentment, medical complications, vocational difficulties, geographic escape, family relationships change, protecting supply and morning drinking.

The chronic phase is indicated by a decrease of tolerance, ethical deterioration, paralogic, indefinable fears, tremors, psychomotor inhibition, religious or spiritual needs and vicious circle drinking.

Core Knowledge in the Drug Field looks at the major symptoms with much the same framework. Here the progression of the problem is viewed as developing through a early, middle and late stage of symptoms and the symptoms can be reviewed under three headings: physical, psychological and physical.

The Early Symptoms

Physical

This may include recurrent drinking to intoxication as an obvious warning sign. It should be noted that episodic drinking of this nature may be due to other factors, such as adolescent rebellion or a reaction to a stressful event.

Other early signs may include heavy drinking without obvious signs of intoxication, exceptional enjoyment from heavy drinking and freedom from hangovers. Some alcoholics reported a high tolerance to alcohol in the early stage misinterpreting a high tolerance as a safety factor.

Another reaction though less frequent is a very low tolerance

to alcohol where a few drinks have an extreme effect on the individual but they still experience it as enjoyable.

Psychological

In this area individuals are attempting to cope with chronic emotional discomfort such as anxiety, shyness, loneliness, frustration or depression. Here drinking is described as taking a "chemical holiday," by which the individual gains some temporary relief from the pain of his reality.

In some cases there may be an underlying psychopathology which contributes to the drinking behavior.

Social

The lack of social supports or a social framework may create the psychological pain mentioned earlier. In addition, there are social settings which accept excessive drinking and put the individual more at risk of developing a dependency on alcohol.

The Middle Symptoms

This period refers to the effects present prior to the deterioration in tolerance and the onset of what is classically thought of as the symptoms of alcoholism.

Physical

The response to the repeated use of a depressant drug such as alcohol is an increase in psychomotor activity. This is manifested by an increase in tolerance and an increased intake to maintain the desired effect. This may be indicated by changes in drinking patterns such as switching from singles to doubles, and sneaking drinks.

Other physical symptoms at this time may include palpitations, restlessness, insomnia and an impaired appetite.

As the progression continues through this stage the person may resort to the "morning drink" to counter the rebound effect of increased psychomotor activity in a body withdrawing from the use of a depressant drug.

There are also other physical effects which could include accidents, gastritis, fatigue and proneness to infection.

Psychological

During this period dependence is expanded and stabilized in the individuals life style. The early part of the phase may not be difficult for the individual and the longer this trouble-free dependency on alcohol goes on the more difficult to initiate change will be in the future.

In the middle phase the individual develops an alibi system to defend their lifestyle and maintain the status quo. But as the dependence on alcohol grows out of the individuals control a more defensive posture must be taken. The system of alibis becomes the predominant mental symptom over-shadowing the initial emotional states which contributed to the development of the dependence.

The dependency becomes so strong that the fear of abstinence is greater than the fear of the consequences of continued drinking. Lying, covering up, resentments, projection and suspicion may characterize relationships with those the individual is close to.

Social

Accommodation of the individuals dependence may be difficult to detect in the early part of this phase as society offers opportunities for an individual to meet their need in socially acceptable drinking situations. Later the individual attempts to

manipulate the social setting to maintain their access to a supply of alcohol, avoid problems related to excessive drinking and avoid treatment.

The Late Symptoms

Physical

This is characterized by severe withdrawal reactions including hallucinations, convulsions or delirium. There is a reduction in tolerance to alcohol, more frequent "blackouts," and serious disturbance in brain function from alcohol intoxication.

There may be brain and nervous system damage in the later phase including Wernicke-Korsakoff changes (alcoholic psychosis), polyneuropathies (nerve dysfunction) and amblyopia (impaired vision). There may also be damage to the gastrointestinal system and the cardiovascular system.

Psychological

This is a stage of helpless dependency where drinking is the individuals main coping technique. There is a cycle of increasing dependency on alcohol to cope with a declining ability to deal with general life stress and increasing life stress as the individual can no longer manipulate his environment to protect his dependency.

There is an awareness of physical, mental and social damage which creates a sense for the individual that life is completely out of control. This is the point where the person realizes life without alcohol would be impossible. A proportion commit suicide, about 5% become what we see as "skid row" alcoholics and a growing number, because of the change in societies attitude, seek help.

Social

The individual can no longer manipulate the family and associates to maintain or cover up the dependency, the employer can no longer tolerate the lost productivity because of the individuals dependency and the community is experiencing an impact because of medical and social cost, such as impaired driving.

From this assessment and understanding of the individual's problem with alcohol a strategy can be developed to effectively address the important issues. Given the complexity of the factors which may lead to an alcohol problem the intervention cannot focus on the individual alone but also must take into account his entire social network if it is hoped it will be effective.

The review of the literature also highlights the complexity of the factors which must be reviewed to develop an understanding which will allow for the accurate assessment of an alcohol problem. There is a requirement to assess the individual across the range of social, psychological and physical factors related to the stages of the development of the problem. This must be done rather than ask a "yes-no", close-ended question if a clear understanding of the role alcohol plays in the drinking driver problem is to be established.

CHAPTER 6

APPREHENSION AND INCARCERATION

The project will attempt to gain some insight into how the impaired driver experiences being incarcerated.

This will be done by learning from him, and any available collateral material, a sense of how the intervention of being apprehended, sentenced and incarcerated for drunk driving has impacted on his self, his relationship with his community network and his socio-economic wellbeing.

Efforts have been made on many levels to counter the damaging impact the drunk driver has on society. These efforts seem to have met with little success. Vinglis and Vinglis (1987), point to efforts which have been made and the limited success experienced. They point to how this has moved governments to take much more punitive actions against those who continue to drink and drive.

Intervention to counter drinking and driving include education, deterrence through the criminal justice system of legislation/enforcement/adjudication/sanctioning and rehabilitation. Because of the exceedingly limited effect education and rehabilitation has had on overall crash rates a major focus has been on deterrence through the Criminal Justice System (p.17).

The Encyclopedia of Alcoholism reports that:

...it has generally been found that strict penalties in themselves do little to prevent drunken driving unless they are enforced and perceived to be enforced. Surveys have shown that severe laws which are highly publicized work well at first, but if drivers learn the actual level of arrests and convictions is very low, with a few months the laws have little deterrent effect.

The Law Reform Commission of Canada (1976), reviewed the experiences of several other jurisdictions in relation to the impact of increased sanctions against drunk drivers. They found the reoccurring pattern of a reduced impact of the laws on drinking and driving as time passed usually related to the lack of continuity of apprehensions.

This lack of a deterrent effect of the impaired driving law is best demonstrated by a study conducted by Meier, Brighan, and Handle (1984), in which patrons of a bar were given information by which they could judge their level of intoxication. This was by either body weight charts or breathalyzer. Of the group of people tested, 47 percent were considered to be intoxicated when judged against the legal limit. Yet, of this group, 76 percent chose to drive away from the bar after receiving this information.

The assumption would have to be made that for many of those who would chose to drink and drive the fear of legal penalties would not change their behavior to any great extent. This seems to be linked to their belief that it is unlikely that they will be detected. The actual risk of being detected and apprehended for impaired driving ranges from 1 in 200 where the police are highly trained in detecting impairment, to 1 in 2000 under normal circumstances. In Canada, the risk of apprehension was calculated to be 1 in 514 impaired trips or 1 in every 2,575 impaired vehicle kilometers. There may be differences in the perceptions of those in large urban setting and those in a rural setting because of visibility factors. This may be reflected in the rural drunk driver population as an increased fear of detection which changes their view of future drinking and driving behavior.

It is not surprising that Canada has chosen mandatory imprisonment as a response to drunk driving, even in light of the body of knowledge which speaks against the existence of the desired deterrent effect of such sanctions. Couseneau and Vievers (1972), report: "The Canadian Judicial System is more likely than any other judicial system in the western world to consider incarceration as an appropriate response to problems of crime and delinquency."

This has produced Bill C18 which contains much more harsh penalties for those apprehended for offences involving driving while under the influence of alcohol (see Appendix 1).

With the difficulties which seem to be evident given the frequency of detection of the drunk driver, it may be proper to assume that those who are detected and prosecuted may experience a sense of being singled out for special attention by the police. This, in turn, may have a negative influence on the experience the client has as he may be resistant, and possibly quite hostile to any or all of the resources or options offered by the system.

The client's experience of being processed by the system and the attitude he brings away from the experience may impact on the effectiveness of incarceration as an intervention.

A review of the process (see Appendix 3) by which the person is detected, apprehended, charged, and sentenced is necessary as there are several points at which events can impact on the client's attitude toward the law, the police, the courts, and the correctional system.

There is the circumstance by which the individual came to the attention of the police.

Was it a consequence of his own actions which he cannot escape

the responsibility for? Or does he see himself as singled out for special attention because of whatever characteristics he possesses?

Next, do the police chose to lay charges? Is there a sense of confrontation about the incident? This experience will have an impact on the individuals view of the police and could possibly effect his future attitude toward them.

Then in court what was the level of punishment imposed?

Does the person see himself being dealt with in a manner consistent with others and does he feel the circumstances surrounding his situation have been fairly considered?

The justice system is seen as an adversarial system which places the interests of the individual charged against the evidence of those who represent the society. Reviewing material by Lon Fuller (1972), and Blumberg (1967), one is left with the sense that the objective of those involved in the system is to determine a winner or arrive at an agreeable compromise. This may be accomplished with what would seem as little regard to what would be seen as justice to many of us. This, in turn, may have a negative effect on the individual as he may leave this win-lose situation with a sense that he has lost, given the realities of mandatory sentencing, and this may translate into anger toward the system. The next step in the system is the correctional setting which in turn may be the recipient of any negative feelings this individual harbors. This barrier may hinder the development of any helping relationships within the correctional institution and, in turn, prevent the individual from taking part in any appropriate programmatic options which could have been made available to him.

And finally, within the correctional system, how is the individual treated, are his concerns taken into consideration, and are his needs addressed?

The overall experience the individual has had in the system may have a link to the attitude he takes away from the experience and, in turn, impact on his future behavior which may or may not bring him into contact with the system again.

The choice of incarceration as an intervention with the repeat offender had a number of goals in view. From Smashed (1987), "One purpose of Canada's impaired driving laws is to punish offenders. Another purpose is to prevent people impaired by alcohol or drugs from driving" (p.30).

Friday and Peterson (1973), raised a number of ideas around the idea of short-term incarceration functioning as a treatment technique. There is the idea that society is afforded a degree of protection from a dangerous individual and that this punitive action will have a deterrent effect. The idea is also put forward that the shock of incarceration will open the individuals' eyes to rehabilitative programs and he will begin to address the problems which lead to his incarceration.

There is, however, an opposite side to the idea of incarceration as an intervention that involves the negative impact of incarceration. These negative impacts are usually associated with those serving lengthy sentences, but when dealing with a "non-criminally orientated" group, such as drunk drivers, one may find that even a short period of incarceration will have a negative impact on individuals who have never expected a jail term as part of their life experience.

There are some who would argue that there is a danger in exposing the "naive" to criminals, leading to possible acceptance of a deviant viewpoint.

Incarceration is also seen as having an isolating effect keeping the inmate from family and community, damaging ties which could support the individual in the community. It is also suggested that a period of incarceration may harden anti-social attitudes, leading to further difficulties for the individual.

Having served a period of incarceration is also seen to be a severe stigma affecting almost all aspects of the individual's future.

There are also those who believe the incarceration "contaminates" the individual and any subsequent chances of rehabilitation (Chandler, 1950; Kaufman, 1962) and authors like Ross (1982) and Gendreau (1979), who report that little in the way of rehabilitation takes place within institutions. So a conflict is built into the experience as it could be put forward that the best interests of society are not being served by the incarceration of the drunk driver, and in fact, there may be a greater "cost" involved in exposing individuals to the correctional setting.

From material prepared for Alberta's correctional system, the principles of correction are put forward as follows: "The overriding goal of a correctional system is to promote the successful reformation of offenders, thereby ensuring a high degree of public safety and wellbeing." The document goes on to state that the aspects of reformation include: 1) Retribution (a repayment to society), 2) Punishment (punishing the offender), 3) Deterrence (demonstrating to others the logical outcomes of criminal behavior), and 4) Rehabilitation

(effecting a cure for deviant behavior, usually seen in a quasi-medical process). the document goes on to state:

It has become accepted that imprisonment may serve some useful function with respect to retribution, punishment, and deterrence, but rehabilitation as a result of 'treatment' has been largely discarded as a viable part of the process" (Edmonton Correctional Center, 1981).

The impression left is that the drunk driver will not be entering a system which will be focusing on addressing what could be seen as his needs in relation to behaviors which brought him into contact with the system. In fact, the individual may be left with the impression, and rightfully so, that he is entering a system which is putting its energy into containing him for a period of time and extracting some level of retribution from him. The end result of this may be an individual who has a very negative experience within the institution and returns to the community with a very hostile view of the system.

An awareness of the correctional environment is also necessary to begin to evaluate the nature of this experience for the drunk driver. The obvious area of the environment which will impact on the persons experience is the individuals he is forced to live with, even if it is for a short period of time. The other inmates will have an impact on the individuals experience. One must appreciate that even within a small rural correctional institution, such as the one where the current study was conducted, a separate sense of community exists. There is a structure which must be respected and with this structure a complex set of rules which govern inmate behaviour. This community may not be apparent to the casual observer and violations of the rules may result in negative consequences for the individual.

The jail community does acknowledge the existence of individuals who do not know the rules and will be tolerant of these individuals if the individuals make an effort to fit in or stay out of the way.

This can have a number of effects on the individual. He may find himself in conflict with the population and in some ways may be in danger of suffering some sort of consequence. He may find himself isolated within the institution, a social outcast with whom no one interacts. He may also make an attempt to fit in with the general population and join in the community. Or, if the individual is astute enough he may read the situation and develop a style of doing time which allows him a degree of comfort without necessarily "fitting in" within the institution.

There is also the correctional environment which involves the staff and the formal bureaucratic structure which could have an impact on those serving a sentence.

Bruno Cormier (1975), speaks of a world in which everyone is watching everyone else. In this process he speculates that paranoid thinking begins to develop, the inmate is irrational in his thinking about himself and about others. He perceives himself as being constantly punished. But this thought development is not confined to the inmate as the staff must also survive in the same environment and the author speculates that the same pattern of irrational thought may begin to appear. The world becomes that of those who persecute and those who are persecuted. Entering this world may have an impact on the drunk driver as he may recoil from it or it may reinforce his sense that he too has been singled out for special attention by the authorities.

Numerous other problems exist which make the correctional environment a hostile one for individuals who have not been previously exposed to the system.

There is the ongoing conflict between staff devoted to treatment and those devoted to custody. Maxim (1976), reviewed this problem. Referring to Cressey (1955), he points to a basic difference in how the two groups view the offender "treatment workers tend to see the inmate as sick and not inherently bad or evil, custodial workers view the inmate's contravention of norms both within and outside the institution as being deliberate" (p.379). This leads to conflict over operations within the institution and impacts on decision making regarding actions to be taken regarding inmates. The drunk driver can be seen as someone who has a "problem" and should be dealt with in a certain manner by part of the staff. He will also be seen as a "menace to society", who should be punished and dealt with in a much different manner, by another segment of the staff. Caught in the middle of this conflict and not fully understanding the dynamics, as someone who has been previously incarcerated might, he may experience a good deal of confusion and some hostile feelings.

However, it is more likely that it is the impact of being jailed which will effect the drunk driver most. Sykes calls this, "the pains of imprisonment," (Johnson, Savitz, and Wolfgang, 1962). These include the deprivation of liberty, the deprivation of goods and services, the deprivation of heterosexual relationships, the deprivation of autonomy, and the deprivation of security. Though it is obvious that these concepts are much more powerful when viewed from the position of those incarcerated frequently or for long periods of time they still point

to areas which may create concern and anxiety for the incarcerated drunk driver.

The loss of liberty may be a very stressful experience for the individual. This punctuates the experience for the individual and drives home the idea that he is being treated like other criminals. The walls of the institution cut him off from the ability to exercise what is considered the ability to exert some level of control over one's life. He must if even for a short period of time learn to live with others controlling many routine day-to-day decision making options taken for granted in the community.

The individual is also cut off from normal contact with family, relatives and friends impressing on these people the idea that the drunk driver is being treated just as all other criminals.

There is also a sparten quality of life within the correction institution and the individual may experience this as a state of forced poverty. Again, access to goods which is taken for granted in the community becomes a process tied to the bureaucratic structure of the institution and the availability of staff to fill the request.

The depravation of heterosexual relationships may not be a major inconvenience for those who are serving a seemingly short sentence, however, this enforced celibacy may be a source of tension in any relationship. This area may also hold fears for the newcomer to the correctional setting. The view seems to be held that because of the lack of heterosexual relationships that those in the correctional setting are prone to homosexual encounters. This may be a fear the drunk driver brings with him.

Correctional institutions depend on rules, criteria, and policy

for decision making and in some cases the needs of the individual may seem to be sacrificed for the sake of the rules. This loss of autonomy will most likely have the greatest impact in the area of decisions made about the individual regarding programmatic decisions. The individual serving a short sentence may not have enough time in the institution to meet all the requirements of the institution to qualify for a program to meet his immediate needs. The person may find himself in crisis and there may be no way of responding to it because of system requirements to treat everyone the same.

There may also be a sense of a loss of security which comes with being thrust into an environment which is unfamiliar. Again, those who have not been exposed to the correctional system may bring with them many fears regarding their security while incarcerated. They may fear being attacked or exploited in some way.

On a more global level the individual may be feeling a loss of security throughout all aspects of his life as the fact of being incarcerated impacts on all areas of his life.

Being in the correctional institution may be experienced by the impaired driver as painful and disruptive.

Throughout the process of being apprehended, sentenced and incarcerated the Criminal Justice System has ample opportunity to impact on the experience of the drunk driver. The nature of the experience that the individual has may play a role in his future decision to drink and drive.

The experience of being committed to the correctional institution may be a negative experience which will further isolate the individual

from his community and family, harden his attitudes toward the criminal justice system and further restrict his employment possibilities.

In addition the experience may impact on his sense of self-worth reducing his motivation to seek meaningful change in his life.

CHAPTER 7

INCARCERATION AS A CRISIS EXPERIENCE

The proceeding disucssion seems to suggest that imprisonment points to what could be a crisis experience for the person being incarcerated. In addition to being able to assess the characteristics of the individual and the nature of the individuals alcohol consumption, it would also seem important to assess the nature of the experience the individual is having in terms of crisis theory. This could hold great importance in the choice of actions to be taken by the institution if it is to intervene effectively. The individual may be experiencing incarceration as a crisis or incarceration may be a result of a crisis situation in his life.

The correctional institution presents a unique situation because of many of the aforementioned factors which can intercede to block both the natural support systems which could come into play in a time of crisis and also deflect the efforts of formal helpers who could intervene at a time of crisis. Without an adequate understanding of the experience the client is having and the impact it is having on his thinking and behavior the correctional system may be missing an opportunity to intervene effectively and facilitate change and growth. On the negative side, the correctional setting may, in fact, be unintentionally contributing to the crisis and damage to the individual's life.

Crisis is a time when one feels a sense of having lost control over their life. A feeling that some force from outside is dominating their life experience, a force which they can not

understand or control. They may feel bankrupt of energy and without options to deal with the event which faces them. Not all who are incarcerated will be in a state of crisis so it is important to be aware of the theoretical framework so an assessment can be done.

Gene Brockopp (no date), sees the crisis period as having four elements. The first is characterized by the person's response to the critical situation and the resulting increase in activity, tension and disorganization of the individual as he attempts to utilize his normal problem-solving techniques as a means of dealing with the problem with the hope of returning to a point of equilibrium. The second stage is characterized by a lack of success through the use of the normal mechanisms and therefore, a continuation of the problem. This results in an exacerbation of the state of disorganization and tension in the individual. In the third stage, the tension developed by the critical situation reaches the point where the individual is forced to use additional resources, both external and internal, in his attempt to resolve the problem. As a result of this move the problem may decrease in intensity, and the person may use emergency problem-solving methods; he may see the problem in a new way and solve it or he may give up and withdraw from the situation, seeing it as impossible or the goal as unattainable. In the fourth stage, if the problem remains and it cannot be solved by techniques available to the individual or if the problem cannot be avoided by him, major personality disorganization occurs and the individual may become psychotic, withdraw, suicide or just give up.

Brockopp goes on to identify personality characteristics which could indicate that a person is moving through a state of crisis.

These include:

- (1) a lowered span of attention, focusing in the foreground images with a resisting of the background or setting within which the problem occurs.
- (2) A ruminative, introspective stance. He looks inside of himself for possible reasons for the occurrence of the crisis situation or explanation as to how he can resolve it. At the same time he shows a great deal of anguish, fear and both internal and external distress.
- (3) An emotional reaching out for help and support and a seeming inability to control his emotional responses.
- (4) A great deal of testing behavior, much of which is impulsive and unproductive.
- (5) A change in his relationship to people. His social network shows many changes, initially he is involved with people, later, he becomes aware of his surroundings as he begins to see all individuals in terms of their ability to help him solve his problem.
- (6) Reduction in orienting attitudes and a lack of perspective about himself as a person in time, space and the community.
- (7) A great deal of searching behavior in an attempt to solve his problem by looking for useable features in his environment which may help the resolution.
- (8) Having a large fund of information available to him relative to the problem with which he is confronted, but this is usually in a very disorganized state and therefore not useful to him (year unavailable).

