



The University of
Montana

School of Social Work

“To Drink Is To Drive”

**Final Report to the Montana Legislature on
Multiple Offender Drunk Drivers’ Prevention
Strategy Ideas**

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INTRODUCTION

A preliminary report prepared by The University of Montana (UM) School of Social Work “Assessing Montana’s Multiple Offender Drunk Drivers for Prevention Strategy Ideas” was presented to the Montana Legislatures Law and Justice Interim Committee on February 8th, 2010. The research team questioned 201 incarcerated felony drunk drivers using a combination of survey research methods and audio-taped focus group interviews, to determine what they thought would prevent Montanans from drinking and driving. The report, which includes paper survey results and information about the characteristics of the incarcerated offenders, is included here in Appendix 1. This current report presents the results of an extensive qualitative and thematic analysis of the 229 pages of transcribed audiotaped focus group interviews that were not included in the preliminary report.

METHODS

In December of 2010, ten focus groups were conducted at various correctional facilities across the state of Montana. The focus groups consisted of felony offenders from Montana State Men’s Prison, Montana State Women’s Prison and Warm Springs Addictions Treatment and Change Program (WATCH) East and West. Each focus group was conducted by pairs of facilitators from the research team

Of the 201 participants who completed the paper survey, there were approximately 80 participants who took part in the focus groups. In order to participate in the focus group the research team requested that only participants with 5 or more DUIs in the state of Montana (multiple felony offenders) join us. The researchers utilized the same script for each of the focus groups and all dialog was digitally voice recorded and later transcribed word for word into a single document that totaled 229 pages.

Though the focus groups maintained a very flexible format to enable participants to discuss additional prevention methods, each focus group was facilitated with a script to somewhat direct the discussion. The following five questions were the basic script used as a starting point for each of the 10 discussion groups:

- “In your experience, what factors, besides legal penalties, effect whether or not people drive under the influence of alcohol? (For example, employment, family, friends, etc.). In your view, which is the most important factor?”

- “Have your views towards drinking and driving changed during the course of your detention? How so? What’s different?”
- “If you could imagine yourself many, many years in the future with all your DUI troubles behind you, what would you say finally made the difference? Why did you never drive drunk again?”
- “Do you think that current Montana laws regarding DUI are effective in deterring people from committing multiple offenses? Why or Why not? What would you change?”
- “Bottom line: What will prevent Montanan’s from committing DUI offenses?”

Once the transcription of the 229 pages was completed, all sentences and dialog were reviewed and analyzed for thematic similarities using content analysis. To complete content analysis of the data, all dialog was reviewed numerous times, and then summarized to identify recurring concepts. Next, the transcripts were coded into identifying idea clusters and a list of key themes was generated. The concepts were then counted and recorded to identify themes that later determined the key dominant themes that participants identified as their prevention strategies for reducing drinking and driving in the state of Montana.

KEY FINDINGS

The focus group dialog was distilled into 12 dominant themes with sub-categories emerging out of 10 dominant themes. The 12 dominant categories in order of occurrence are: Education; External control mechanisms; Stiffer penalties; Alcohol; ACT; Family and friends; Treatment; Incarceration; Culture of Montana; Accountability; Killing someone; and Transportation in rural areas. Each of these is discussed below individually followed by the researchers’ summary.

Education

Increasing the use of preventative education in the state of Montana was the most common and dominant theme that emerged out of the 229 pages of transcripts of the focus groups. Three sub-categories surfaced out of this: increasing education in schools, increasing education for offenders and using offenders’ experiences to educate others in the community. Many participants stated that they believe that alcohol should be taken more seriously in drug prevention programs in school. Most of the participants who stated they wanted to increase education for youth stated they would like to see the program begin in elementary school and some participants stated they would like to see

either driver's education students or high school seniors take a mandatory class on alcohol and substance abuse.

Along with stressing the importance of early education for youth, the participants also stated they believe there needed to be more education provided to DUI offenders themselves earlier. They stated the importance of early education for offenders for reaching people before they become "involved with their alcohol" and maybe their addiction to alcohol would not "progress" to the extent many of these men's and women's had.

The final education sub-theme that emerged was the importance of having offenders share their experience in the community. They stressed the importance of how "...hearing stories really helps to change peoples' minds about drinking." This is important since many participants found this to be a great way to raise awareness and educate others about what happens when you drink and drive.

External control mechanisms

The next most common dominant theme the participants brought up was the use of external control mechanisms to impact offender's behavior. A few of the participants didn't have a specific idea but just stated they would like to see something "electronic" in general used to keep individuals from drinking. Along with this a couple participants stated they would like to see bright license plates or special identification cards used to control offenders.