The correctional environment may misinterpret the symptoms and act in such a way as to cause the individual to suppress or internalize further the distress he is feeling.

If the individual displays some of the low level behaviors such as impulsive or unproductive testing behaviors, increased activity, tension and disorganization it is likely the correctional setting will identify this individual as a threat to the "good order of the institution." The formal structure may take action to control his

behavior and the inmate's community may take action to control his behavior. The person is dealt with as a problem not as an individual experiencing a problem. The misinterpretation of the individuals motives and subsequent actions will act as a barrier keeping the individual from the supports and resources needed to solve the problem.

In addition it is important to be aware of how this person may resolve the crisis and what were the factors which lead to the development of the crisis. The awareness of the outcome of a crisis may be important as the individual who is incarcerated may in fact, be not in the midst of a crisis but, rather be in the post crisis stage and in need of assistance in reintegrating his life.

This would be important to be aware of as the assessment of the individual may be effected by this as a crisis experience may alter how the individual can problem solve and deal with the stresses of his life. Smith (1977), reviewed crisis intervention and theory including a framework to view the progress of a crisis situation adapted from Sachs (1968) (see Table 3).

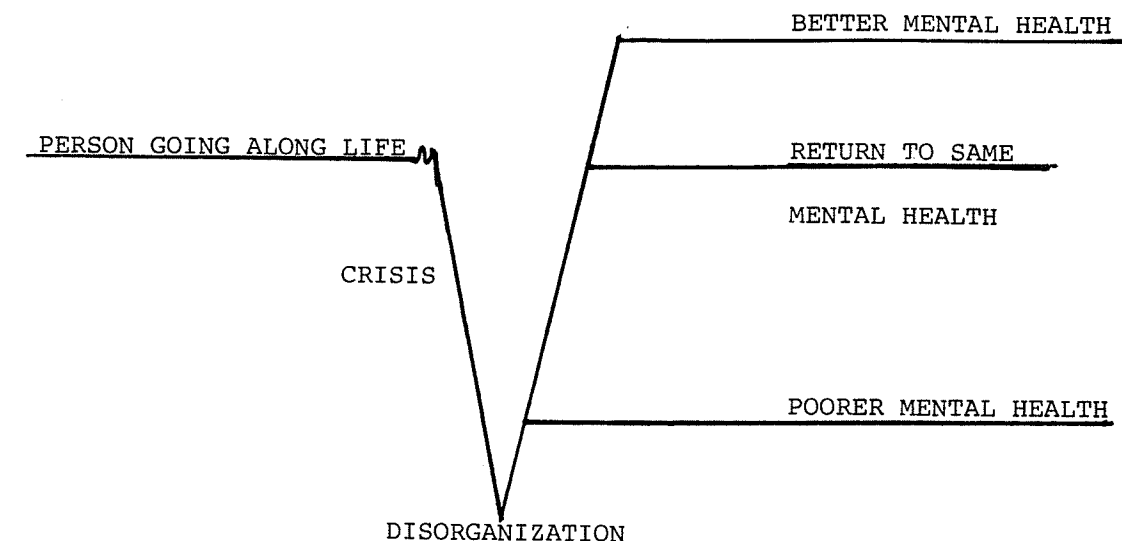
Being aware of where the person is in the process reflected in Table 3, could play an important role in the quality of the reintegration the individual could accomplish.

Smith (1977, 1978), also catalogs the work of many people in the field of crisis theory and intervention which would aid in the understanding of the types of crisis which may have contributed to the process and the nature of the events which may have precipitated the event.

Smith's writings refer to Erickson (1950, 1956), who set out a

Table 3

FLOW CHART OF THE CRISIS EXPERIENCE



Source: Social Casework, 1978, p. 399.

dichotomy when looking to the nature of a crisis. Crisis were seen to be "accidental," those which arose out of an extraordinary event and those which are "developmental," those which grow out of a course of action engaged in by the individual.

Smith goes on to review the precipitating factors which would given an indication of the nature of the crisis the client is or has experienced. Caplin (1964), saw crisis as a situation with a problem which appears to have no immediate solution. Rapoport (1962), adds the idea of a hazardous situation upsetting the individuals balance. He postulated three factors which would usually produce a crisis situation: (1) a hazardous event, (2) a threat to life goals, and (3) an inability to respond with adequate coping mechanism. Parad (1960), adds further depth stating:

...that a crisis is an upset in a steady state characterized by, 1) a specific and identifiable stressful event, 2) the perception of that event as meaningful and threatening, 3) the response to the event, and 4) the coping tasks involved in successful adaptation (Smith, 1977).

Sifneos (in Smith, 1977, 1978), added the interactive nature of the factors with four identified components of an emotional crisis. The factors needed to exist together to produce the final state of an active crisis. The factors he stated were: "a hazardous event, the vulnerable state, the precipitating factor and the state of active crisis."

Brockoff stated that crisis:

...implies an emergency or serious situation. The criticalness of the crisis depends upon a number of factors: (1) the life style and character structure of the individual, (2) the quality and nature of previous situations with which the individual was confronted, (3) the amount of support that is given to the individual during the crisis, and (4) the persons ability to respond to the crisis situation without disintegration (year unavailable).

Naomi Golan (1978), set out five components which exist in the crisis event, "the hazardous event, the vulnerable state, the precipitating factor, the state of active crisis and the stage of reintegration" (p.7).

Being admitted to a correctional institution would seem to constitute a hazardous event and a vulnerable state, ones for which the individual may not have adequate coping skills creating sufficient pressure to creat a crisis situation. However, being admitted to the institution may be the final stage of a crisis experience, if, in fact, one ever existed.

CHAPTER 8

IMPACT OF TREATMENT EFFORTS WITHIN

THE CORRECTIONAL SETTING

Treatment efforts which address the factors which brought an individual into contact with the criminal justice system and treatment efforts which address the needs of the incarcerated individual are part of the stated mandate of a correctional setting. Along with developing an understanding of the drunk driver population it is also important to develop an understanding of the efforts the system takes to address the needs of this population. It is also necessary to review what options the population utilizes and what overall impact these efforts have on the client.

The Rise of the Sparrow, a document developed in the early 1970's to set a direction for Manitoba corrections, stated: "Correctional programs, as other services to people, should operate on the presupposition that each individual possesses a unique configuration of needs, characteristics and circumstance" (p. 23). The programs offered by institutions should be individualized and responsive to the needs of the individual.

The same document also lays out a brief history of the introduction of "program staff" into Manitoba correctional institutions. The first classification officer was appointed to Headingly Correctional Institution in 1962, two chaplaincy in 1966 and a major addition of 15 semi-professional and professional program staff in 1971. A short history of program efforts which must have

an impact on the development of effective correctional programs as it would seem safe to assume that the system may still be in a stage of developing the most appropriate and effective manner to respond to the correctional population.

There is a body of thought which levels harsh criticism against all correctional program efforts. Annis (1979), writes:

In summary, no treatment techniques employed to date have been demonstrated unequivocally to be capable of improving institutional adjustment or reducing recidivism amongst incarcerated adult offenders (p. 3-15).

He adds:

The techniques employed in these programs have been borrowed, with little or no modification from the mental health field. A basic assumption is that criminal behavior stems from faulty personality development and that a mental health approach applied within prison confines will render the inmates more responsible citizens (p. 3-15).

Looking further at the review of rehabilitative attempts within the correctional setting yields more negative views.

Ross and McKay (1978), state:

One might argue that the 'treatment approach' has done little more than modify our language and in the documentation of failure of corrections, engender major role conflict for criminal justice personnel and increasing the cost of preparing the offender to recidivate to his correctional home. In fact, a case could be made to the effect that some treatment approaches have made our patient worse.

With this negative overview, generally found across most evaluations of correctional treatment programs, Gendreau and Ross (1978), set out a framework against which to evaluate and review correctional programs. This included factors which highlighted the

inadequacies of correctional programs. There was the reliance on a single method of treatment, a narrow focus on outcomes to be evaluated, a lack of understanding of the individual differences of the target group, a lack of depth and intensity in the treatment and a lack of interrelationships between agencies.

Ross (1982), referred to the over-ridding view which is held of correctional programs, stated by Martinson (1974): "In correctional rehabilitation almost nothing works."

It is against this very negative backdrop which questions must be asked about the impact existing correctional programs have on the incarcerated drunk driver.

The review of program efforts with the drunk driver must look at several levels of efforts, the intake assessment phase, the institutional adjustment phase, response to the individuals needs, preparation for release and linkages to appropriate community organizations.

The ability of the individual to adjust to the correctional environment and to be aware of the options available would also impact on the nature of the institutional experience he would have. Given the short sentences many of the drunk drivers are serving a prompt and effective orientation to the institution and an easily accessible resource person may facilitate both adjustment to the institution and enhance utilization of available options.

The literature indicates that it can be safe to assume that between fifty and seventy-five percent of the incarcerated drunk driver population will have a problem with the consumption of alcohol. This means that their drinking practices are outside what would be considered normal in our society and in fact, may be moving along the

continuum toward what could be called an addiction.

The relationship between alcohol consumption and criminal behavior has been long identified as a relationship which had to be addressed by the criminal justice system if crime rates and recidivism were to be reduced. Roffman and Froland (1976), reviewed reports related to state and federal institutions and estimated that roughly 20 percent to 50 percent of the institutions populations had major drug or alcohol problems.

Their review went on to look at the rates of addiction being reported in various studies of American institutional populations. This showed, in a 1967 study of California prisoners, 28 percent reported that they were intoxicated at the time they committed their offence. A 1974 Minnesota study reported that 31 percent of the studied adult inmates reported daily alcohol use prior to their incarceration. A Wisconsin survey reported a level of prior drug abuse (primarily alcohol) of 53 percent. Other states reported addiction rates among incoming commitments as: Michigan, 26 percent; Massachusetts, 54 percent drug and alcohol; Virginia, 39 percent drug or alcohol; Maryland, 54 percent alcoholic.

The review of the effectiveness of institutional efforts to deal with inmate's stated alcohol problems also reflect the same lack of success that the review of all institutional programs have shown.

Roffman and Froland (1976), refer to the "ineffectiveness and inefficiency in the present correctional system response" and the fact that the alcohol addict is given significantly less attention than the drug addict, (p.66).

Barber and Morrison (1975), put forward the idea that if we

consider addiction incurable, why is such an effort made to cure it? They quote Soden who states: "there is no cure for alcohol or drug addiction"(1973, p.40). They state that even the therapeutic communities reach only about 10 percent of the total population of addicted people and that their success rate is even lower than that.

Annis (1979), in reviewing group treatment efforts for inmates with alcohol and drug problems found "present findings offer no support for the rehabilitative function of group therapy programs for incarcerated offenders with alcohol and drug problems" (p.13).

As with other institutional efforts the apparent lack of success may be linked to the manner in which the institution addresses the problem. There may be a lack of depth in understanding of the needs of the client, a lack of skill in administering the program or an inadequate program with narrow outcome expectations.

In the area of alcohol abuse treatment this lack of success may be related to a narrow definition of alcoholism, an equally narrow view of treatment and a rather limited history in dealing with the problem, which compounds the problems created by the first two.

With the obscure definition of what constitutes an alcohol problem or an addiction it is difficult to define when the abuse addiction line is crossed. This has an impact on the nature of the treatment responses as the system opts for a response which sees abstinence as the goal of treatment.

It is only with the complete removal of alcohol use from the individuals life that one can be sure future abuse will not take place. This obviously may not be an realistic response to an individuals use

of alcohol or an appropriate treatment goal.

Looking back to the definitions of alcoholism it is easy to see how the application of these definitions at face value could lead to the labelling of almost all offenders as being "addicted." Jellinek's (1960), definition termed "alcoholism as any use of alcoholic beverages that causes damage to the individual or society or both"

(p.-41). From the Alberta's counselor's manual:

Alcohol is a condition that exists when a persons drinking has increased to an extent that it is creating increasingly serious problems in the major areas of his life; domestic, social, vocational (Alcoholic Foundation of Manitoba, 1966).

As with the history of programmatic efforts within correctional settings the history of efforts to deal with alcoholism are also somewhat limited. This is true of the community at general and even more so in the correctional institution.

The history of alcohol treatment in Manitoba, as reported in Core Knowledge in the Drug Field (1978), clearly shows that the response to alcohol abuse is still evolving.

The early response to alcohol abuse was to attempt to enforce total abstinence as Manitoba was legislated "dry" in 1916. These laws were repealed in 1924-25. The next major step was to deal with alcohol abuse with the introduction of the Alcoholics Anonymous program in 1944, bringing with it the goal of abstinence again.

It was not till 1952 that the Manitoba Committee on Alcoholism was founded and in 1956 the Alcoholism Foundation of Manitoba was formed. The first in-patient treatment for male alcoholics opened in 1958. The philosophy running through this development appeared to be "that if alcohol played a part in bringing the individual into contact

with any of the legal, social, or health systems that individual fell under the umbrella of alcoholic as set out by the definitions and required a treatment program with abstinence as the goal.

In volume 10 of Core Knowledge in the Drug Field (1978), the authors state,

They (the professionals) believe that persons simply can't have an alcohol problem, one either is or is not an alcoholic. Because all persons with alcohol problems are assumed to suffer from this extreme condition, therefore, it follows, according to these 'experts' that only extreme remedies can be effectively used (p. 24).

This emphasis on abstinence, the use of classical A.A. self-help interventions, and aversion and drug therapies seem to be the interventions of choice. However, it is obvious that this approach may not be appropriate for a large proportion of the drunk driver population as it ignores much of the nature of alcohol abuse within this group. In turn, the treatment goals would not be appropriate and not seen as appropriate by the client making it difficult to work with the client toward mutually acceptable goals.

The initial statistics regarding the drunk driver population would indicate that between 25 percent and 50 percent are not experiencing what is called problem with alcohol. Others may be experiencing alcohol abuse as part of chronic or situational living difficulties. In these cases, the concept of "controlled drinking therapy" may be more appropriate. This is reflected in the British Journal of Clinical Psychology (1986), referring to Pohlich, et al. (1980) and Sanchez-Craig (1980):

It seems clear, that controlled drinking treatment in some form should be the treatment of choice of low dependency problem drinkers, especially in

view of evidence which suggests that the abstinence goal may actually be counter-productive in such populations (p. 192).

Overall, a multi-dimensional view of alcohol abuse and addiction must be utilized if the institution is to adequately assess the nature of the needs of the client population. It should be noted that a review of the demographics of alcohol abuse point to trends which will have an impact on future client populations and the treatment programs needed for them. Williams, Stintston, Parker, Hartford and Nobel (1987), look to the decade of 1985-1995 and see the number of alcohol abusers remaining relatively stable while the number of alcoholics would be increasing. They also see the critical age group for increased alcohol abuse and addiction being the 35 to 49 year old group. A grouping similar to those most likely to be involved in drinking and driving offences.

Further review highlights a pattern in the correctional system as to how to deal with alcohol problems. The overriding idea appears to be that the appropriate intervention should be a treatment program which has an outcome goal of abstinence. However, the view of alcoholism being one of the lesser evils encountered in the correctional system causes some confusion and may reduce the energy needed to adequately address the problem. From McGrath (editor, 1965), Armstrong and Turner state:

The alcoholic is, of course, the victim of a drug of modest danger, a drug historically entrenched in our society and almost completely accepted (p. 428).

The alcohol abuser is not seen as being as bad as others in the system, maybe in some ways, a bit like others in society. Russon in McGrath (edit.) (1965), looks to the possibility that the label of alcoholic

or alcohol abuser may have unintended negative effects:

The explanation that alcohol is mainly responsible for the delinquencies is presented by many prison inmates. Its use appears to be partly due to the frequency with which these people have committed offences while intoxicated, and partly due to the popularity of prison Alcoholics Anonymous groups, which in some institutions have been the pioneers of group work programs. Many inmates are ready to accept the interpretation that dependency on alcohol is a disease and cling to it as a way of accounting for their behavior (p. 421).

There is a contradiction in the system's response as Armstrong and Turner (1965), state:

Despite the fact that we accept alcoholism as a disease more readily than we do drug addiction or a sexual offender, when the alcoholic does misbehave we tend to punish arbitrarily and ineffectively, disregarding the part the illness may play in the offence (p. 483).

In addition to the confusion around dealing with the alcoholic, Kennedy (1980), points to the idea that the correctional system while stating it recognizes the problem of alcohol abuse it, in fact, does little to address the problem.

The abuse of alcohol is a major contributing factor in crime statistics today. Despite this fact Goodrich and Vigdal have suggested problem drinking offenders appear to be under-represented in the therapy case loads within correctional settings (p. 428).

Gendreau et al. (1979), interviewing first incarcerates also observed that though the group reported a high level of alcohol use a very low percentage, 3 percent, anticipated any future problems with alcohol. This could mean if the clients were left to self refer regarding possible alcohol problems it is more than likely that they

would not utilize any resource in this area.

Though treatment efforts in the area of alcohol use seem central to efforts with the drunk driver there is also a need to review what other program options could be utilized while incarcerated. This utilization of resources may be an effort by the individual to meet specific needs or find a way to fill his time while incarcerated. His involvement in various programs may be the result of the institution having its need for low risk inmates to fill manpower requirements in specific institutional jobs.

The final area is to review what actions are taken to return the individual to the community. This may not be critical with the short sentences but because of individual issues there may be the need to return the individuals to the community prior to their release date. There is the issues of provincial guidelines, and community safety which must be dealt with and these must have an impact on the decision making (see Appendix 2).

This process may in of itself have a telling impact on the individual as he must face feedback from others in his social network regarding his behavior and what conditions he must meet to be granted an early release to the community.

This may bring him into contact with services and agencies he had no intentions of ever approaching. Now he is forced, due to the conditions of his early release, to make and maintain such contact for a period of time.

Overall, there are a number of questions to be explored around the experience the impaired driver has while being processed by the Criminal Justice System.

Does the individual change or plan to change drinking and driving patterns, has there been a deterrent effect?

Does the individual express feelings of hostility toward the system, police, courts, and the institution, over his being detected, charged, convicted and sentenced?

Has this been an experience which has motivated the individual to consider change in areas of his life?

Has this been a negative experience which hinders change and/or has a negative impact on the individual's view of himself?

Is there a sense of loss related to family, friends, and community?

Does the individual experience difficulties in adjusting to the institution?

Is the individual in a state of crisis, and if he is, is it because of being incarcerated or is the incarceration a product of a crisis in other areas of the persons life?

What, if any, treatment efforts are made by the institution to deal with this individual? And what options does he take advantage of and what impact do they have on the individual?

And finally, how does the institution manage and process the drunk driver?

The responses to these questions will supply descriptive material which will supplement the statistical picture of the incarcerated drunk driver.

CHAPTER 9

METHOD

In the process of deciding upon a method with which to review the problem of the incarcerated drunk driver a number of factors were taken into consideration. This included the general view of social research in the correctional system, the lack of specificity found in the literature regarding many of the variables and the few previous studies conducted regarding the characteristics of the incarcerated drunk driver. This lack of specific data was also evident in regards to the nature of the experience this group of individuals had while incarcerated.

McGrath (1976), speaks of the unrealistic expectations being built up regarding what social science research can provide for the criminal justice system. And that these expectations could lead to disappointments which could harm the future of research in the Criminal Justice System.

He sets out four points which address some of the difficulties facing the conduct of research in this environment.

First, is to recognize that most of the basic issues in criminal justice are ethical in nature and he feels are not researchable. Such as "Does retribution pay?"

Second, is to recognize that many of the major issues in the field that are theoretically researchable are too complex for social scientists to solve. Such as crime causation and deterrence.

Third, is that all evaluative research in the field is dependent on moral definitions of success since there is no measure of success

independent of moral judgment. He claims that even such seemingly objective measures as an increase or decrease in the crime rate is valid only after subjection to the test of morality.

The fourth, he leaves as a question as it is unclear for himself. He points out that social science research has been of tremendous value in pointing out weaknesses in the present system but has been less successful in suggesting alternatives. The review of the literature related to the topic of program efforts in corrections verifies this. His question is, "Whether science can suggest alternatives, or whether science is confined to looking at 'what is'" (p.iv).

However, in the review of the literature and related research little exists which gives specific baseline data against which to compare the current target population across the range of variables for this project. In addition, it is impossible to evaluate a specific, directed intervention for this population other than the general response of incarceration as the correctional setting does not respond to this population in a specific manner. Rather than move forward with unrealistic expectations and focus on the weaknesses related to the problem it seems more important to look at "what is", as it is with this specific knowledge that movement toward the development of feasible alternatives can be made.

The present literature regarding research in the field of social work including Bloom and Fischer (1982), Babbie (1979), Phillips (1976), and Grinnell, Jr. (1981), put forward frameworks for the application of the "scientific method" to social work practice. However, when involved in a field where the practice of social work has not developed

to the same extent as in other areas of practice it may be unrealistic to apply the most sophisticated evaluative research design.

Looking at Grinnell's (1981) practitioner/researcher's "problem-solving process," four phases are identified.

- (1) problem identification, definition, and specification;
- (2) generation of alternatives and selection of strategies for problem solving;
- (3) implementation; and
- (4) evaluation and dissemination of findings (p. 12).

Given the nature of the problem being addressed, what is the nature of the drunk driver population within the institution, and how does he experience incarceration? Combining this with the lack of basic knowledge regarding this group it would appear that efforts should be focused on the first phase. That is, problem identification, definition and specification.

In Bloom and Fischer's terms the objective of the project may be to collect information to establish a "baseline," that is, a body of information and knowledge against which the implementation, and the impact of future interventions can be measured. This is important in the correctional setting as little such information exists regarding the target population.

Babbie (1979), put forward the purposes of research as "exploration, description, and explanation," and the categories of exploration and description would best fit this project.

Exploratory studies are conducted to satisfy curiosity and gain a better understanding, test the feasibility of conducting a more careful study and to develop methods to conduct such a study.

It seems a functional link to combine with the concept of a

descriptive study, as these types of studies are conducted to describe the situations and events in detail. This would support the efforts to develop a method of studying the problem further and accurately describing the problem.

In addressing the target population within the correctional institution this project will utilize a combination of descriptive research and case and field study research found in Isaac and Michael (1982).

The combination of the two types of research methods yield a method which allows for the systematic designation of the target population and factors related to their environmental interaction and background. The method allows for the development and organization of a data base from which to make future plans and decisions. In addition, this will offer a base from which to conduct further studies regarding the more specific nature of the population, the manner in which they experience the intervention of incarceration and the actions taken by the institution to manage them.

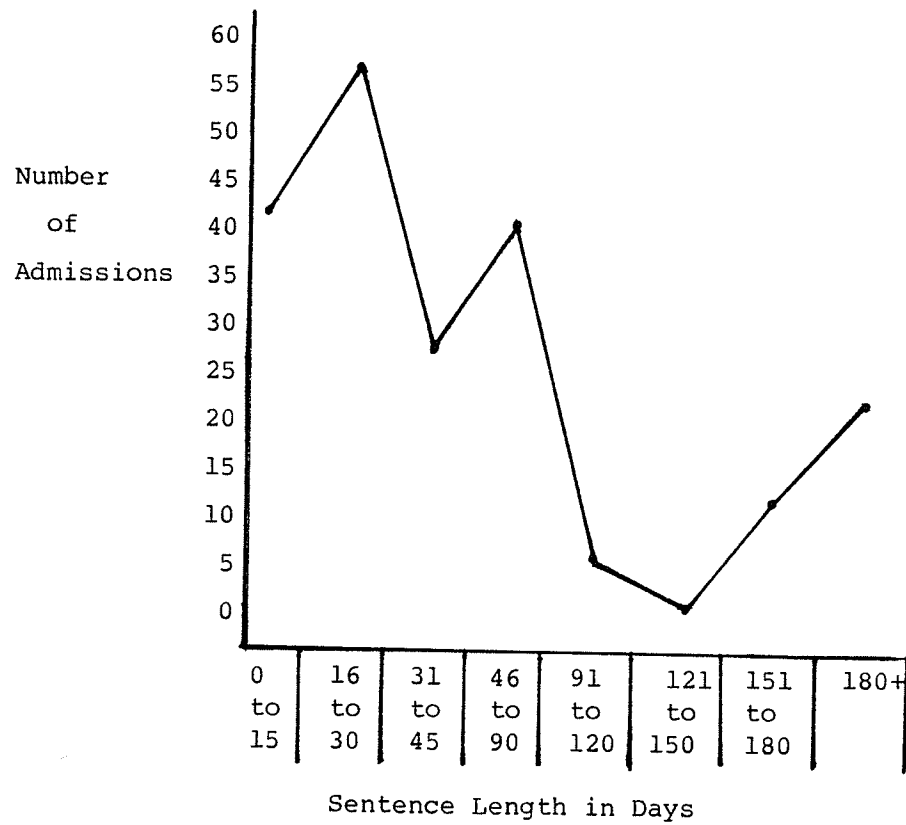
Target Population

The target population will be adult males sentenced for charges described in Bill C 18 (see Appendix 1), who will be serving a sentence of approximately 120 days or less. The rationale for this is that based on a review of the institutional admissions for drunk driving charges there appears to be a dividing line at this level of sentencing. Of those incarcerated a majority of sentences are below the 120 day level, while those sentences above this level appear to be, in my mind, sentencing which is in response to what the courts see as serious criminal behavior (see Graph 2). The target group will be

GRAPH 2

TOTAL ADMISSIONS BY SENTENCE LENGTH

- September 1986 to September 1987 -



Source: Admissions Records, Brandon Correctional Institution.

further limited by attempting to exclude individuals who have been incarcerated for reasons other than drinking and driving during the past two years. This will attempt to screen out those who live a lifestyle which could be characterized as criminal as indicated by incarceration for other crimes in the past two years.

The Setting

The setting for this survey will be the Brandon Correctional Institution. This is a provincial correctional facility which means the maximum sentence which is served in the institution is two years less a day (729 days) and can be considered to be a minimum security institution. It is a modern institution put into service in 1980 and the physical environment is far less harsh than that of older institutions.

While the institution is located in the City of Brandon, the catchment area is the Westman Judicial area, ranging from the American border north to Dauphin, and from the Saskatchewan border to a point west of Portage la Prairie. This is a predominantly rural/farm area with Brandon being the only major urban community.

The institution offers three major programs which could be directly linked to the needs of the drunk driver: an educational program aimed at the target population which is made up of videos and lectures regarding alcohol abuse, a three week in-house alcohol treatment program and a weekly visit by a worker from the Alcoholism Foundation of Manitoba who takes referrals from institutional staff to assess and screen inmates for admission to A.F.M. community programs.

It should be noted that the population of the Brandon institution is not made up totally of local individuals. Because of over crowding

of the northern institution in The Pas a large number of men are transferred to Brandon to serve their sentences. Also because of the nature of the institution other institutions tend to send individuals who can be labeled as requiring protective custody to Brandon. At times this transplanted population can make up to 45 percent of all those incarcerated in the Brandon institution. Because of this high percentage of special needs individuals there may be an impact on the institutional program staff's efforts to deal with lower priority, less needy inmates, such as impaired drivers.

Procedures

As the author was the only individual involved in the collection of data the procedures are quite straightforward. The first stage was to collect data from the files of those falling into the target population, plus related data from previous surveys and Provincial statistics.

The files reviewed were of those individuals incarcerated for drunk driving between September of 1986 and the end of December of 1987.

General data regarding the population of the Brandon Correctional Institution came from a random survey of inmate files conducted in 1986.

The next phase was to conduct face-to-face interviews with all those in the institutional population who fell within the target population. After this, the data collection instrument was modified, as necessary, and interviews were conducted with all new admissions for the remaining period of time.

The period of conducting interviews was from May of 1988 to the middle of July of the same year. Data was collected from the inmates as soon as possible after their admission and just prior to their release.

Data Collection

A number of data collection instruments were utilized in the project in an attempt to collect data across the wide range of variables involved.

An open-ended interview form was constructed covering the areas highlighted by the literature as significant factors. Because of the "soft" nature of the data an open-ended format allowed the respondent and investigator room to explore and explain issues in a manner a standardized test would not allow.

A standard questionnaire from The American Alcohol Council was also administered. While this could not indicate whether an individual was an alcoholic or not, it did review drinking practices and reactions to drinking in a consistent manner for all respondents. The instrument, while not as complex as others reviewed, had the strength of closely paralleling the indicators and stages of the progression of an alcohol problem described earlier in the review of the literature. The test sought responses to questions regarding behaviors related to the consumption of alcohol which correspond to behaviors and experiences related to the early, middle and late stages of the progression of an alcohol problem.

The participants file was also reviewed to add collateral data and review his participation in institutional programs.

After the initial group of interviews were conducted the investigator was left with a sense that there could be merit in utilizing a standardized group of tests. These tests would be used to review several areas of person functioning of the interviewees as earlier interviews left an impression that the individuals perceptions

of self and peers were not realistic. The scales utilized were the Generalized Contentment Scale, which was designed to measure non-psychotic depression, the Index of Self-Esteem, which was designed to measure the component of self-concept and the Index of Peer Relations which was designed to measure the degree of magnitude of a problem a client has with some well-defined peer groups.

All data collection instruments are attached (see Appendix 6, 7, 8, & 9). The attached letter of consent, which was to be completed by all participants, attempted to make clear that the individual's participation is totally voluntary, they were free to refuse to participate or may withdraw at any time and that their decision would not impact on institutional decision making in any way. However, one had to be aware that the subject may not have felt that they were in a position to decline the request to participate if they felt they were in a situation where they are dealing with an individual with power over them. To this end, the respondent attempted to employ whatever means to reduce the perception that he may in any way have carried any authority within the system. For example, he attempted to always wear a "visitors pass tag" to indicate to the subject that he was a resource person from the outside.

The confidentiality of the subjects is also closely guarded. As there was no one else involved in the data collection no one would have access to the files maintained on the participants. At the time of the individuals release the data on the file would be converted to a descriptive narrative containing no material which could lead to the identification of a participant. For example, admission dates, release dates, addresses, or initials.

The questioner also explored areas which could be sensitive or upsetting for the participant. If such a situation were to be encountered the individual would be referred to the most appropriate institutional resource immediately.

A final issue is that for standardized testing there is the assumption that the respondent will read and complete the form on his own. It is the researchers experience that one cannot assume that the subject is fully literate. To counter this the questions were read and were the responses for the standard tests were recorded.

Data Presentation

The presentation of the data would be a combination of descriptive statistics related to the range of variables with narrative data to give greater meaning to the description. It was expected that the file review would include about 110 files while the face-to-face interviews of inmates would number between 20 and 30. This may seem to be a low total N but the review of the population across the wide range of variables insured a complete and thorough review.

The data representing the impaired driver population would be compared, where possible, with the data from the survey of the general inmate population. This would give an indication of how the basic characteristics of the impaired driver population compare with the general inmate population, indicating if there are any major similarities or differences.

CHAPTER 10

DATA

A number of problems became evident during the collection and organization of the data related to this survey. These problems highlighted areas of further investigation and possible future development related to the data collection and maintenance within the institutional setting.

There were a number of cases of missing data, where either a form had not been completed or was missing completely. There were several cases where the "master" file was missing completely, leaving only the descriptive data for inclusion in the study.

The manner in which the file information is collected by the institution also causes some difficulties when reviewing files. The institution did not assign specific individuals to do specific parts of the information collection. The practice is to view all staff in a generic manner, expecting everyone to be involved in all aspects of the functioning of the institution. This generic approach has implications for information collection as it may not always be consistent in quality and quantity. There were noticeable differences between the amount of information and the adequacy of the information in a number of files. In addition, there would appear to be inconsistencies in the utilization of some forms and differences in the interpretation of the meaning of what would constitute the requested information.

The file data relies heavily on inmate self-report, with little in the way of collateral data being researched on the individual by the institution. This may allow some individuals to misrepresent their history or the circumstance which led to their incarceration.

These factors impact on the outcome of the survey, and as stated by McGrath (1976), the focus becomes describing "what is," and not attempting to establish causal relationships. This survey reviews a wide range of variables and develops a base line of data regarding the target population and sets the stage for further research into the nature of this population.

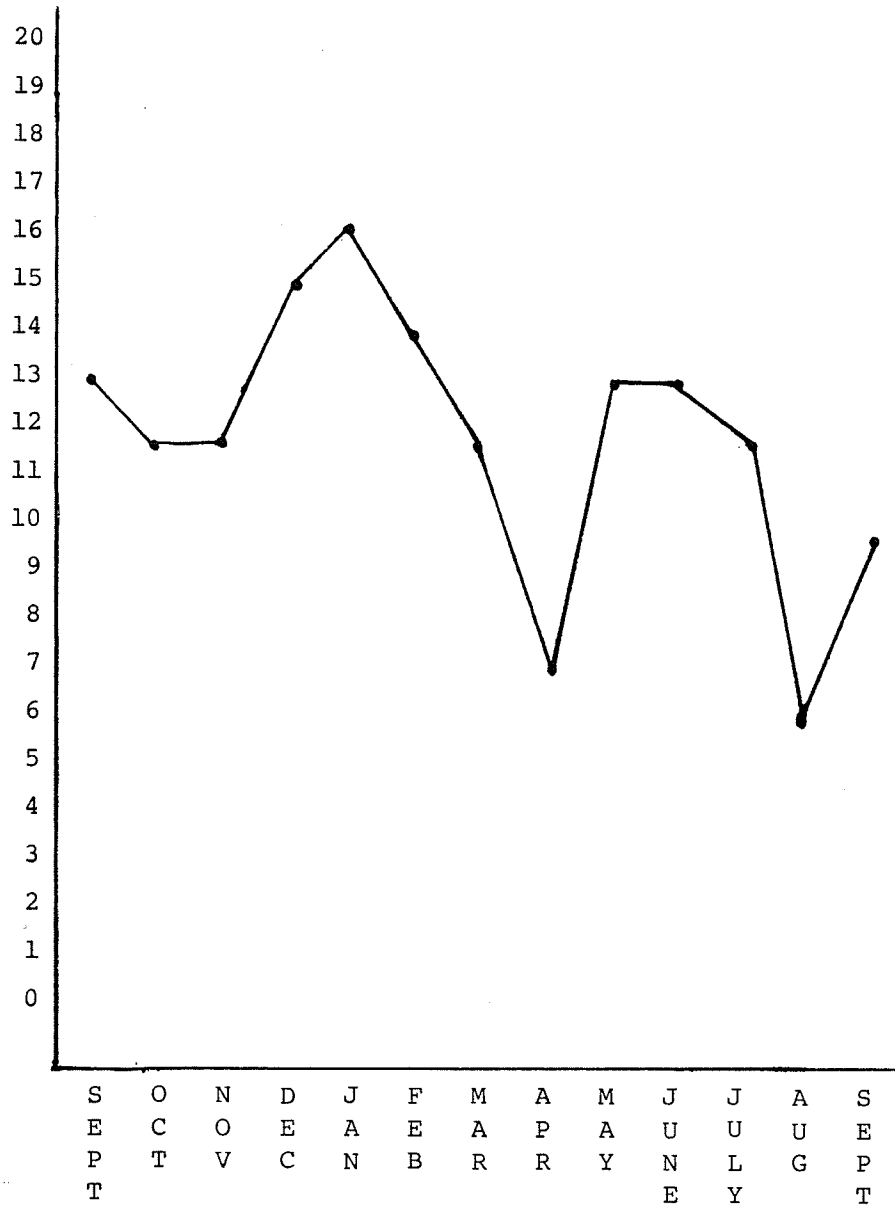
One other factor which impacted on the study was the smaller than expected number of admissions to the institution of those convicted for impaired driving. The final number of individuals to participate in the interviews was 18. But a review of their characteristics indicates that they offer a full representation of the major sub-groups that made up the target population.

This limited intake also pointed to a characteristic of the impaired driver population. The general impression is that about a quarter of the institutional population can be made up of impaired drivers, but this was not reflected in the numbers being admitted during this project. So the record of admissions of impaired drivers was reviewed from September of 1986 to September of 1987. This revealed that the admission of these offenders varied widely throughout the year with some months showing an intake double that of other months (see Graph 3).

There may be a number of causes for these fluctuations but it may

GRAPH 3

PATTERN OF ADMISSIONS OF IMPAIRED DRIVERS
FROM SEPTEMBER 1986 to SEPTEMBER 1987



one relates to the seasonal nature of the employment of many of those apprehended for drinking and driving. They may arrange their court appearances in a manner as not to interfere with their employment.

The first review of the target population, as represented by the 116 institutional files reviewed, employed two major variables. First, a determination of whether or not the individual had been incarcerated previously at any point in his life. And secondly, did he or did he not report to have an alcohol problem.

This created four cells which will be referred to throughout the data presentation.

Cell 1: those who had not been incarcerated previously and did not report to having an alcohol problem.

Cell 2: those who had not been incarcerated previously but did report to having an alcohol problem.

Cell 3: those who had been incarcerated previously and did not report to having an alcohol problem.

Cell 4: those who had been incarcerated previously and did report as to having an alcohol problem (see table 4).

This division showed that 33.6% of the population reports of the file fell into cell 1 and 14.6%, meaning that 48.2% of this population has not been incarcerated previously.

The review of the general institutional population revealed that only 32.6% of that sample had not been incarcerated previously.

Those who had been incarcerated previously, cells 3 and 4, made up 35.6% and 16.4%, for a total of 51.7% of the population. At this point in time for half of those being sentenced to less than 120 days for impaired driving, jail is not a new experience.

TABLE 4
DISTRIBUTION OF THE IMPAIRED DRIVER POPULATION BY PREVIOUS
INCARCERATION AND STATED ALCOHOL PROBLEM

	No Previous Incarceration	Previous Incarceration	Total
No stated Alcohol Problem	Cell 1 N=39 33.6%	Cell 3 N=41 35.3%	N=80 68.9%
Stated Alcohol Problem	Cell 2 N=17 14.7%	Cell 4 N=19 16.4%	N=36 31.1%
TOTAL	N=56 48.3%	N=60 51.7%	N=116

When looking at the percentage of those files reporting the individual as having an alcohol problem, 30% of the target population reported an alcohol problem. This was far below the level of reported alcohol problems indicated by the literature which suggests a minimum of 50% of studied impaired drivers as having a problem with alcohol. This may indicate a need to assess the individuals drinking patterns and motivations very carefully. In addition, it would be reasonable to expect to be confronted with a great deal of denial by the alcohol user as the attempt to rationalize their alcohol use, putting an emphasis on the need for the people involved in the assessment process to be knowledgeable and skilled in the area of alcohol abuse.

Age

When comparing the impaired driver population as reported in the file review with the general institutional population the impaired

drivers tend to be an older population, with a much larger percentage of their population falling between 26 and 48 years of age (see table 5).

TABLE 5

AGE

General Institutional Population compared with the Impaired Driver Sample.

	General Institutional Population	Impaired Driver Sample
	N=199	N=116
18-25 years	55.3%	30.2%
26-40 years	31.7%	51.7%
40+	13.1%	
41-50 years		9.5%
51+		8.6%

Mean Age of Impaired Driver Sample

N=116	Total	Cell 1	Cell 2	Cell 3	Cell 4
	31.9	28.4	30.9	34.3	35.2
Age	18-25	56.4%	35.3%	21.9%	10.5%
Distribution	26-40	30.8%	47.0%	53.7%	68.4%
by Cells	41-50	2.5%	17.6%	9.7%	7.3%
	51+	10.3%	0.0%	12.2%	5.3%
Mean Age	TOTAL	Cell 1	Cell 2	Cell 3	Cell 4
Impaired	28.6%	24.0	44.0	49.0	50.3
Drivers					
Interviewed					
N=18					

The mean age of the impaired driver population from the files is 31.9 years with some variations between the cells. These variations showed that those incarcerated previously were an older group and those reporting an alcohol problem were slightly older than their opposites who did not report an alcohol problem (see table 5).

A look at the cells in greater detail (see table 5) shows a decline in the percentage of 18 to 25 year olds from cell 1 to cell 4 while showing an increase in the percentage of 26 to 40 years old.

The age of impaired drivers interviewed for this project had a mean of 28.6 years. The distribution across the cells paralleled that of the files reviewed (see table 5).

Overall the impaired driver population tends to be an older population than the general institutional population.

Ethnic Background

The racial make-up of the general institutional population and the total impaired driver population as reported by the file review are somewhat similar (see table 6). Those reported as "white" constitute 56.9% of the general population and 64.7% of the impaired driver population. When racial origin is described for each of the cells a slightly different pattern emerges. "Whites" are over-represented by some 7 to 12% over the mean of the total impaired driver population in the cells, (cells 1 & 2), which indicate the individual has not been incarcerated previously. This group is also overrepresented in the cells which indicate the individual has reported an alcohol problem (cell 2, 12% and cell 4, 4% over the general impaired driver population).

TABLE 6
ETHNIC BACKGROUND

	General Inmate Population N=199	Impaired Driver Sample N=116
White	56.9%	64.7%
Status Indian	27.4%	28.4%
Non-Status Indian	6.1%	2.6%
Metis	9.1%	4.3%

Ethnic Background of Impaired Driver Sample by Cells

	Cell 1	Cell 2	Cell 3	Cell 4
White	71.8%	76.5%	58.5%	68.4%
Status Indian	17.9%	23.5%	34.1%	26.3%
Non-Status Indian	2.5%	0.0%	2.4%	5.3%
Metis	7.7%	0.0%	4.9%	0.0%

Ethnic Background of those Interviewed

	Total	Cell 1	Cell 2	Cell 3	Cell 4
White	55.5%	85.7%	33.3%	60.0%	0.0%
Status Indian	27.9%	0.0%	66.6%	0.0%	100.0%
Non-status Indian	5.5%	0.0%	0.0%	20.0%	0.0%
Metis	11.1%	14.2%	0.0%	20.0%	0.0%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration

Those reporting to be Status Indians are overrepresented by some 6% in cell 3, which indicates previous incarcerations (see table 6).

The "native" segment of the population may in fact represent a significant sub-group within the impaired driver population as it does within the general population. This in turn may call for the development of programs in the area of impaired driving unique to the needs and nature of the native impaired driver population.

The ethnic background of those interviewed showed a slightly larger percentage of individuals reporting native ancestry, 44.4%. While 55.5% of those interviewed reported to be "white".

Those interviewed showed a more dramatic distribution across the cells (see table 6). This reflected a greater number of "whites" in cell 1, some 20% more, and no one reporting this ethnic background in cell 4. Those reporting a "native" background were overrepresented in cell 2 by some 40% and cell 4 by some 60%. This is attributed to the limited number of people interviewed and does not likely reflect a developing pattern of those being incarcerated.

Marital Status

The marital status of the impaired driver population as reported in the files reviewed differs significantly from that of the general institutional population with 20% more individuals reporting being married or in a common law relationship. In addition, at this level 14% more of the impaired driver population reported being either divorced or separated at the time of admission to the institution (see table 7).

When reviewed cell by cell there are significant differences in the marital status of those in different cells. Most dramatic is the

TABLE 7

MARITAL STATUS

	General Inmate Population N=199	Impaired Driver Sample N=116
Married & Common-Law	32.1%	38.0%
Single	63.3%	43.1%
Separated & Divorced	4.3%	18.1%
Widowed	0.0%	.9%

Marital Status of Impaired Driver Sample by Cells

	Total	Cell 1	Cell 2	Cell 3	Cell 4
Married & Common-Law	38.0%	25.6%	41.2%	46.3%	47.4%
Single	43.1%	56.4%	35.3%	43.9%	21.0%
Separated & Divorced	18.1%	15.4%	17.6%	9.8%	31.5%
Widowed	.9%	2.6%	5.9%	0.0%	0.0%

Marital Status of those Interviewed
N=18

Married & Common-Law	33.3%
Single	38.9%
Separated & Divorced	27.8%
Widowed	0.0%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration.

higher number of single men in cell 1, those who have never been in jail and do not feel they have an alcohol problem. This is contrasted by the marital status of those in cell 2, who also have not been incarcerated but do report having an alcohol problem. The involvement in a stable relationship may have an impact on the individual's recognition of an alcohol problem.

Cell 3 shows almost equal percentages of married and single with a significant lower reported rate of divorce and separation. This could prove an interesting area of future study as these people may live within a social network which accepts or tolerates criminal activity, alcohol misuse and periodic incarcerations.

A very high rate of divorce and separation is reported in cell 4, along with the highest percentage of married and common law relationships. As this is the cell with the highest mean age, 35.2 years, these numbers are likely attributable to maturation and the impact that alcohol abuse and incarcerations have had on relationships (see table 7).

Those interviewed reported 33.3% married and in common law relationships, 27.8% reported being divorced or separated and 38.9% reported being single.

Education Level

The reported education levels of the impaired drivers as reported in the file review tends to be slightly higher with higher percentages in the grade 11-12 level and the university and college level (see table 8).

When reviewing the distribution of the education levels throughout the cells one finds higher percentages of individuals reporting

TABLE 8

EDUCATION LEVEL

Education level of the general inmate population compared to the impaired driver sample.

	General Inmate Population N=199	Impaired Driver Sample N=116
Grade 0-7	15.2%	11.2%
Grade 8-10	57.6%	48.3%
Grade 11-12	30.2%	30.2%
University & College	2.1%	10.4%

Education level of the impaired driver sample by cells.

	Total	Cell 1	Cell 2	Cell 3	Cell 4
Grade 0-7	11.2%	7.7%	5.9%	22.0%	5.3%
Grade 8-10	48.3%	53.8%	41.2%	48.8%	42.1%
Grade 11-12	30.2%	28.2%	41.2%	24.4%	36.8%
University & College	10.4%	10.3%	11.8%	4.9%	15.8%

Education level of the impaired drivers interviewed.

	<u>Total</u>
Grade 0-7	5.5%
Grade 8-10	55.5%
Grade 11-12	22.2%
University & College	16.6%

Impaired drivers interviewed reporting problems while in school.
N=18

Those reporting problems 16.6%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
Cell 2 - Stated alcohol problem - no previous incarceration.
Cell 3 - No stated alcohol problem - a previous incarceration.
Cell 4 - Stated alcohol problem - a previous incarceration.

education in the two higher ranges in cells 2 and 4, the cells where people have reported an alcohol problem. This raises the question of: Does a more complete education impact on how one perceives their actions regarding alcohol consumption?

Those who were previously incarcerated and did not report an alcohol problem, cell 3, a larger percentage reported a lower education level, some 10% more than the average for the entire impaired driver population (see table 8). The reported education level is similar to that of the general institutional population (see table 8).

Of those impaired drivers interviewed 61% reported an education level of grade 10 or less.

Of this group 16.6% reported problems in school such as expulsions.

For those who quit school the universal reason given was they wanted to go out and get a job and make money. They also had not given much thought to upgrading their education or training as a way of improving their marketability in the job market.

Employment Status

The review of the employment status of those incarcerated for impaired driver found this population did not reflect the population described in the literature as the incarcerated subjects reported much higher levels of unemployment. Due to the fact that most studies did not focus exclusively on those incarcerated their samples are more representative of the general public while the sample of the survey is not.

This survey reports a 46.6% unemployed rate among the impaired drivers as reported in the file review. This is lower than the 60.8%

TABLE 9

EMPLOYMENT STATUS

Employment status of the general inmate population compared to the impaired driver sample.

	General Inmate Population N=199	Impaired Driver Sample N=116
Employed	30.2%	25.0%
Unemployed	60.8%	46.6%
Farmer	-	11.2%
Retired	-	3.4%
Student	3.0%	3.4%

Employment status of the impaired driver sample by cells.

	Total	Cell 1	Cell 2	Cell 3	Cell 4
Employed	25.0%	30.8%	23.5%	31.7%	42.1%
Unemployed	46.6%	48.7%	47.0%	48.8%	36.8%
Farmer	11.2%	15.4%	11.8%	7.3%	0.0%
Retired	3.4%	2.6%	0.0%	7.3%	0.0%
Student	3.4%	0.0%	11.8%	0.0%	10.5%

Evidence of an unstable employment history by cells.

	Total	Cell 1	Cell 2	Cell 3	Cell 4
	43.1%	14.6%	6.0%	18.9%	7.7%

Employment status of impaired drivers interviewed.

Employed	50.0%	Unstable (casual/seasonal)	33.3%
Unemployed	38.9%	Unstable (casual/seasonal)	100.0%
Farmer	11.1%		
Retired	0.0%		
Student	0.0%		

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration.

unemployed rate reported by the general institutional population (see table 9).

In the review of the four cells the rate of reported unemployment remains constant except in cell 4 where there is a 10% drop. Along with being older and more likely in a stable relationship, this lower level of unemployment may indicate growing maturity and stability for those individuals who have been in the system and are coming to grips with an alcohol problem as represented in cell 4. In addition, those reporting to be farmers are most likely to be found among those who have not been incarcerated previously (see table 9).

Of the total impaired driver population reviewed from the files, 43.1% of the group indicated that their employment history could be considered "unstable," that is, showing a history of seasonal, casual and short-term employment. This pattern varied greatly across the cells with cell 1 reporting 14.6%; cell 2, 6%; cell 3, 18.9%; and cell 4, 4.7%. These are minimal figures as not all files contained complete information on this item.

The employment picture for those interviewed reflected similar trends which were seen in the review of the files. There was a high level of unemployment, 38.9%, with 100% of this group describing their employment history as made up of casual and seasonal employment. Of those reporting being employed when admitted, 50% of those interviewed, 33.3% of them reported their employment as being seasonal or casual.

Location

When looking at the reported home addresses of the impaired drivers reported in the file review, it is not surprising that over 60% of those incarcerated come from outside the City of Brandon.

Only in cell 1 is there a higher percentage of individuals from the urban setting (Brandon) than the average. Cell 4 shows the lowest urban population but the highest population of individuals who make an Indian Reservation their home. In fact, those reporting a reservation as their home are overrepresented in all cells but cell 1 (see table 10).

There was also a pattern of men residing at home with their family of origin. Overall, 17.2% of the population reported living at home. Cells 1 and 3 showed the greatest concentrations, with 28.2% and 17.1% of each respective cell living at home. Not surprisingly, these individuals were concentrated at the lower age ranges. The other two cells reported 5% of the population living at home.

Previous Contact with the Criminal Justice System

Though reporting a lower level of previous incarcerations than the general institutional population the incarcerated impaired driver as reported in the file review reflects a high level of contact with the criminal justice system.

On average 24.1% report their licence being suspended. The question asked in the file data collection seems to separate this report of suspension from the suspension imposed with the incarceration for impaired driving (see table 11).

When looking at all reported previous criminal activity, 70.8% of the total impaired driver populations as reported by the file review report some form of contact. The most significant percentage are those reporting a driving record of some type, 43.1%. While a significant percentage report a combination of offences against property and the person, 23.3% (see table 11).

TABLE 10

LIVING LOCATION AT TIME OF ADMISSION

The impaired driver sample by cells.

	Total	Cell 1	Cell 2	Cell 3	Cell 4
Urban	37.1%	43.6%	35.3%	34.1%	26.3%
Rural	30.0%	28.2%	29.4%	29.3%	31.6%
Farm	6.0%	7.7%	11.7%	7.3%	0.0%
Indian Reservation	15.5%	12.8%	17.6%	17.0%	21.0%
C.F.B.	2.6%	2.6%	0.0%	2.4%	5.3%
Other	4.3%	5.1%	0.0%	7.3%	0.0%

Individuals reporting living with family of origin.

	Total	Cell 1	Cell 2	Cell 3	Cell 4
	17.8%	28.2%	5.9%	17.1%	5.3%

Living location of impaired drivers interviewed.

Urban	22.2%
Rural	27.7%
Farm	16.6%
Indian Reservation	22.2%
C.F.B.	5.5%
Other	5.5%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration.

TABLE 11

PREVIOUS CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

Previous contact as reported by the impaired driver sample.

	Total	Cell 1	Cell 2	Cell 3	Cell 4
Drive	43.1%	33.1%	52.7%	38.7%	41.8%
Property	2.6%	2.5%	0.0%	2.4%	0.0%
Person	.9%	0.0%	0.0%	2.4%	0.0%
Combination	23.3%	7.5%	11.6%	16.9%	26.2%
Drugs	.9%	0.0%	0.0%	0.0%	0.0%
Missing	29.5%				

Those reporting this as a first incarceration.

General Inmate Population	32.6%
Impaired Driver Sample	48.2%
Impaired Drivers Interviewed	55.5%

Previous contact with the Criminal Justice System as reported by the impaired drivers interviewed (adult and juvenile).

	Total	Adult	Juvenile
Drive	94.4%	76.5%	41.2%
Property	27.8%	80.0%	60.0%
Person	11.2%	100%	0.0%
Combination	16.7%	66.6%	33.3%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration.

When looking at the cells the lowest level of previous contact is, not surprisingly, found in cell 1, while the highest percentage of general criminal activity are found in cells 3 and 4. Cell 2, those not previously incarcerated but reporting an alcohol problem has the highest percentage of individuals reporting previous contact with the criminal justice system. This is accounted for by the very high percentage reporting a past history of driving offences and not general criminal activity (see table 11).

Interestingly, very few of the entire population reported any drug offences.

Driving Record

Overall, those interviewed reported what could be described as a very poor driving record (see table 12). Of this group, 44.4% reported being involved in accidents of some variety with alcohol playing a role in 50% of the accidents. Of these, 38.9% reported receiving fines for driving violation, with 33.3% of them being alcohol related. In addition, 61.1% reported having their licence suspended at some time and that 91% of these suspensions were alcohol related. As these individuals who have had previous impaired driving charges this should have reflected a near 100% suspension rate, pointing to some of the difficulties related to the reliance of self-reports with this population.

History of Reported Criminal Record

Of the interviewed group, 94.4% reported a record of driving violations with 41.2% reporting a juvenile record in this area and 76.5% reporting an adult record.

When reviewing for a record of property offences, 27.8% of the

TABLE 12
REPORTED DRIVING RECORD

Those from the impaired driver sample reporting a suspended driving licence.

Total	Cell 1	Cell 2	Cell 3	Cell 4
24.1%	25.6%	29.4%	19.1%	26.3%

Driving record as reported by the impaired drivers interviewed.

	Total	Alcohol Related
Accidents	44.4%	50.0%
Fines	38.9%	33.0%
Suspensions	61.1%	91.0%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration.

population had such offences. Of this group, 60% had committed such offences as juveniles and 80% had again committed such offences as adults. Only 11.1% reported a record of offences against the person and this was strictly a crime committed by adults. But when looking at those who had a record of property and person offences combined, 16.7% of the population had been convicted of both with 33.3% committing such offences as juveniles and 66.6% committing such offences as adults (see table 11).

Personal Factors

The group interviewed reported 38.9% had come from families which had been disrupted by separation, divorce or dislocation of some type.

Though 72.2% of those interviewed claimed to have many friends and spoke in very idealistic terms regarding these friends one was left

with the sense that they were not being realistic in their presentation of their peer group. The standardized test from Grinell were administered to the last six individuals to be interviewed for this project in an attempt to establish a limited data baseline in clinical terms. Six tests were administered yielding a mean score of 31.5. The clinical level for the test is set at 30 so it would seem that for individuals peer groups are not as rewarding as the respondents would like one to believe. An alternative explanation is that the test does not account for the extreme scores given by many respondents. Extreme scores on many items marked for score reversal would greatly lower an individual's score and this was the pattern noted with this group. This was particularly evident in the case of one individual who saw himself as part of a "biker" group, his score was low after the reversals and when this was reviewed with him he could not accept the results, saying his answers were the way he felt about his friends and the way they felt about him. So it may be possible that if we are dealing with a sub-culture of "bikers", "beer drinkers", or some other grouping that the standard test will not cope with the value difference. These individuals also projected a very positive image of how they felt about their life-style and themselves. Like their representation of their peers these too seemed unrealistic and called for further investigation.

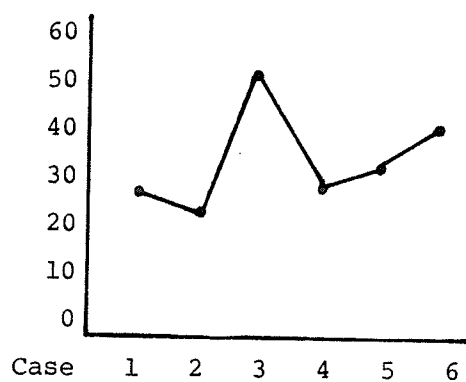
Two other tests from Grinell were administered to this population for this reason. One was the Index of Self-Esteem and the other the General Contentment Scale. The mean scores for both tests were 43.3, somewhat above the clinical line. A review of Graph 4 which reflects the case by case scores does show a consistent scoring pattern (see

GRAPH 4

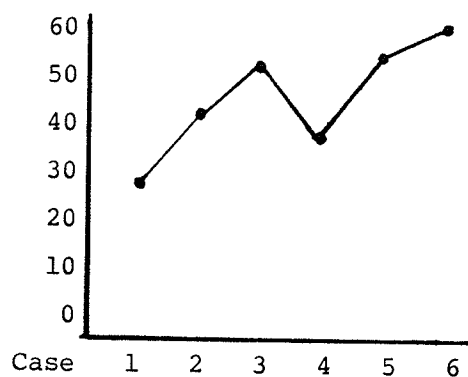
RESULT OF INDEX OF PEER RELATIONS, INDEX OF SELF-ESTEEM
SCALE OF GENERALIZED CONTENTMENT

Clinical Instruments

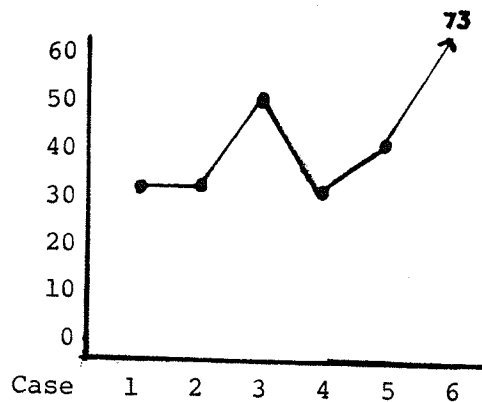
Index of Peer Relations



Index of Self-Esteem



Generalized Contentment Scale



graph 4). This would lead one to believe that several of the individuals tested would benefit from some "life-style" counselling or therapy as their scores fall consistently close or under the clinical line. This dissatisfaction with self and associates may impact on the individual alcohol consumption behavior or other maladaptive behaviors.

The testing was very limited but may indicate that utilization of such stabilized tests may be helpful in evaluating impact of institutional efforts in the future.

When exploring how this group felt about women, as the literature had indicated other samples of male impaired drivers had rather restricted views regarding women. It was found that the majority seemed to view women in a rather traditional manner, good wives, mothers, housekeepers, and someone to be looked after. There was a minority who had a very exploitative view of women, but this seemed linked to the general instability of all areas of their life they reported.

None of those interviewed reported belonging to any formal clubs or organizations. Of the group, 44.5% did report being involved in organized team sports. Of this group, 37.5% reported alcohol consumption playing a role in the activities. Given the rural nature of the population this would likely translate into drinking and driving after recreation activities. Of the total, 27.8% reported unorganized group activities as their major leisure time activity and 80% of them linked alcohol use to the activities. Of those interviewed, 72.2% reported solitary activities as constituting the majority of their recreation leisure activity with only 7.7% linking this activity to

alcohol use. It would seem that it is the group recreation and leisure activities which introduce alcohol and in turn, would likely create drinking and driving situations.

Sentence Length

The average sentence for the impaired driver population reported in the file review was 37.6 days, with the shortest sentence being 7 days and the longest sentence 123 days. It must be remembered when the sentence length is referred to that it is the number of days the individual must serve. Because of the provision for earned remission, (good time), all sentences are reduced by 1/3, barring any major institutional disciplinary problem.

When reviewing the average sentence length across the four cells one finds the average sentence length slightly less in length in cells 1 and 2, equal to the average of the total population in cell 3, but significantly longer in cell 4 (see table 13).

However, when comparing racial origin and sentence length it would appear that in all cells except cell 3, those of native ancestry received on average longer sentences (see table 13).

The average sentence length for the group interviewed was 47.2 days with a range from 14 days to 123 days.

Alcohol

From the file review 31.1% of the population were reported as having answered yes to having a problem with alcohol (cells 2 & 4).

Of the individuals interviewed, 33.3% reported a "alcohol problem" when responding to the yes/no question posed by the institutional file. Of this group, 6.3% reported drinking daily, 37.5% reported drinking on weekends only, 6.3% reported both daily and weekend drinking while

TABLE 13
SENTENCE LENGTH

	Total	Cell 1	Cell 2	Cell 3	Cell 4
Mean sentence length in days	37.6	31.9	32.8	37.5	53.7
Considering ethnic background					
White		31.5	27.0	37.7	49.7
Status Indian		37.8	53.0	36.4	52.6
Non-Status Indian		30.0	-	30.0	92.0
Metis		23.3	-	47.5	-
Mean sentence length in days for those interviewed	47.2	46.1	44.0	54.3	50.0

Key: Cell 1 - No stated alcohol problem - no previous incarceration.
 Cell 2 - Stated alcohol problem - no previous incarceration.
 Cell 3 - No stated alcohol problem - a previous incarceration.
 Cell 4 - Stated alcohol problem - a previous incarceration.

while 50% reported drinking occasionally. Beer drinkers made up 66.6% of those interviewed. Only one individual reported being involved in alcohol treatment and one other reported involvement in A.A. at some point in time.

Of those interviewed, 28.6% reported drinking and driving rarely, 28.6% reported drinking and driving occasionally and 42.9% reported drinking and driving frequently.

This group felt that on average that they could consume 8.4 drinks before it would be unsafe for them to operate an motor vehicle. The range was from 2 drinks to 24 drinks. One individual felt it would never be "unsafe" for him to operate a motor vehicle no matter the quantity of alcohol he had consumed.

The average BAC of this group reported at the time of arrest was 0.15, ranging from just slightly from over 0.08 to 0.23.

The results of the alcohol use test administered tended to indicate that nearly all the individuals reported some level of alcohol misuse and may indicate that many are experiencing problems with alcohol use even if it is episodic. However, setting arbitrary clinical lines for the early, middle and final phases are reflected by the three segments of the alcohol test it is possible to make an estimate of the severity of the alcohol problem presented by this group. For the early phase this line was two positive responses, for the middle phase the line was one positive response and for the late phase any positive responses indicated a problem. Only one individual scored below the arbitrary line in all three segments, while three others scored below or on the line in two segments (see graph 5). Of the group completing the test (18), fifteen would appear to have benefited by a referral to a resource dealing with alcohol abuse as their descriptions of their drinking behaviors as self-reported on this test, strongly suggest the presence of or development of an alcohol problem.

When the individuals drinking practices were reviewed with them the predominant pattern of drinking was to drink to intoxication. The attitude was "work hard, play hard, drink hard."

There was also a pattern of the men not drinking when they were working.

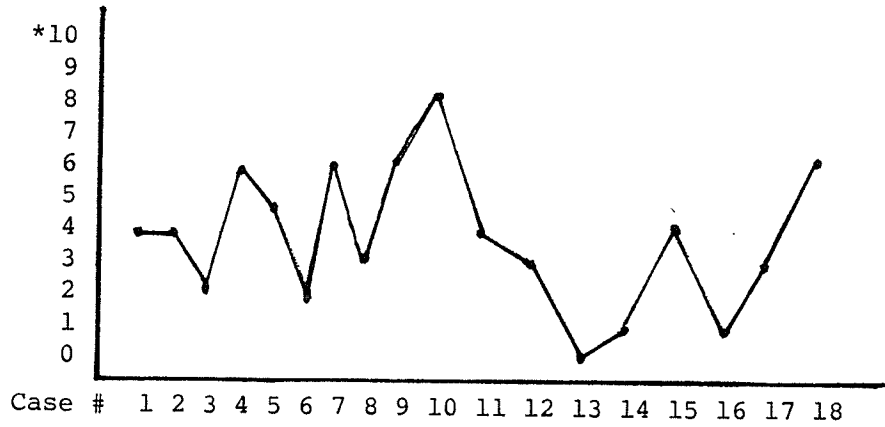
Nature of the Contact with the Criminal Justice System

When asked how they had come to be apprehended by the police for the impaired driving offence, 27.2% of those interviewed reported that

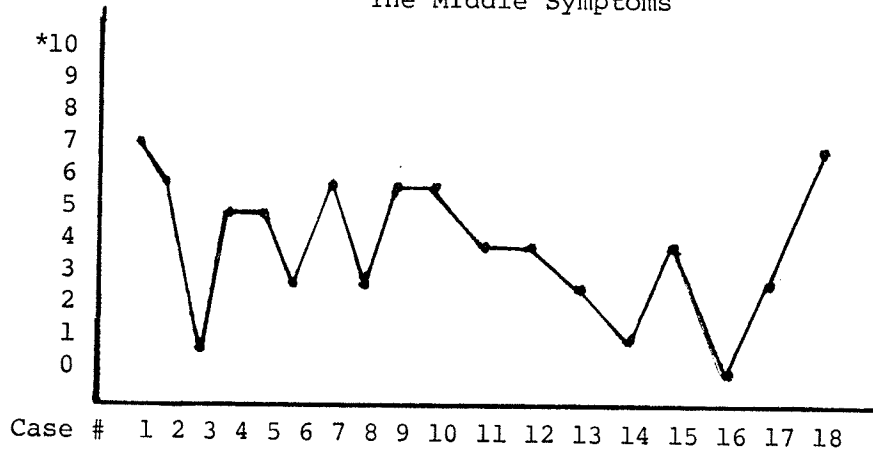
GRAPH 5

ALCOHOL

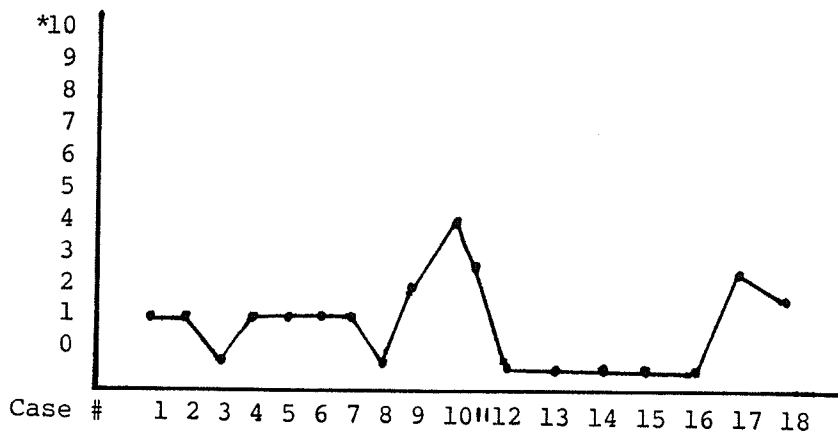
The Early Symptoms



The Middle Symptoms



The Late Symptoms



* Frequency of positive responses to questions.

they had been detected in a routine check, 36.4% reported that it was an act of bad driving, 18.2% were involved in an accident and 18.2% had a vehicle defect which attracted the attention of the police.

This would indicate that the majority of impaired drivers came to be detected by the police through their actions or omissions.

The time between arrest and final sentencing highlights a factor important to the nature of the individual's experience. The average time to pass between arrest and being admitted to the institution was 7.7 months with a range from 2 months to 24 months. This time allowed the individuals the opportunity to arrange their lives to minimize the effects of being incarcerated. For those with alcohol problems it was also likely a time to consolidate their defenses of rationalization and denial.

Of those interviewed 83.3% felt that they were dealt with fairly by the police and 77.8% felt that they had been dealt with fairly by the courts. Of the group, 61.1% thought the law was fair while only 33.3% thought the law was applied fairly. The common response was that those with money or with a "good name" received special treatment or were able to get off. Some of the native offenders felt they were subject to special treatment because of the ethnic background.

Experience of the Individual

Of the group interviewed only 16.7% saw their incarceration having any impact on their family, an equal percentage thought there may be somewhat of an impact (see Table 14). A total of 66.6% did not think their incarceration would have any impact on their family.

When asked if their coming to jail would impact on their relationship with their peer group, 88.9% answered no, only 5% answered

TABLE 14

RESPONSES TO QUESTIONS CONCERNING THE IMPACT THEIR INCARCERATION WOULD
HAVE ON THEIR RELATIONSHIP WITH ANY PART OF THEIR SOCIAL NETWORK

	Yes	Somewhat	No
Family	16.7%	16.7%	66.6%
Friends	5.5%	5.5%	88.9%
Community	5.5%	16.7%	72.7%
Finances	22.2%*	22.2%	55.6%
Employment	29.4%	11.7%	58.8%**
Changed Peers			
Drinking & Driving	33.3%		66.7%

* 50% of yes responses from cell 1.

** 80% of yes responses from cell 1.

INDIVIDUAL'S ATTITUDE TOWARD THE SYSTEM

	Yes	Somewhat	No
Were you treated fairly by the police?	83.3%		16.7%
By the court?	77.8%	5.5%	16.7%
Is the law fair?	61.1%	5.5%	33.3%
Is the law applied fairly?	33.3%	22.2%	44.4%

Key: Cell 1 - No stated alcohol problem - no previous incarceration.

Cell 2 - Stated alcohol problem - no previous incarceration.

Cell 3 - No stated alcohol problem - a previous incarceration.

Cell 4 - Stated alcohol problem - a previous incarceration.

yes. These yes answers were linked to the individuals stated desire to stop drinking and his perception that they would have to change friends to do so.

With the rural nature of the population the subjects were asked if they thought their incarceration would impact on their relationship with their community, 72.7% felt the incarceration would have no impact on their relationship with their community. As one person put it "the president of the curling club has been in," he did not feel it was seen as a big deal in his home community.

When asked if the incarceration would have an impact on them financially, 55.5% answered yes. Of this group, 50% were individuals found in cell 1, those never previously incarcerated and who did not report an alcohol problem. A further 22.2% thought the incarceration would have some financial impact and another 22.2% did not feel incarceration would have any financial impact.

When asked about the future impact of this incarceration would have on future employment possibilities, 58.8% did not feel there would be any negative effect. This may not be surprising as many of the population has had previous contact with the criminal justice system and this incarceration for impaired driving didn't stand out as a major event.

The individuals did not see their incarceration having a deterrent effect on their peer group. Of the group, 66.7% stated that their apprehension and subsequent incarceration for impaired driving would not change their friends' drinking and driving behavior.

When asked if this incarceration had impacted in any way how they felt about themselves, 66.7% stated "yes". The feelings they spoke

about were anger with themselves for getting caught or making a foolish choice, as in the case of one man who changed places with the driver of the vehicle they were in when it was pulled over by the police. Both had been drinking but the subject thought he was "more sober".

The group did not feel as if they were criminals, but rather the unfortunate victims of circumstance or someone who had simply taken a chance and lost.

Some who had been incarcerated previously found that the modern jail changed how they felt about themselves, as one man said, he was "getting older and just doesn't fit in any more."

Another man who had done time was disgusted with today's inmates, accusing them of not being "solid", that is solving their own problems by themselves and staying out of other people's business. A man whose actions which got him arrested and sentenced were prompted by an severe crisis in his life was left with the impression that the system just did not have any compassion for the individual.

There was only one case where any of those being interviewed made reference to having any difficulties in population or being subject to any physical abuse.

There were a number who saw the jail sentence as a ineffective punishment, one said, "I've stayed in worse hotels." These people felt a larger fine would have hurt them more than the loss of freedom. One man called the jail a resort and felt he could understand why "some of these people come back," not seeing much unpleasant about being in jail.

A number of the native individuals made the comparison of the jail with residential school.

There were a number of negatives related to being incarcerated. One spoke of family problems created, another about the stress created by the sense of being "trapped". Others mentioned being scared and not knowing what to expect.

Another experienced the authoritarian nature of interaction with staff as stressful and frustrating. He felt he was not listened to when he tried to explain his needs to the staff.

Another found doing time as boring with the worst part being watched all the time.

There was no sense of any of these people being in a state of acute crisis. For the most part they were quite relaxed, even if a little nervous if they had not been incarcerated before. Several spoke of the time in jail as a "time out" at which time they could think. For most it was the end phase of an experience which started with what would be considered a crisis. It seemed to be the time awaiting the court date and the uncertainty of what would be the final sentence which caused the greatest anxiety. Given the average time span of 7.7 months which followed arrest and preceeded sentencing, most had ample time to regain their equilibrium in their lives. This does not account for the one individual who claims he forgot he had an outstanding fine for impaired driving till he was arrested. The offence had occurred two years earlier and he just was busy and forgot.

Others utilized the time awaiting court to arrange their lives to minimize the impact of the inevitable incarceration. One man moved his family to the urban setting so he could utilize public transport to get to work.

Others spoke of crisis which precipitated drinking episodes which

led to their arrest, such as divorces, family conflict and deaths in the family, but on the whole, the incarceration was not a crisis. One man had to rearrange his wedding date because of his jail sentence but it was not an unsolvable problem.

Manner of Final Release

Of the impaired driver population as reported in the file review, 10.3% paid part of the fine they were admitted on. The incarceration was the consequence of these individuals failing to pay their fine within the time set by the courts. However, they could be released from the institution by paying the fine after their admission. The total for the fine would be reduced by a portion related to the number of days they served and the remission earned during this time hence a part fine. Of this group, 6% were released to the Fine Option Program to work off outstanding fines in the community, 19% were granted an early release via the Temporary Absence program, and 62.1% served their sentence till time expired on their earliest possible release date.

The presence of individuals who were able to pay fines or select community work represent either individuals convicted prior to the introduction of Bill 18 or individuals who had received a fine on their first offence. These files contributed basic demographics to the study but little else. These would constitute a large portion of missing data, but not all of it.

Program Involvement

The file review indicated very limited program involvement by the impaired drivers. Here again, the data on file is somewhat limited but from the information available the indication is that slight less than 60% of the population had not been involved in any of the institutional

program options.

Involvement in alcohol programs was spread across all of the cells with the highest percentage appearing in cell 4, 31.2%. In cell 3, 9.6% reported involvement in alcohol programs and these were all Status Indians. Cell 2 reported 11.6% involvement in alcohol programs. Cell 1 reported 7.6% involvement in alcohol programs.

One individual was quite surprised that the jail had not done anything with him as he had expected some type of program. Most others expected nothing, thinking they would do their time and get out.

Temporary Absence Releases

When taking into account all Temporary Absences (T.A.'s) granted, for daily releases or for an early release the impaired driver population is granted this option at a slightly higher level than the general institutional population, 23.3% as compared to 19.1%. But when focusing only on the long term pre-release, 19% of the impaired population is granted some form of early release. Looking at the distribution across the four cells reveals major differences. Cells 1 and 2 show 12.6% and 12.1% granted T.A.'s, while cells 3 and 4 show 40.9% and 36.5% of their respective populations being granted T.A.'s.

It would appear that those individuals who have been incarcerated previously and are receiving slightly longer sentences are granted T.A.'s more frequently than those not previously incarcerated. This may be a function of the longer period of time the institution has to assess their situation, or it may be a function of these individuals having a greater understanding of how the system functions and their being able to access the institutional options more efficiently.

The average length of the pre-release was 10.7 days with the cells reporting averages of cell 1, 16 days; cell 2, 6.8 days; cell 3, 15.2 days; and cell 4, 11 days. There was not one recorded failure of an impaired driver on a pre-release in the files sampled.

Of the releases granted, 20% were granted to natives, making them slightly underrepresented in relation to the proportion of the overall population they constitute.

Of the early releases granted, 85% were for employment while one was for alcohol treatment. Two of the employment releases were preceded by a daily release to attend alcohol treatment. Of the 20 releases granted, 7 had some sort of condition attached which compelled the person to attend A.A. meetings or see an alcohol counselor during the duration of the release.

As with the early releases noted in the file review there were no noted violations of the early releases granted to this group of inmates. Given the success of the releases and the linkages which are part of the release plan which try to address identified problems this may be an avenue for further program development which would attempt to do something with this group of individuals.

The data indicates that the impaired driver population can be divided into subgroups. The basic division would be between those who have or have not been incarcerated previously. A significant subgroup of these are those who claim to have an alcohol problem.

Overall the impaired driver differs from the general institutional population being older, slightly better educated and more likely to be employed.

The impaired driver reports an extensive history of

contact with the criminal justice system and a poor driving record.

In the institution the impaired driver will be serving a short sentence and the majority will not be involved in any specific program. This is disturbing in light of the high level of indicated problems with alcohol.

For the majority incarceration seems to have had a very limited impact on their lives and was not an experience which facilitated change.

CHAPTER 11

DISCUSSION

This project set out to explore the nature of the impaired driver population and to describe "what is" at this point in time. It was the hope that a review of the files of previously incarcerated impaired drivers and the face-to-face interviews of presently incarcerated impaired drivers would generate sufficient data to describe the characteristics of this population and review the factors which brought them into contact with the system.

The project also reviewed how the individuals interviewed experienced being incarcerated. Was it a period of crisis and pain for the individual and was there any evidence of the experience motivating or "shocking" the individual into seeking help?

Incarceration has several stated goals; retribution, punishment, deterrence and rehabilitation. Rehabilitation viewed from the social work perspective could be seen as the presence of improved problem solving on the clients behalf, developing linkages with agencies and resources for the client, insuring the humane and efficient operation of the system and input into the development of appropriate policy.

It should be noted that because of the long delays between arrest and sentencing a number of the individuals included in this study were apprehended prior to the introduction of Bill C 18. This may mean that the institutional population of impaired drivers is in a phase of transition and that the future population may reflect less of a population of individuals with a varied criminal history. The characteristics of those being sentenced in the future may move toward

the general characteristics of individuals found in the community.

At this time, the incarcerated impaired driver appears to be somewhat different than the general inmate population, however, he does not seem representative of the community-at-large. He is somewhere in between. This is not surprising when what was once seen as a social problem becomes a criminal act, and a new group of people are introduced to the correctional setting.

He differs from the general inmate population by being older, more frequently "white", less likely to be single, more likely to be from a disrupted relationship, have a higher education, more likely to be employed, less likely to have been incarcerated previously and to be serving a shorter sentence.

He differs from our image of the community-at-large by his high rate of disrupted relationships, high level of unemployment or under-employment, high level of previous contact with the Criminal Justice system as both an adult and a juvenile, very poor driving record, and his strong indicators of alcohol mis-use and abuse.

The incarcerated impaired driver also seems to differ from the impaired driver represented in the literature by a lower rate of a reported alcohol problem and a higher rate of unemployment. In addition, the sample includes a higher percentage of single individuals and fewer divorced and separated individuals than that represented in the literature.

From the interviews with the impaired drivers an unexpected finding developed related to their personal characteristics. Dealing with the impaired driver reminded one of dealing with other first incarcerates and repeat offenders who commit "minor" crimes. There

was a manner of presenting themselves, of viewing and interpreting the events which contribute to their incarceration which seemed to share common ground.

There appears to be an explanation in material compiled by Gupta and Mueller on the Guelph Correctional Centre, (1984), which draws on the work of Yochelson and Samenow (1976) and Cleckley (1964). This material identifies a wide range of "characteristics of the criminal mind."

They write of the "now-arrestable criminal," those who cut corners, cheat and attempt to beat the system. However, because of circumstances or the law these individuals are not arrested or jailed for their actions.

It may be a change in the law, as in mandatory sentencing for impaired driving, which could introduce these individuals to the correctional setting.

Though not wanting to promote the use of a negative label such as "criminal characteristics," this material touches on several characteristics which the impaired driver does seem to hold in common with the "criminals." These characteristics all have implications for program development and policy.

These characteristics include a "need for power," manifested by many of those interviewed in their need to own fast cars and motorcycles. For these individuals the possession of such desirable items and their perceived ability to use and control them gave them a sense of control, of doing something others could not or would not do.

For most all interviewed there was a "lack of remorse or guilt," and a "self-centeredness" which appeared as a lack of empathy for those whom their acts touched. They had an "inability to put himself in

someone else's shoes." There is a "lack of awareness," an inability to see the impact of their actions has had on loved ones. This lack of awareness is aided by excuses such as alcohol abuse.

Those who felt some remorse or guilt had some very concrete experience to drive home the reality of their actions. One had physically hurt several people in an accident while another had had a friend killed in an alcohol related traffic accident. But for most the focus was on themselves and this may be seen in the lack of impact they saw their incarceration having on their social networks.

For a number "excitement" was important, as it is claimed it is important for the "criminal." Activities were not moderated. As several stated, "you go for it," in recreation and leisure activities and in alcohol consumption. This also translated into a "macho" quality about the group. Not that all would go looking for confrontations but none reported as ever backing away from trouble.

There is also a characteristics of a "closed channel of communication." As with other people incarcerated there is a sense that what you are being told is being reviewed and censored by some internal process to insure few risks are taken. In addition, there is also a sense that there is a process of selective listening taking place, where only material which supports the individuals point of view is picked up on.

The "apprehended criminal" also has the ability to interpret the situation in such a way that he becomes the victim. This was also apparent with the impaired drivers. It was a family fight, the loss of a job or some other crisis which caused his being in jail. He is the one being persecuted.

Gupta and Mueller refer to a concept labeled "concrete thinking." They argue that the repeat offender has trouble learning from his past mistakes and seem to have a limited ability to solve problems based on past experience. Each situation is approached as if it were new and mistakes repeated.

One area which was not explored but could be an area of future exploration is an area of characteristics called "the criminal in rehabilitation." Many inmates are reported as seeing program people and social workers as people to be manipulated so they may gain what they want. An inmate once stated, "A.A. means T.A.," meaning that the attendance in alcohol related programs was done to help insure consideration for an early release, not to meet the sincere wish of the individual to address an alcohol problem. Given the pattern of releases granted to the impaired drivers a similar mentality may be in place.

The continued exposure of the impaired driver to the general inmate population may in fact reinforce these characteristics and have a long term impact on the individual.

On the dimension of how the individual deals with the world the impaired driver may have more in common with the general inmate population than first thought.

The factor which brought these people into contact with the system is their inability to use alcohol in moderation. It may be that this mis-use of alcohol may be central to their history of contact with the criminal justice system, their driving records, and instability in the areas of employment and relationships.

On the occasion of the individual's arrest a large number came

to the attention of the police by their own actions or omissions. This was reckless driving, an accident or the failure to attend to a fault in the vehicle, such as a broken tail light. Many of these were minor and would not have resulted in formal legal action if the individual had been able to separate drinking from the driving situation. It is also an example of the lack of the ability to think in abstract terms and realize they were in a state of higher risk and, in turn, moderate their driving behavior to lessen their chances of detection.

Because of their extensive records and the rural setting some felt there was preferential enforcement of the law. They felt the police knew them and they were checked more often than the normal citizen. For them the random check was not always a random check.

Some of the native individuals expressed strong feelings that their race contributed to their detection. That this special attention and subsequent enforcement of the law was not just for impaired driving but all offences and that they were being persecuted by law enforcement agencies. Native individuals spoke of their perception of the police waiting on the roads leading to their communities, waiting for any native to come along so they could stop him.

For the majority the experience in jail was not a time of crisis, of pain and depravation or a time of being motivated to change and address personal problems.

Because of the time between the time of arrest and sentencing most individuals were at the end of a disruptive experience, a crisis for some. By the time they were admitted to the jail they had reintegrated their lives, for better or worse, utilizing their own resource systems.

They had arranged their lives so the jail experience was a time out, a necessary inconvenience at the end of this particular experience with the criminal justice system.

Because of the delay between actions and consequences most could rationalize and minimize their actions blunting any pressure for change. As justice delayed is justice denied, action delayed with these individuals is an opportunity for change denied.

With the average short sentences given to the impaired driver he seems to get lost in the system and does not utilize program options which could be of benefit to himself. This may be the product of a system which cannot assess and process the individual completely and quickly so they sit and do their time with little or no formal input.

The experience reported by the impaired driver would suggest that the intervention of incarceration does not meet its stated goals of retribution, punishment, deterrence and rehabilitation.

Half of this population have been incarcerated previously and 70% have had some contact with the criminal justice system. There is the tendency to think of the impaired driver as possessing the values and world view as the general community and assuming how they would experience incarceration from this point of view. But most have had some experience with the system and may not be shocked at being incarcerated. Given the characteristics noted earlier, many may not see the impact of the incarceration on others around them, and may, in fact, see themselves as the victims in this situation.

Is there retribution? The individual does not see himself paying a price to society for his actions. In fact, he sees society paying a price by locking him up and having to look after him for a period of time.

individuals to seek help or attempt to change any part of their lives. The decision to change or seek help had usually been made long before the time of incarceration. The pressure to act seemed to be found in the disruption created by being apprehended and brought into the system for prosecution. The fact of getting caught seemed to make the greatest impression. As incarceration is now mandatory the subjects seemed to see it as a given, getting caught held the uncertainty.

If so little is being accomplished by the present efforts, what can be done?

If the choice were to deal with the impaired driver strictly as a criminal the avenues of stricter sanctions would likely have to be followed. And it is not likely this would have a greater deterrent effect but would only put people in jail for longer periods of time as the system imposed harsher penalties on the repeating offender.

It would seem to be more effective to approach this as a social problem, requiring purposeful and directed action to address the basic problems.

This would require the individual to be processed quickly after the time of arrest to time of sentencing so those who think in concrete terms could link actions with consequences. For those with alcohol problems this process would facilitate the utilization of the classic intervention model which requires linking the individuals drinking with his actions and consequences.

These programs would require an extensive assessment to be made of those admitted. This assessment would include a screening for a possible alcohol problem by a trained individual. It would also

require an investigation of the individual's history to gain an understanding of other factors which could contribute to his behavior.

Alcohol education should be available for all those who are admitted for the drinking and driving charges with the focus of increasing their awareness of the impact alcohol consumption has on their ability to operate a motor vehicle.

Treatment-like programs should be available for those with identified alcohol problems. But the emphasis in this area should be to link these individuals with appropriate community resources. The institution does not deal with the individual for a long enough period of time to deliver an adequate effective program. Institutional programming should be of the introductory nature, beginning to assess and explore the difficulties an individual may be facing. The next function should be to act as a broker, linking these individuals with appropriate community resources and aiding their entry to these programs.

The delivery of specific programs directed at the needs of the impaired driver population would benefit greatly if the sentencing of these individuals could be coordinated in some manner. This would allow the efforts of limited resources to be directed at a group intake of people rather than the present process of attempting to catch the individual before he slips through the net of scheduled institutional programs.

This programming could be a cooperative venture utilizing community and institutional resources. There would have to be complete and extensive assessments conducted and appropriate

programming developed addressing the issues of alcohol, life style and self.

There also needs to be the development of a community support system. From this project it seemed that those released to the community were the ones who made contact with appropriate resources, continued to be productive members of the community and posed no threat to the community because of the built-in supervision. It would seem that the utilization of such a support system to release the incarcerated impaired driver to after involvement in the specific programs would be the most effective and humane way of dealing with this population.

This involvement of the community may also be a step in the direction of general community awareness of the seriousness of the drinking driver problem and in turn be a base for future action to begin to prevent it through community action.

The policy makers must also realize that when dealing with repeat drinking drivers that they are not dealing with the average citizen who may be deterred by the threat of a jail sentence, a special licence plate or an alcohol sensing ignition system. There is a need to intervene in a way which breaks the cycle by getting at the lack of awareness of others, the lack of empathy for the impact of their actions which characterize the impaired drivers. This seems to make necessary mandatory programming imposed with the incarceration in the manner described earlier.

This all calls for further study of those involved in drinking and driving. There is a need to develop a coordinated longitudinal study of impaired drivers from their first contact with the system

on. This would call for the coordination of the criminal justice system and many social service resources. Because of the significant and unique segment of the population the inmate population constitutes it would seem necessary to research them on a parallel course to insure program development took into consideration their cultural and community realities to insure appropriate actions were undertaken. But given the massive cost our society incurs because of the impaired driver, it would seem the motivation is there to press for such research and action.

There is also the need for everyone to take personal action. The best example is the movement which has grown to do something about the threat smoking poses to the public health. It would appear it is time for every one to respond to the drinking driver in the same manner, making getting behind the wheel of a vehicle after consuming alcohol a socially unacceptable and contemptible act.

BIBLIOGRAPHY

- Abbott, M.W. Locus of Control and Treatment: Outcome in Alcoholics. Journal of Studies on Alcohol, Vol. 45, No. 1, 1984.
- Abelsohn, D.S., van der Spuy, H.I.J. The Age Variable in Alcoholism. Journal of Studies on Alcohol, Vol. 39, No. 5, 1978, pg. 800-807.
- Alcoholism Foundation of Manitoba. Alcohol in our society.
- Alcoholism Foundation of Manitoba. Recognition, Consultation and Referral of Alcoholics.
- Alcoholism Foundation of Manitoba. Resource Manual: Chemical Dependency. Intervention Course, Winnipeg, Manitoba.
- Alcoholism Foundation of Manitoba. The Alberta Alcoholism and Drug Abuse Commission: Counsellor's Manual, 1966.
- Annis, H.M. Group Treatment of Incarcerated Offenders with Alcohol and Drug Problems: A Controlled Evaluation. Canadian Journal of Criminology, Vol. 21, No. 1, January 1979, pg. 3-15.
- Argereou, M., McCarty, D., and Blacker, E. Criminality Union, Individuals Arraigned for Drinking and Driving in Massachusetts. Journal of Studies on Alcohol, Vol. 46, No. 6, 1985, pg. 525-529.
- Armstrong and Turner, taken from McGrath, Crime and its Treatment in Canada, Toronto: MacMillan, 1965.
- Atmore T. and Bauchiero, E.J. Substance Abusers: Identification and Treatment. Corrections Today, December 1987, pg.22.
- Anderson, I., Aitken, P.P., and Davies, J.B. Recall of the Symptoms of Alcoholism by Alcoholics and Non-Alcoholics. British Journal of Clinical Psychology, No. 20, 1981, pg.137-138.
- Babbie, E.R. The Practice of Social Research. Second Edition. Belmont, California, Wadsworth Publishing Company, Inc., 1979.
- Bacon, S.D. (Editor). Quarterly Journal of Studies on Alcohol, Studies of Driving and Drinking, Supplement No. 4, May 1968.
- Barbara, J. and Morrison, J. If Addiction is Incurable, Why Do We Try to Cure It? Crime and Delinquency, Vol. 21, No. 1, January 1975, pg. 28-33.
- Berger, D.E. and Snortum, J.R. Alcoholic Beverage Preference of Drinking-Driving Violators. Journal of Studies on Alcohol, Vol. 46, No. 3, 1975, pg.232-239.

- Berliner, A.K. Group Counseling With Alcohol Offenders: An Analysis and Typology of DWI Probationers. Journal of Offender Counseling, Services and Rehabilitation, Vol. 11(2), Spring/Summer 1987, pg. 33-51.
- Bloom, M. and Fischer, J. Evaluating Practice: A Guideline for the Accountable Professional. Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1982.
- Blumeberg, A. Criminal Justice. New York, New Viewpoints, 1967.
- Botuin, G.J., Baker, E., Botuin, E.M., Filazzola, A.D. and Millman, R.B. Prevention of Alcohol Mis-use Through the Development of Personal and Social Competence: A Pilot Study. Journal of Studies on Alcohol, Vol. 45, No. 6, 1984, pg. 550-552.
- Bradstock, M.K., Marks, J.S., Forman, M.R., Gentry, E.M., Hogelin, G.C., Binkin, N.J., and Trowbridge, F.L. Drinking-Driving and Health Lifestyles in the United States: Behavioral Risk Factors Survey. Journal of Studies on Alcohol, Vol. 48, No. 2, 1987, pg. 147-151.
- Breed, A. The State of Corrections Today: A Triumph of Pluralistic Ignorance (a speech). The Edna McConnell Clark Foundation, New York, New York, 1986.
- Brockopp, G.W. Crisis Intervention: Theory, Process and Practice.
- Choquette, K.A., Hesselbrock, M.A., and Babor, T.F. Discriminative Control of Alcoholics: Drinking by the Drinking Situation. Journal of Studies on Alcohol, Vol. 46, No. 5, 1985, pg. 412-417.
- Connidis, I. Problems in the Use of Official Statistics for Justice System Research. Canadian Journal of Criminology, Vol. 24, No. 4, October 1979, pg.397-415.
- Cook, D.R. Craftsman Versus Professional: Analysis of the Controlled Drinking Controversy. Journal of Studies on Alcohol, Vol. 46, No. 5, 1985, pg. 433-442.
- Core Knowledge in the Drug Field, Vol 1 to 12. Non-Medical Use of Drugs Directorate, National Health and Welfare, Ottawa, Canada.
- Cormier, B.M. The Watcher and the Watched. Montreal, Quebec, Canada, Tundra Books, 1975.
- Correctional Service Canada, Beyond the Walls. Communications Branch, Minister of Supply and Services Canada, 1983.
- Correctional Services of Canada. Drug Strategy Initiative, No. 2, Staff Training, 1987.

- Cosper, R. and Mozersky, K. Social Correlates of Drinking and Driving. Paper from Center of Alcohol Studies, Rutgers University, pg. 58-113.
- Cousineau, D.F. and Veevers, J.E. Incarceration as a Response to Crime: The Utilization of Canadian Prisons. Canadian Journal of Criminology and Corrections, Vol. 14, No. 1, January 1972, pg. 10-29.
- Cox, W.M. (Edt.). Alcoholic Personality Characteristics. San Francisco: Jossey-Bass, 1983.
- Cross Roads: a National Newsletter on Drinking and Driving, Vol. 1, No. 4, December 1987, Traffic Injury Research Foundation of Canada.
- Dale, M.W. Barriers to the Rehabilitation of Ex-Offenders, Crime and Delinquency, Vol. 22, No. 3, July 1976, pg. 322-337.
- Davis, J.A. Elementary Survey Analysis. Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1971.
- Desmond, E.W. Out in the Open: Changing Attitudes and New Research Give Fresh Hope to Alcoholics. Time, September 30, 1987.
- Donovan, D.M., Marlatt, G.A., and Salzberg, P.M. Drinking Behaviour, Personality Factors and High-Risk Driving. A Review and Theoretical Formulation. Journal of Studies on Alcohol, Vol. 44, No. 3, 1983, pg. 395-428.
- Donovan, D.M., Queisser, H.R., Salzberg, P.M., and Umlauf, R.L. Intoxicated and Bad Drivers: Subgroups Within is Same Population of High-Risk Men Drivers. Journal of Studies on Alcohol, Vol. 46, No. 5, 1985, pg. 375-382.
- Edmonton Correctional Centre, Background Information, APRA, 13.03.81, pg. 12-34.
- Farrington, D.P. What Kind of Research is Needed to Advance Knowledge About the Explanation, Prevention and Treatment of Crime in Canada? Canadian Journal of Criminology, Vol. 29, No. 2, April 1987, pg.171-183.
- Farrow, J.A. Drinking and Driving Behaviors of 16 to 19 Year Olds. Journal of Studies on Alcohol, Vol. 46, No. 5, 1985, pg. 369-373.
- Fitzgerald, J.L. and Mulford, H.A. Self-Report Validity Issues. Journal of Studies on Alcohol, Vol. 48, No. 3, 1987, pg. 207-211.
- Forcese, D.P. and Richer, S. Social Research Methods. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973.

- Fox, T.A. Justifying Education Programs as a Form of Rehabilitation in Prison. EAF Journal of Educational Administration and Foundations, Vol. 1, No. 1, 1986.
- Friday, P.C. and Peterson, D.M. Shock of Imprisonment: Comparative Analysis of Short-Term Incarceration as a Treatment Technique. Canadian Journal of Criminology and Corrections, Vol. 15, No. 3, July 1973, pg.281-291.
- Gendreau, P., Madden, P. and Leipziger, M. Norms and Recidivism for First Incarcerates: Implications for Programming. Canadian Journal of Criminology, Vol. 21, No. 4, October, 1979, pg. 416-441.
- Gendreau, P. and Ross, B. Effective Correctional Treatment: Bibliotherapy for Cynics. Crime and Delinquency, October, 1979, pg. 463-489.
- Gibbons, D.C. Lebowitz, B.D. and Blake, G.F. Program Evaluation in Corrections. Crime and Delinquency, Vol. 22, No. 3, July, 1976, p. 309-321.
- Glynn, R.J., LoCastro, J.S., Hermos, J.A., and Bosse, R. Social Contexts and Motives for Drinking in Men. Journal of Studies on Alcohol, Vol. 44, No. 6, 1983, pg. 1011-1025.
- Golan, Naomi. Treatment in Crisis Situations. The Free Press, New York, Macmillan Publishing Co., Ltd., 1978.
- Greenberg, L.A. The Pharmacology of Alcohol and its Relationship to Driving.
- Grinnell, R.M., Jr. Social Work Research and Evaluation. Itasca, Illinois, F.E. Peacock Publishers, Inc., 1981.
- Gupta, P. and Mueller, R. The Correction of Criminal Thinking Through the Cognitive-Moral Approach. A paper.
- Heather, N., Rollnick, S. and Winter, M. A Comparison of Objective and Subjective Measures of Alcohol Dependence as Predictors of Relapse Following Treatment. British Journal of Chemical Psychology, No. 22, 1983, pg. 11-17.
- Hopkins, R.H., Mauss, A.L., Kearney, K.A. and Weishert, R.A. Comprehensive Evaluation of a Model Alcohol Education Curriculum. Journal of Studies on Alcohol, Vol. 49, No. 1, 1987, pg.38-49.
- Hyman, Merton M. The Social Characteristics of Persons Arrested for Driving While Intoxicated, pg. 138-173.
- Hyman, Merton M. Accident Vulnerability and Blood Alcohol Concentrations of Drivers by Demographic Characteristics, pg. 34-55.

- Irwin, J. The Felon. Englewood Cliffs, New Jersey. Prentice-Hall, Inc., 1970.
- Isaac, S. and Michael, W.B. Handbook in Research and Evaluation for Education and the Behavioral Sciences. Second Edition. San Diego, California, Editors, publishers, 1982.
- Jalazo, J.J., Steer, R.A., and Fine, E.U. Use of Breathalyzer Scores in the Evaluation of Persons Arrested for Driving While Intoxicated. Journal of Studies on Alcohol, Vol. 39, No. 7, 1978, pg. 1304-1307.
- Johnson, N., Savitz, L., and Wolfgang, M.E. (Edt.). The Sociology of Punishment and Corrections. New York: John Wiley and Sons, Inc., 1962.
- Keating, K. (Edt.). Issues for the Seventies: Justice. McGraw-Hill Ryerson Limited, 1972.
- Kennedy, D.J. The Rideau Alcohol Program: A Multi-disciplinary Approach to Alcohol-Related Problems of Incarcerated Offenders. Canadian Journal of Criminology, Vol. 22, No. 4, October 1980, pg. 428-442.
- Kern, J.C., Schmelter, W and Fanelli, M. A Comparison of Three Alcoholism Treatment Populations. Journal of Studies on Alcohol, Vol. 39, No. 5, 1978, pg. 785-792.
- Kiessling, J.J. The Authority Dimension in Correctional Counselling. October 1980.
- Kilty, K.M. Styles of Drinking and Types of Drinkers. Journal of Studies on Alcohol, Vol. 44, No. 5, 1983, pg. 797-816.
- Kivikink, R., Schell, B. and Steinke, G. A Study of Perceived Drinking-Driving Behavior Changes Following Media Campaigns and Police Spot Checks in Two Canadian Cities. Canadian Journal of Criminology, Vol. 28, No. 3, July 1986, pg. 263-277.
- Kufner, C.R., Antons, K., and Feuerlein, W. The N.C.A. Criteria for the Diagnosis of Alcoholism: An Empirical Evaluation Study. Journal of Studies on Alcohol, Vol. 38, No. 7, 1977, pg. 1259-1273.
- Landstreet, B.F. The Drinking Driver. The Alcohol Safety Action Programs. Springfield, Illinois: Charles C. Thomas, Publisher, 1977.
- Layne, N., and Whitehead, P.C. Employment, Marital Status and Alcohol Consumption of Young Canadian Men. Journal of Studies on Alcohol, Vol. 46, No. 6, 1985, pg. 538-540.

- Lee Clarks Ottawa Report. Fighting Drunk Driving, Sunday Sunday, May 31, 1987.
- Leigh, G., Ogborne, A.C., and Cleland, P. Factors Associated with Patient Dropout from an Out-Patient Alcoholism Treatment Service. Journal of Studies on Alcohol, Vol. 45, No. 4, 1984, pg.359-362.
- Lender, M.E. Jellinek's Typology of Alcoholism: Some Historical Antecedents. Journal of Studies on Alcohol, Vol. 40, No. 5, 1979, pg. 361-375.
- Liban, C.B., Vingilis, E. and Blefgen, H. Drinking-Driving Counter-measures. Review: The Canadian Experience. Addiction Research Foundation. Working Paper Series, 1985.
- Lipton, D., Martinson, R., and Wilks, J. The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies. New York, Washington, London, Praeger Publishers.
- Loveland, F. Classification in the Prison System. The Sociology of Punishment and Correction. Johnston, Savitz and Wolfgang, Eds. New York, John Wiley and Sons, Inc., 1962, pg. 188.
- Maisto, S.A., Sobell, L.C., Zelhart, P.E., Connors, G.J., and Cooper, T. Driving Records of Persons Convicted of Driving Under the Influence of Alcohol. Journal of Studies on Alcohol, Vol. 40, No. 1, 1979, pg.70-77.
- Marshall, J. The "Soft" Approach; a paper.
- Martin, C., and Casswell, S. Types of Male Drinkers: A Multivariate Study. Journal of Studies on Alcohol, Vol. 48, No. 2, 1987, pg. 109-118.
- Maxim, P. Treatment-Custody Staff Conflicts in Correctional Institutions: A Re-Analysis. Canadian Journal of Criminology and Corrections, Vol. 18, No. 4, October 1976, pg. 379-386.
- Meier, S.E., Brigham, T.A., and Handel, G. Effects of Feedback on Legally Intoxicated Drivers. Journal of Studies on Alcohol, Vol. 45, No. 6, 1984, pg. 528-532.
- Mercer, G.W. Convicted Drinking Drivers: Impaired or Problem Drivers. Royal Canadian Mounted Police "Gazette", Vol. 50, No. 2, 1988, pg. 12-15.
- Michelson, L. The Effectiveness of an Alcohol Safety School in Reducing Recidivism of Drinking Drivers. Journal of Studies on Alcohol, Vol. 40, No. 11, 1979, pg. 1060-1063.
- Miller, W.R., and Caddy, G.R. Abstinence and Controlled Drinking in the Treatment of Problem Drinkers. Journal of Studies on Alcohol, Vol. 38, No. 5, 1977, pg. 986-997.

- Moskowitz, H., Burns, M.M., and Williams, A.F. Skills Performance at Low Blood Alcohol Levels. Journal of Studies on Alcohol, Vol. 46, No. 6, 1985, pg. 482-485.
- Mookherjee, H.N. Psychological Factors Related to Drinking-Driving Behavior. The Journal of Social Psychology, Vol. 123, Second Half, August, 1984, pg. 289-290.
- Murphy, B.C., and Shinyes, M.J. Cons and Straights: Comparative Free Behaviour Rates of 25 Delinquents and 25 Non-Delinquents Matched for Age and Legal Occupation in British Columbia. Canadian Journal of Criminology and Corrections, Vol. 18, No. 4, Oct. 1976, pg. 343-361.
- McCarty, P., and Argeriou, M. Re-arrest Following Residential Treatment for Repeat Offender Drunken Drivers. Journal of Studies on Alcohol, Vol. 49, No. 1, 1986, pg. 1-6.
- McCarty, D., Argeriou, M. and Blacker, E. Legislated Policies and Recidivism for Driving Under the Influence of Liquor in Massachusetts. Journal of Studies on Alcohol, Vol. 46, No. 2, 1985, pg. 97-102.
- McCord, J. Drunken Drivers in Longitudinal Perspective. Journal of Studies on Alcohol, Vol. 45, No. 4, 1984, pg. 316-319.
- McGrath, W.T. The Role of Social Science Research in Criminal Justice. Canadian Journal of Criminology and Corrections, Vol. 18, No. 4, October 1976, pg. i-iv.
- McGrath, W.T. (Ed.). Crime and its Treatment in Canada. Toronto: MacMillan, 1965.
- McMillan, C.L., and Lynn, R. Differential Assessment and the Treatment of Alcoholism. British Journal of Clinical Psychology, No. 25, 1986, pg. 261-273.
- Neff, R.L., and Landrum, J.W. The Life Activities Inventory as a Court-examiner for Driving While Intoxicated. Journal of Studies on Alcohol, Vol. 44, No. 5, 1983, pg. 755-769.
- Newman, C.L. and Price, B.R. Jails and Drug Treatment, Vol. 36, Beverly Hills, California, Sage Publication, 1977.
- Nordstrom G., and Berglund, M. A Prospective Study of Successful Long-Term Adjustment in Alcohol Dependency: Social Drinking Versus Abstinence. Journal of Studies on Alcohol, Vol. 48, No. 2, 1987, pg. 95-103.
- O'Brien, R.D. Fundamental Concepts, Book 1. Counselling Persons with Alcohol and Drug Problems. A Training Manual. 'O' Brien and Associates, Burlington, Ontario, 1987.

- Ornstein, P. and Cherepon, J.A. Demographic Variables as Predictors of Alcoholism Treatment Outcome. Journal of Studies on Alcohol, Vol. 46, No. 5, 1985, pg. 425-431.
- Pagliaro, L. Hooked: Why do People Get Hooked on Drugs? Lets Talk. March, 1987.
- Park, P. and Whitehead, P.C. Developmental Sequence and Dimensions of Alcoholism. Quarterly Journal of Studies on Alcohol, No. 34, 1973, pg. 887-904.
- Pennock, M., and Poudrier, L.M. Overcoming Denial: Changing the Self-Concept of Drunken Drivers. Journal of Studies on Alcohol, Vol. 39, No. 5, 1978, pg. 918-921.
- Phillips, B.S. Social Research: Strategy and Tactics. Third Edition. New York: Macmillan Publishing Co. Inc., 1976.
- Phillips, L.A., Ramsey, G.R., Blumenthal, L., and Crawshaw, P. (Eds.) Core Knowledge in the Drug Field, Vol. 1 to Vol. 12, National Health and Welfare, Minister of Supply and Services, 1978.
- Pincus, A. and Minahan, A. Social Work Practice: Model and Method. Itasca, Illinois: F.E. Peacock Publishers, Inc., 1973.
- Poikolainen, K., and Karkkainen, P. Nature of Questionnaire Options Affects Estimates of Alcohol Intake. Journal of Studies on Alcohol, Vol. 46, No. 3, 1985, pg. 219-227.
- Reasons, C.E. The Addict as a Criminal: Perpetuation of a Legend. Crime and Delinquency, Vol. 21, No. 1, January 1975, pg. 19-27.
- Rees, D.W., Breed, H.R., and Hore, B.D. Some Factors Associated with Compliance in the Treatment of Alcoholism. Alcohol and Alcoholism, Vol. 19, No. 4, 1984, pg. 303-307.
- Reich, J.W. Experimenting in Society: Issues and Examples in Applied Social Psychology. Scott, Foresman, and Company, 1982.
- Report of the Proceedings. Workshop on the use of Sanctions in Controlling Behaviour on the Roads. Centre of Criminology, University of Toronto.
- Riedel, M. and Vales, P.A. (Edt.). Treating the Offender: Problems and Issues. Praeger Special Studies in U.S. Economic, Social and Political Issues.
- Robertson, I, Heather, N., Dziedzicki, A., Crawford, J., and Winton, M. A Comparison of Minimal Versus Intensive Controlled Drinking Treatment Intervention for Problem Drinking. British Journal of Clinical Psychology, No. 25, 1986, pg. 185-194.

- Roffman and Froland. Drug and Alcohol Dependencies in Prisons. Crime and Delinquency, Vol. 22, No. 3, 1976, p. 359-367.
- Rolsenow, D.J., Smith, R.E., and Johanson, S. "Stress Management Training as a Prevention Program for Heavy Social Drinkers: Cognitions, Affect, Drinking and Individual Differences."
- Ross, R.R. From Therapy to Teaching: Some Reflections on Effective Correctional Programming. Canada's Mental Health, Dec. 1982, p.2-3.
- Ross, R.R., and Fabianu, E.A. Reasoning or Rehabilitation. The Cognitive Model for Corrections. Correctional Options, Vol. 4, 1984.
- Ross, R.R., and McKay, H.B. Behavioral Approaches to Treatment in Corrections: Requiem for a Panacea. Canadian Journal of Criminology, Vol. 20, No. 3, July 1978, pg. 279-295.
- Rossi, P.H., and Freeman, H.E. Evaluation: A Systematic Approach. 2nd Edition. Beverly Hills, London, New Delhi, Sage Publications, 1982.
- Rubin, J.L. Shifting Perspectives on the Alcoholism Treatment Movement, 1940-1955. Journal of Studies on Alcohol, Vol. 40, No. 5, 1979, pg. 376-386.
- Salzberg, P.M., and Klinsberg, C.L. The Effectiveness of Deferred Prosecution for Drunking While Intoxicated. Journal of Studies on Alcohol, Vol. 44, No. 2, 1983, pg. 299-306.
- Scoles, P., Fine, E.W., and Steer, R.A. Personality Characteristics and Drinking Patterns of High-Risk Driver Never Apprehended for Driving While Intoxicated. Journal of Studies on Alcohol, Vol. 45, No. 5, 1984, pg. 411-416.
- Selzer, M.L., Vinokur, A., and Wilson, T.D. A Psychological Comparison of Drunken Drivers and Alcoholics. Journal of Studies on Alcohol, Vol. 38, No. 7, 1977, pg. 1294-1312.
- Shults, S.D., and Layne, N.R., Jr. Age and BAC when Arrested for Drunken Driving and Public Drunkenness. Journal of Studies on Alcohol, Vol. 40, No. 5, 1979, pg. 492-495.
- Simon, J.L. Basic Research Methods in Social Science: The Art of Empirical Investigation. New York: Random House, 1969.
- Smashed: The Magazine on Drinking and Driving. Traffic Injury Research Foundation of Canada. Road Safety and Motor Vehicle Regulation Directorate. Ottawa, Canada, 1987.
- Smith, L.L. Crisis Intervention: Theory and Practice. Community Mental Health Review, Vol. 2, No. 1, 1977, pg. 4-13.

- Smith, L.L. A Review of Crisis Intervention Theory. Social Casework. July 1978, pg. 396-405.
- Steer, R.A., and Fine, E.W. Mood Differences of Men Arrested Once and Men Arrested Twice for Driving While Intoxicated. Journal of Studies on Alcohol, Vol. 39, No. 5, 1978, pg. 922-925.
- Steer, R.A., Fine, E.W., and Scoles, P.E. Classification of Men Arrested for Driving While Intoxicated, and Treatment Implications. A Cluster Analytic Study. Journal of Studies on Alcohol, Vol. 40, No. 3, 1979, pg. 222-229.
- Steer, R.A., Sooles, P., and Fine, E.W. Relationship Between the NIAAA Impairment Index and the Mortimer-Filkens Interview for Repeat Drunken Driving Offenders. Journal of Studies on Alcohol, Vol. 44, No. 3, 1983, pg. 555-562.
- Taplin, J.R. Crisis Theory: Critique and Reformation. Community Mental Health Journal, Vol. 7, No. 1, 1971, pg. 13-23.
- Teeven, J.J. Deterrent Effects of Punishment: The Canadian Case. Canadian Journal of Criminology and Corrections, Vol. 14, No. 1, January 1972, pg. 68-83.
- The Rise of the Sparrow: A Paper on Corrections in Manitoba. Department of Health and Social Development, Government of Manitoba, 1972.
- The American Correctional Association, Correctional Classification and Treatment.
- The Criminal in Canadian Society: A Perspective on Corrections. Information Canada, 1973.
- The Drunk Driver and Jail, Vol. 1 to Vol. 5. National Highway Traffic Safety Administration. U.S. Department of Transportation, 1986.
- Tournier, R.E. Alcoholics Anonymous as Treatment and as Ideology. Journal of Studies on Alcohol, Vol. 40, No. 3, 1979, pg. 230-238.
- Turner, T.B., Borkenstern, R.F., Jones, R.K., and Santora, P.B., Special Editors. Journal of Studies on Alcohol, Supplement No. 10, July 1985.
- Viney, L.L., Westbrook, M.T., and Preston, C. The Addiction Experience as a Function of the Addict's History. British Journal of Clinical Psychology, No. 24, 1985, pg. 73-82.
- Vingilis, E., Blefgen, H., Colbourne, D., Reynolds, D., Wasylyk, N. and Solomon, R. Police Enforcement Practices and Perceptions of Drinking-Driving Laws. Canadian Journal of Criminology, Vol. 28, No. 2, April 1986, pg. 147-148.

- Vingilis, E. and Vingilis, V. The Importance of Road Side Screening for Impaired Drivers in Canada. Canadian Journal of Criminology, Vol. 29, No. 1, January 1987, pg. 17-34.
- Ward, R.J. and Vandergoot, D. Correctional Officers With Case Loads. Offender Rehabilitation, Vol. 2, No. 1, 1977, pg. 127-133.
- Watson, C.G., Jacobs, L., Pucel, J., Tilleskjor, C., and Hoodecheck, E. The Relationship of Beliefs About Controlled Drinking to Recidivism in Alcoholic Men. Journal of Studies on Alcohol, Vol. 45, No. 2, 1984, pg. 172-175.
- Webb, S.D. Deterrence Theory: A Reconceptualization. Canadian Journal of Criminology, Vol. 22, No. 1, January, 1980, pg. 22-35.
- Wells-Parker, E., Miles, S., and Spencer, B. Stress Experiences and Drinking Histories of Elderly Drunken-Driving Offenders. Journal of Studies on Alcohol, Vol. 44, No. 3, 1983, pg. 429-437.
- Wilkins, L.T. Social Deviance: Social Policy, Action, and Research. Eaglewood Cliffs, N.J.: Tavistock Publications, Prentice-Hall, Inc., 1964.
- Williams, G.D., Stinson, F.S., Parker, D.A., Harford, T.C., and Noble, J. Demographic Trends, Alcohol Abuse and Alcoholism, 1985-1995. Alcohol Health and Research World, National Institute on Alcohol Abuse and Alcoholism, Vol. 11, No. 3, Spring, 1987.
- Wilson, R.J., and Jonah, B.A. Identifying Impaired Drivers Among the General Driving Population. Paper presented to Ninth International Conference on Alcohol, Drugs and Traffic Safety, San Juan Puerto Rico, November 1983.
- Yoder, R.D., and Moore, R.A. Characteristics of Convicted Drunken Drivers. Quarterly Journal of Studies on Alcohol, No. 34, 1973, pg. 927-936.
- Zylman, R., and Bacon, S.D. Police Records and Accidents Involving Alcohol.

A P P E N D I X 1

SUMMARY OF BILL C 18

PENALTIES

FOR IMPAIRED DRIVING OFFENCES

The *minimum* penalties for impaired-driving offences are:

First conviction	a \$300 fine and a prohibition from driving for three months.
Second conviction	14 days in jail and a prohibition from driving for six months.
Third or later convictions	90 days in jail and a prohibition from driving for one year.

The *maximum* penalties are:

For impaired driving, boating or flying; for operating a motor vehicle, vessel or aircraft with a BAC over 80 mg%; for refusing to give a breath or blood sample; for having care or control while impaired or with a BAC over 80 mg%.	Five years in prison and a prohibition from driving for three years.
For dangerous operation of a motor vehicle, vessel or aircraft.	Five years in prison and a prohibition from driving for three years.
For impaired driving, boating or flying causing bodily harm; for dangerous operation causing bodily harm; for criminal negligence causing bodily harm.	10 years in prison and a prohibition from driving for 10 years.
For impaired driving, boating or flying causing death; for dangerous operation causing death.	14 years in prison and a prohibition from driving for 10 years.
For manslaughter and for criminal negligence causing death.	Life in prison and a lifetime prohibition from driving.

A P P E N D I X 2

PROVINCIAL CRITERIA FOR THE GRANTING OF TEMPORARY ABSENCES

ADULT CORRECTIONS
CRITERIA FOR TEMPORARY ABSENCE

(revised June 2, 1987)

Factors Limiting or Denying Temporary Absences

The following criteria shall be considered in deciding whether or not an inmate should be granted a Temporary Absence.

1. Safety of the Public

(a) If, on the basis of credible and verifiable information, properly placed before the Temporary Absence Committee, there is shown to be serious pattern of violent offences in the inmate's history and/or serious violence in his present offence and it is suspected he may commit another violent offence, the inmate shall not be granted a Temporary Absence.

(b) If, it is determined, on all the information under consideration, that an inmate is likely to commit another criminal offence, the inmate shall not be granted a Temporary Absence. Particular attention shall be given to inmates who have served numerous sentences over a short period of time or inmates who have previously served lengthy incarcerations.

2. Escape or Unlawfully at Large

If an inmate has escaped from the Correctional facility or has been unlawfully at large while on Temporary Absence, he/she shall not be considered for any Temporary Absence for the remainder of the aggregate sentence except during the latter part of his/her sentence, when he/she may be considered for a Daily Temporary Absence, whereby they must return to the institution on a daily basis.

3. Violation of Day or Full Parole

An inmate whose Day or Full Parole has been suspended and/or revoked, shall not be granted a Temporary Absence for the remainder of the aggregate sentence, other than consideration for a Daily Temporary Absence for the latter part of the sentence, whereby he/she must return to the institution on a daily basis.

• Deportation

Inmates, who are on Deportation status, that is, are under a Deportation warrant, shall not be considered for a Temporary Absence without first receiving a written permission/recommendation from the appropriate immigration authorities.

• Outstanding Charges

- (a) If an inmate has been sentenced on some offences and determined to be remanded in custody on other offences, but, for various reasons is placed in the sentenced population, they shall not be considered for any Temporary Absence until the remanded charges have been cleared.
- (b) If an inmate has been sentenced on some offences, but is determined to be on bail for other offences, he/she may still be considered for Temporary Absence. However, if, while on Temporary Absence, these charges are dealt with and the inmate receives a significant increase in sentence, then, he/she shall be returned to the institution in order to review and reconsider the Temporary Absence.

Institutional Behavior

Shall be considered in the granting of a T.A. Where an inmate, being aware of institutional rules and regulations, persistently and repeatedly violates these rules and regulations, resulting in imposed disciplinary penalties.

Out of Province

Normally, a Temporary Absence, which would take an inmate out of province shall not be granted.

Time Limitations

Normally, no inmate shall be considered for any Temporary Absence until he/she has served at least one-sixth of their aggregate sentence, other than for humanitarian and work permit reasons. (A work permit is a specific type of Temporary Absence for inmates working away from the institution in an approved program pursuant to Order-In-Council 394/85, who are not under the direct supervision of a Correctional Officer, and who return to the institution at night. In such cases, the T.A. form will show this is a Temporary Absence/Work Permit).

B. Further Factors Determining the Approval, Type and Length of Temporary Absence

Once it has been determined that the inmate is not disqualified as a result of any criteria outlined in Section (A), the following factors shall be considered regarding the feasibility of the Temporary Absence, its type and length of duration.

- (1) Criminal Record (present F.P.S. record)
- (2) Nature of Offence
- (3) Length of Sentence
- (4) Institutional Behavior
- (5) Institutional Information, Reports and Recommendations:
 - pre-sentence reports (where available)
 - counsellors
 - work supervisors
 - police
 - significant community members
 - judges - where volunteered and available
 - psychological and psychiatric reports (where available)
- (6) Community Assessment
- (7) Viability of Plan

C. Exceptions

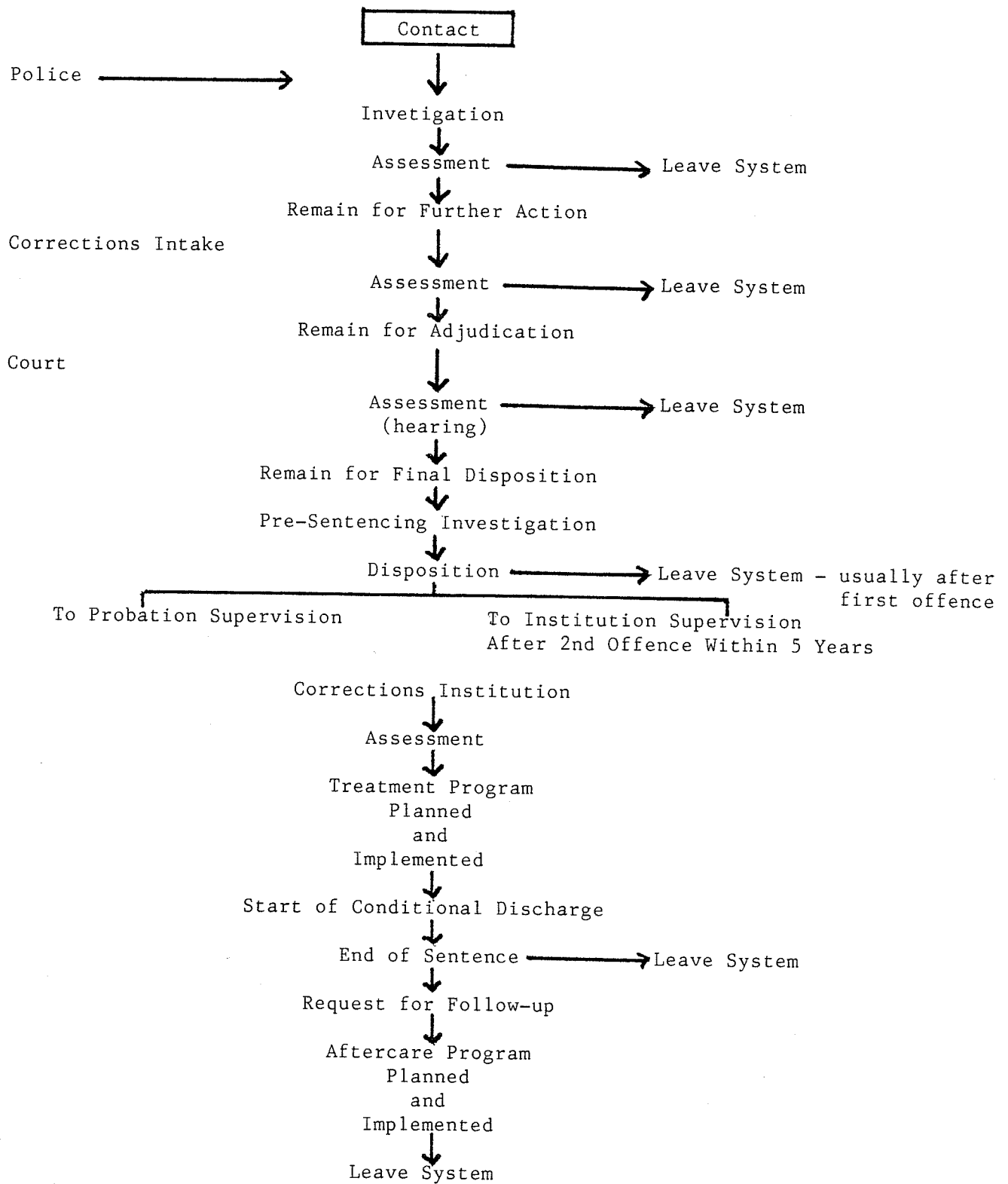
Where an inmate is disqualified from Temporary Absence consideration due to criteria outlined in Section A or factors in Section B, the Temporary Absence Board may still wish to recommend positively, due to exceptional circumstances in the case. However, the case must be identified as an exception and be well documented. Final approval for exceptions shall rest with the Director of Corrections, Assistant Deputy Minister or his/her designate.

Dr. John Bock
Assistant Deputy Minister

A P P E N D I X 3

FLOW CHART OF AN INDIVIDUALS PROGRESS THROUGH THE POLICE
INTAKE, COURT, AND CORRECTIONAL SETTING

Flowchart of Police Intake and the Correctional Process



A P P E N D I X 4

FORMS UTILIZED IN THE INSTITUTIONAL FILES FOR THE
COLLECTION OF INFORMATION

B.C.P. ADMISSION INFORMATION SHEET

INMATE NAME:

INMATE NUMBER:

PART I - ALL INMATES (EXCEPT I.P.D.A.)

STATUS ON INITIAL ADMISSION: SENTENCED _____ REMAND _____ ARRESTEE _____ OTHER _____
HOLDING AUTHORITY: WARRANTS _____ RCMP (C13) _____ B.C.P. BOOKING SHEET _____ OTHER _____
PENDING COURT: POLICE/SHERIFF VERBAL _____ INMATE SELF REPORT _____ DOCUMENTS _____
DATE REQUIRED IN COURT _____ WHERE _____ WHY _____
IDENTIFICATION PHOTOS COMPLETE: YES _____ NO _____ IF NO (EXPLANATION) _____
PART I REVIEWED BY _____ (ØCII INITIAL) FOR REMAND/ARRESTEE ONLY.

PART II - SENTENCED INMATE INFORMATION

TOTAL LENGTH OF SENTENCE - FROM WARRANT(S) _____ DATE OF SENTENCE _____
BRIEF CIRCUMSTANCES OF OFFENCE(S)--(Inmate's Version): _____

PAST CRIMINAL HISTORY--(Inmate's Version):

OFFENCE	SENTENCE	DATE	INSTITUTION (if applicable)

ADMISSIONS OFFICER'S COMMENTS:

- (1) Presenting or Observed Behaviour: _____
- (2) Police Comments or Advisory: _____
- (3) Community Contacts (family, lawyer, employer, education, urgent needs related): _____

PART II REVIEWED BY: _____ (ØCII ADMISSIONS)
(Signature)

PART III - INITIAL CLASSIFICATION/PLACEMENT

INITIAL CLASSIFICATION: MINIMUM _____ MEDIUM _____ MAXIMUM _____
INITIAL UNIT PLACEMENT: UNIT A _____ UNIT B _____ UNIT C _____ UNIT D _____
ADDITIONAL COMMENTS: _____

PAGE NO. _____

Name	Admission No.	Birthdate
------	---------------	-----------

[illegible]

AMIN BAR ZAGN

INSTRUCTIONS - B.C.I. CLASSIFICATION INFORMATION SHEET

To be completed by the Officer(s) assigned to the Unit to which the inmate is initially assigned.

Is to be completed prior to the end of the Shift during which the inmate arrived on that Unit; this applies both day or evening Shifts (includes weekends and stat holidays).

EXCEPTION: When the inmate arrives on the Unit at such time as there is insufficient time to complete the required interview (supper times or shift change, or midnight lockdown) the completion of the B.C.I. Classification Information Sheet becomes the responsibility of the next oncoming shift.

NOTE: This requirement applies to INTERMITTENT SENTENCES. This also applies to inmates changing from REMAND TO SENTENCED. The B.C.I. Classification Information Sheet is to be completed by the Officer(s) stationed on Unit "A" prior to transferring the inmate to a sentenced population.

CLASSIFICATION REVIEW (CPIC INFORMATION SECURITY RATING)

To be completed by the Unit supervisor upon receipt of the completed information preceeding (B.C.I. Classification Information).

D.C.I. CLASSIFICATION INFORMATION SHEET

NAME _____ DATE _____

D.O.B. _____ INSTITUTION NUMBER _____

MARITAL STATUS _____ AGE _____

FAMILY SITUATION: (Provide details as to family members by name, age,
relationship, quality of relationship)

CURRENT RESIDENCE:

LENGTH OF TIME AT CURRENT ADDRESS:

PREVIOUS ADDRESSES (and length of time at each):

CURRENT OFFENSE(S):

SENTENCE LENGTH: _____ EARLIEST RELEASE DATE _____

CIRCUMSTANCES OF OFFENSE (Inmate Version):

SUBJECT'S ATTITUDE RE: OFFENSE:

OUTSTANDING CHARGES/COURT DATES (INMATE VERSION (Time, Date, Location, if known):

PREVIOUS OFFENSES (SELF REPORTED):

<u>DATE</u>	<u>OFFENSE</u>	<u>SENTENCE</u>	<u>INSTITUTION</u>

PROBATION STATUS:

PRESENTLY? YES _____ NO _____ WHERE? _____

PREVIOUS PAROLE OR TEMPORARY ABSENCES:

<u>DATE</u>	<u>WHERE</u>	<u>RESULTS</u>

PREVIOUS ESCAPES OR U.A.L.:

<u>DATE</u>	<u>WHERE</u>	<u>RESULT</u>

CURRENT EMPLOYER (Length of Employment): _____PAST EMPLOYMENT: _____EDUCATION LEVEL ATTAINED: GRADE: _____ WHERE: _____CURRENTLY ATTENDING: SCHOOL: _____ WHERE: _____ALCOHOL & DRUGS:

- (1) User (specify) _____
- (2) Problem (yes or no) _____
- (3) Previous or Present treatment programs _____

INMATES RELEASE PLANS (Self Reported):ACCOMMODATION: _____EMPLOYMENT: _____EDUCATION: _____SOCIAL ASSISTANCE OR OTHER _____FINANCIAL RESOURCES _____COMMENTS: _____

PROGRAM INTERESTS (INMATE STATED): (Identify institutional work placement,
location, education, treatment, T.A. or
Parole)

SPECIAL NEEDS & RECOMMENDATIONS:

STAFF COMMENTS AND RECOMMENDATIONS:

STAFF SIGNATURE _____

DATE _____

CLASSIFICATION REVIEW
(To be Completed by Unit Supervisor)

C.P.I.C. (FPS Number):

RECORD IDENTIFIED:

OUTSTANDING CHARGES: (Identify & location, Warrant Status)

SUPERVISOR'S COMMENTS:

CLASSIFICATION RATING REVIEW:

MINIMUM

MEDIUM

MAXIMUM

SUPERVISOR'S SIGNATURE

DATE

CLASSIFICATION REPORT AND SUMMARY

NAME: _____

INSTITUTION NUMBER _____

D.O.B. _____

CPIC _____

INSTRUCTIONS: CLASSIFICATION REPORT AND SUMMARY

To be completed by the Unit Supervisors.

INSTRUCTIONS - COLES ASSESSMENT SCALE

To be completed by the Unit Supervisor in charge of the Unit where the inmate is initially located. To be completed as soon as possible after admission of the inmate dependent upon the required information being available.

Page 1 of 2

FILE #

1. Number of prior incarcerations _____
 2. Age at First Adult Incarceration _____
 3. Previous institutional behaviour
 last term _____ Admin. Seg? Y N
 _____ Year _____
 other terms _____

 4. History of AWOL, escape or attempt escape.
 AWOL _____ ESCAPE _____
 INSTIT. YEAR INSTIT. YEAR

 5. REMAND STATUS
 6. History of Arson related or assaultive
 offences (last 60 months only)
 7. Is current offence Arson related or assaultive?
 8. Length of current sentence _____
 9. Outstanding charges:
 Charge Place Status Court Date

 10. Geographic Stability:
 11. Presence of Medical/Psychiatric concerns
 relating to inmate functioning.
0. 1 or less
 1. 2 or more _____
 0. 20 or older
 1. 19 or younger _____
 0. Minor reports
 4. 2 or more serious
 reports or placement
 in Admin. Seg.

 0. None
 1. AWOL (1-60 mos. ago)
 4. Escape (37-60 mos. ago)
 7. Escape (1-36 mos. ago)

 0. Not in custody
 1. Remanded in custody
 (exclude those who
 could not raise bail)

 0. None
 1. 1 or more convictions

 0. No
 1. Yes

 0. 1-12 months _____
 1. 13 or more months _____
 0. None or has bail/own
 Recog.
 1. Minor Charges _____
 7. Serious Charges _____

 0. Family base within
 Province _____
 1. No clear ties to
 the community _____

 0. No
 1. Yes Minor _____
 7. Yes Serious _____

If offender is currently 15 years or younger answer questions 12 - 15.

- | | | |
|--|----------------------------------|-------|
| 12. History of committal to secure custody | 0. None | _____ |
| | .5 1 or more | _____ |
| 13. History of CWA placement and/or open custody | 0. 1 or less | _____ |
| | .5 2 or more | _____ |
| 14. History of youth escape | 0. None | _____ |
| | .5 1, more than
12 months ago | _____ |
| | 7. 1, less than
12 months ago | _____ |
| 15. Rate of adult offending | | |
| 18 years or younger | 0. 1 offence | _____ |
| | .5 2 offences or
more | _____ |
| 19 years | 0. 3 offences or
less | _____ |
| | .5 4 offences or
more | _____ |

TOTAL SCORE

SECURITY RANGE GUIDELINE - Minimum

Medium

Maximum

ASSESSMENT & RECOMMENDATIONS:

PLACEMENT:

SECURITY RATING:

LOCATION ASSIGNMENT:

WORK ASSIGNMENT:

COMMENTS: (If placement differs from that indicated on assessment scale, state reason):-

UNIT SUPERVISOR

DATE _____

SEVERITY OF OFFENCE RATINGS

Value of One (1)

Breach Liquor Control Act
Breach Probation, Parole
Fail to Appear
Unlawfully at Large
Breach Highway Traffic Act
Trespass
Breach N.C.A. (Simple Possession)
Obstruct Peace Officer
Cause Disturbance
Breach Recognizance
Impaired Driving
Drive Disqualified
Unlawful Assembly
False Fire Alarm
Nuisance
Wilfull Damage
Possession of Goods Obtained by Crime
Conspiracy
Attempt Theft
Cause Fire by Negligence
Attempt Break & Enter
Possess Tools
Soliciting
Counsel to Commit Indecent Act

Value of Two (2)

Utter Threats
Criminal Negligence in Operation of Motor Vehicle
Common Assault
Assault P.O.
Point Firearm (Not in the Commission of an Offence)
Discharge Firearm
Dangerous Use of Firearm
Possess Prohibited Weapon
Possess Concealed Weapon
Possess Restricted Weapon
Possess Weapon D.P.P.
Attempt Robbery
Robbery
Gross Indecency
Buggery
Incest
Indecent Act
Possess for the Purpose of Trafficking

Value of Four (4)

A.C.B.H. with Intent to Wound
Robbery with Violence
Kidnap
Forcible Confinement
Abduction
Choking to Overcome
Break, Enter with Assault
Escape
Aggravated Assault
Criminal Negligence Causing Death

Value of One (1) - cont'd.

Break & Enter
Theft
Fraud
Uttering
Forgery
Take Auto Without Consent
False Pretenses
Break Enter with Intent
Unlawful Entry
Unlawful Personate
Personation
Mischief
Threatening Calls
Obscene Calls
Contribute to Juvenile Delinquency
Fail to Remain
Dangerous Driving
Drive Over .08

Value of Three (3)

Attempt Armed Robbery
Armed Robbery
Use Firearm in Commission of Offence
Traffic Narcotics (Importing of Hard Drugs)
Arson
Firesetting
Indecent Assault (Molestation)
Sexual Assault (Molestation)
A.C.B.H.
Assault with a Weapon
Extortion
Accidental Death
Wear Disguise in Commission of an Offence/Point
Firearm
Sexual Intercourse with a Minor

Value of Five (5)

Prison Breach
Participate in a Riot
Manslaughter
Attempt Murder
Second Degree Murder
First Degree Murder
Sexual Assault (Rape)

B.C.I. DISCHARGE SUMMARY

NAME _____ INSTITUTION NUMBER _____

DATE OF BIRTH _____ C.P.I.C. _____

(1) FINALIZED RELEASE PLANS: _____

SIGNATURE _____ DATE _____

(2) PERFORMANCE/PROGRAM REVIEW: _____

SIGNATURE _____ DATE _____

A P P E N D I X 5

LETTER OF CONSENT

Please note that this survey is completely voluntary and a decision to or not to participate will in no way effect any decisions made regarding yourself while in this institution.

The purpose of this survey is to develop a better understanding of those individuals incarcerated because of impaired driving charges. This survey will collect information regarding the individual's demographic characteristics, his institutional experience and his perception of the impact incarceration has had on his life.

This survey is in part a requirement for the completion of a Masters of Social Work Degree.

At no time will your identity be linked to this survey.

I _____ have agreed without any prejudice to participate in this survey of individuals incarcerated in the Brandon Correctional Institution. I am participating of my own volition with the full understanding that this is totally voluntary. I am aware that the information I provide will be retained in the strictest confidence and there will be no way of identifying individual responses. I am also aware that I am completely at liberty to withdraw my consent at any point in the data gathering process.

Survey conducted by Carlson Onischuk

Signed _____

Dated _____

Initial Interview Date: _____

Pre-Release Interview Date: _____

A P P E N D I X 6

ALCOHOL QUESTIONNAIRE

If you answered "yes" to any of the questions, you have some of the symptoms that may indicate alcoholism.

"Yes" answers to several of the questions indicate the following stages of alcoholism:

Questions 1-9 -- Early stage

Questions 9-21 -- Middle stage

Questions 22-26 -- The beginning of final stage

Remember, alcoholics can and do recover. Treatment for alcoholism is available. For more information, contact your local or nearest office of the National Council on Alcoholism.

ARE YOU AN ALCOHOLIC?

	<u>Yes</u>	<u>No</u>
1. Do you occasionally drink heavily after a disappointment, a quarrel or when the boss gives you a hard time?	—	—
2. When you have trouble or feel under pressure, do you always drink more heavily than usual?	—	—
3. Have you noticed that you are able to handle more liquor than you did when you were first drinking?	—	—
4. Did you ever wake up on the "morning after" and discover that you could not remember part of the evening before, even though your friends tell you that you did not "pass out"?	—	—
5. When drinking with other people, do you try to have a few extra drinks when others will not know it?	—	—
6. Are there certain occasions when you feel uncomfortable if alcohol is not available?	—	—
7. Have you recently noticed that when you begin drinking you are in more of a hurry to get the first drink than you used to be?	—	—
8. Do you sometimes feel a little guilty about your drinking?	—	—
9. Are you secretly irritated when your family or friends discuss your drinking?	—	—
10. Have you recently noticed an increase in the frequency of your memory "blackouts"?	—	—
11. Do you often find that you wish to continue drinking after your friends say they have had enough?	—	—
12. Do you usually have a reason for the occasions when you drink heavily?	—	—

	<u>Yes</u>	<u>No</u>
13. When you are sober, do you often regret things you have done or said while drinking?	—	—
14. Have you tried switching brands or following different plans for controlling or cutting down on your drinking?	—	—
15. Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?	—	—
16. Have you ever tried to control your drinking by making a change in your jobs, or moving to a new location?	—	—
17. Do you try to avoid family or close friends while you are drinking?	—	—
18. Are you having an increasing number of financial and work problems?	—	—
19. Do more people seem to be treating you unfairly without good reason?	—	—
20. Do you eat very little or irregularly when you are drinking?	—	—
21. Do you sometimes have the "shakes" in the morning and find that it helps to have a little drink?	—	—
22. Have you recently noticed that you cannot drink as much as you once did?	—	—
23. Do you sometimes stay drunk for several days at a time?	—	—
24. Do you sometimes feel very depressed and wonder whether life is worth living?	—	—
25. Sometimes after periods of drinking, do you see or hear things that aren't there?	—	—
26. Do you get terribly frightened after you have been drinking heavily?	—	—

A P P E N D I X 7

CLINICAL MEASURES

- Generalized Contentment Scale
- Index of Self-Esteem
- Index of Peer Relations

C. CLINICAL MEASUREMENT PACKAGE FOR SOCIAL WORKERS

1. Generalized Contentment Scale (GCS)
2. Index of Self-Esteem (ISE)
3. Index of Marital Satisfaction (IMS)
4. Index of Sexual Satisfaction (ISS)
5. Child's Attitude toward Mother (CAM)
6. Child's Attitude toward Father (CAF)
7. Index of Parental Attitudes (IPA)
8. Index of Family Relations (IFR)
9. Index of Peer Relations (IPR)

Note: The scales in this package were developed by Walter W. Hudson and associates. Copyright © Walter W. Hudson, 1974, 1976, 1977.
All of the scales will soon be available in Chinese, French, German, and Spanish translations.

GENERALIZED CONTENTMENT SCALE (GCS)

Name: _____ Today's Date: _____

This questionnaire is designed to measure the degree of contentment that you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 Good part of the time
- 5 Most or all of the time

Please begin:

1. I feel powerless to do anything about my life. _____
2. I feel blue. _____
3. I am restless and can't keep still. _____
4. I have crying spells. _____
5. It is easy for me to relax. _____
6. I have a hard time getting started on things that I need to do. _____
7. I do not sleep well at night. _____
8. When things get tough, I feel there is always someone I can turn to. _____
9. I feel that the future looks bright for me. _____
10. I feel downhearted. _____
11. I feel that I am needed. _____
12. I feel that I am appreciated by others. _____
13. I enjoy being active and busy. _____
14. I feel that others would be better off without me. _____
15. I enjoy being with other people. _____
16. I feel it is easy for me to make decisions. _____
17. I feel downtrodden. _____
18. I am irritable. _____
19. I get upset easily. _____
20. I feel that I don't deserve to have a good time. _____
21. I have a full life. _____
22. I feel that people really care about me. _____
23. I have a great deal of fun. _____
24. I feel great in the morning. _____
25. I feel that my situation is hopeless. _____

Reverse score item numbers: 5, 8, 9, 11, 12, 13, 15, 16, 21, 22, 23, and 24.
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INDEX OF SELF-ESTEEM (ISE)

Name: _____ Today's Date: _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 Good part of the time
- 5 Most or all of the time

Please begin:

1. I feel that people would not like me if they really knew me well. _____
2. I feel that others get along much better than I do. _____
3. I feel that I am a beautiful person. _____
4. When I am with other people I feel they are glad I am with them. _____
5. I feel that people really like to talk with me. _____
6. I feel that I am a very competent person. _____
7. I think I make a good impression on others. _____
8. I feel that I need more self-confidence. _____
9. When I am with strangers I am very nervous. _____
10. I think that I am a dull person. _____
11. I feel ugly. _____
12. I feel that others have more fun than I do. _____
13. I feel that I bore people. _____
14. I think my friends find me interesting. _____
15. I think I have a good sense of humor. _____
16. I feel very self-conscious when I am with strangers. _____
17. I feel that if I could be more like other people I would have it made. _____
18. I feel that people have a good time when they are with me. _____
19. I feel like a wallflower when I go out. _____
20. I feel I get pushed around more than others. _____
21. I think I am a rather nice person. _____
22. I feel that people really like me very much. _____
23. I feel that I am a likeable person. _____
24. I am afraid I will appear foolish to others. _____
25. My friends think very highly of me. _____

Reverse score item numbers: 3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, and 25.
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INDEX OF PEER RELATIONS (IPR)

Name: _____ Today's Date: _____

Group: _____

This questionnaire is designed to measure the way you feel about the people you work, play, or associate with most of the time; your peer group. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin:

1. I get along very well with my peers.
2. My peers act like they don't care about me.
3. My peers treat me badly.
4. My peers really seem to respect me.
5. I don't feel like I am "part of the group."
6. My peers are a bunch of snobs.
7. My peers really understand me.
8. My peers seem to like me very much.
9. I really feel "left out" of my peer group.
10. I hate my present peer group.
11. My peers seem to like having me around.
12. I really like my present peer group.
13. I really feel like I am disliked by my peers.
14. I wish I had a different peer group.
15. My peers are very nice to me.
16. My peers seem to look up to me.
17. My peers think I am important to them.
18. My peers are a real source of pleasure to me.
19. My peers don't seem to even notice me.
20. I wish I were not part of this peer group.
21. My peers regard my ideas and opinions very highly.
22. I feel like I am an important member of my peer group.
23. I can't stand to be around my peer group.
24. My peers seem to look down on me.
25. My peers really do not interest me.

Reverse score item numbers: 1, 4, 7, 8, 11, 12, 15, 16, 17, 18, 21, and 22.
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A P P E N D I X 8

DATA COLLECTION INSTRUMENT FOR FILE DATA

File Data - Information From Institutional File

Address - Urban, Rural, Farm, Reserve, Other

Age - # of years

Drug Use - Yes/No

Alcohol Problems - Yes/No

Medical Ailments -

Ethnic Origin - Status Indian/Non-Status Indian/Metis, White/Other

Normal Occupation -

Occupation at Arrest - Employed/Unemployed/Student/Retired

Education - Grade Level/College/University

Marital Status - Single/Married/Common-law/ Separated/ Divorced/Widowed

Parole/Probation Status -

Previously Sentenced - Yes/No Last Institution:

Number of Offences -

Aggregate Sentence - # of days and/or fine \$

Past Criminal History -

Current Residence & Length of Time at Same

Employment/Work Experience

Time since last job: (Working when arrested, less than 3 months, 3 to 6 months, over 6 months or unsure, never worked [student or not a student], employed on family farm.)

Duration of longest job: (Over 2 years, 6 months to 2 years, less than 5 months, part-time/casual, unsure.)

Interaction pattern with supervisors/co-workers.

School experience - highest grade/satisfaction with school

- problems at school
- reason for leaving
- future plans

Alcohol & Drugs -

Special Need/Issues or Staff Recommendations -

Program Involvement -

Institutional Management Concerns -

Manner of Final Release -

A P P E N D I X 9

DATA COLLECTION INSTRUMENT FOR INDIVIDUAL INTERVIEWS

Self-Report Data - From Personal Interview/Or File if Available

Alcohol Use

Self-report of alcohol use - pattern during week
- frequency
- amount
- cost
- impact

Alcohol Use & Driving Behavior

Self-report of drinking and driving frequency:

Amount of Alcohol Consumed Prior to Arrest

How did the Person Come to the Attention of the Police

Previous Addresses & Time at Each -

Family Situation-

Circumstance of Offence (self-report) -

Subject's Attitude (staff observation) -

Current Employer & Length of Time -

Past Employment -

Driving Record

Accidents, Fines, Suspensions

Living Situations

Independent, Family of Origin.

- other member with problem with the law
- violence in the family
- satisfaction with situation/nature of the relationship (conflict-stable)

Peers

Numbers/Sex/Quality of Relationship

RECREATION

List favourite activities. List activities engaged in most frequently.
List clubs/organizations involved with.
Alcohol and driving after events normal?

PRIOR CRIMINAL HISTORY

Juvenile: (arrests, fines, community orders, institutions)

Adult: (arrests, fines, probation, institutions)

Contact with Social Agencies

PERCEPTIONS OF THE IMPACT OF INCARCERATION

- This jail sentence has affected relationships with my family?
- This jail sentence has affected relationships with my friends?
- This jail sentence has affected relationships with my community?
- This jail sentence has affected my financial status?
- This jail sentence has affected my employment possibilities?
- Changed peers drinking and driving behaviors.
- Jail has affected how I feel about myself?

ATTITUDE TOWARDS SYSTEM

Time between arrest/time in remand/court appearance and sentencing

I was dealt with fairly by the police.

I was dealt with fairly by the courts.

I feel the law is fair.

I feel the law is applied fairly.

Private lawyer versus Legal Aid.

DATA TO BE COLLECTED PRE-RELEASE

Changes in Peer Relations

Have you lost friends while in the institution?

Have you made new friends in the institutional population?

Do you plan to associate with these people after your release?

Program Involvement

What were you involved in while in the Institution?

What impact did this involvement have on you?

Did the jail sentence "teach you a lesson"? Overall impression.

Did you feel you were dealt with fairly by the institution?

Plans for After Release

- employment
- support
- living arrangements