Beyond this three main external control mechanisms consumed most of the focus group dialog: Antabuse (Disulphram therapy); Ignition Interlock Devices; and the Secure Continuous Remote Alcohol Monitor (SCRAM) bracelet. Participants who have previously used Antabuse stated they enjoyed it because they "...never drank" on it and that Antabuse is going to help them "...get back into society, on the outside".

Participants stated similar reasons for advocating for the Ignition Interlock Device. The Ignition Interlock Device was the most commonly suggested external control mechanism. One participant stated, "I personally have had the interlock device on my vehicle and it was one of the only devices that kept me drinking and driving." Participants had a few complaints about the Ignition Interlock Device. Those were that individuals can just buy or borrow another car from someone else to bypass the system

and they also stated that the Interlock fails to detect other substances that can affect ones driving ability.

The last external control mechanism suggested was the SCRAM bracelet. Participants stated they liked the “insurance” the bracelet provided by requiring 24 hour monitoring. Participants also stated the bracelet’s other deterrent factor is “Because if you do drink or try to trick it that’s an automatic felony”. One participant stated the bracelet has “positive effects because you are going to catch people before they get behind the wheel.”

Stiffer penalties

The next most common theme was increasing penalties. There was one sub-category that emerged out of this category. That was increasing penalties for first and second time offenders. The participants feel that the punitive measures taken by the criminal justice system for their early offenses were not valuable to their learning processes because the participants were not held accountable for their actions. One participant stated, “In my past offenses I feel that the courts were too lenient, too easy on me. I don’t think twice about drinking the first day out of jail.” Another participant stated it was important to intervene early because, “...I know lots of people who are just the worst drunks I ever saw and they’re still drinking and driving today because they went in and just lied when they were interviewed for treatment.”

Alcohol

Alcohol was a dominant theme that encompassed sub-categories such as abstaining, making alcohol illegal, and the offenders’ inability to drink and *not* drive. Many participants stated the only thing that would keep them and others from ever re-offending again would be to never drink again. Many others indicated that the only thing that would stop them from drinking is themselves. One participant exemplified this by stating, “The only way it’s gonna work is to do it different and that entails recognizing my behavior.”

Along with this numerous participants stated if they drink then they will drive. One participant stated, “...you stick my automobile out in front of a bar and a taxi next to it and I’ve got money in my pocket to take the taxi, I’m still gonna drive.” Another

participant simply stated, somewhat philosophically, that “To drink is to drive.” This was typical of statements made by many of the participants.

Culture of Montana

The fifth most commonly occurring dominant theme was about the culture of Montana. Participants stressed the importance of examining how alcohol is advertised in the state. Many participants commented on how they would like to encourage the state to advertise the dangers of drinking and driving similar to how the state has advertised the dangers of methamphetamine use. Along with a stronger advertisement campaign, participants brought up how their families’ “laidback views” on drinking and driving during their youth shaped their views on how drinking and driving is not dangerous. One participant stated, “I grew up the youngest in my family. I grew up with everybody drinking and driving. It was fun to go to the bar because nobody ever got hurt.” Other participants stated they think that Montanans believe they have a “...birth right to drink and drive” and another stated “...the culture here’s like you’re entitled to drink.”

The culture of Montana also included how generational changes have occurred with law enforcement officials and judges. A few participants stressed how the police use to be more lenient when they pulled offenders over. As a matter of fact, one participant stated, “...the police use to give us a ride home, use to follow us home and help us out rather than lock you up.” Several offenders were reportedly caught completely off guard by their felony conviction saying that no consequence they had received earlier even came close to their being sentenced to the DOC. Much discussion focused on the need to change Montana’s drinking driving culture.

ACT program

One of the dominant themes that many participants focused on during the discussion was the Assessment Course and Treatment (ACT) program. Most of the participants stated they believe that the ACT program did not help in reducing the likelihood of them drinking and driving. Statements indicated that the ACT program facilitators didn’t have the training necessary to facilitate the group, that the ACT program was nothing more than “watching commercials” and many did not take the program serious. Facilitators had to work hard to keep some focus group sessions from

turning into 'ACT bashing' and get participants back to addressing the questions. One participant indicated that, "Even the kids have an attitude like this [ACT] is nothing." The program was not effective at deterring individuals from drinking either. One participant stated, "I have been to several of them you know I went out and drank right afterwards. There is absolutely no requirement doing that program." This participant was not alone, actually many of the participants stated similar sentiments about drinking following ACT classes.

Friends and Family

Another dominant theme that surfaced was the increased awareness about their actions of drinking and driving and how it has affected their family and friends. One participant stated, "I didn't have a wife and baby but I do now. This is torture being away from them." Along with this man another participant said, "...my family is mad and they are starting to look down on me for drinking and you know that is why I want to change." This theme was echoed by other participants and many were concerned with how their actions have reflected on them and how they have hurt and disappointed their families.

Treatment

The next most commonly occurring dominant theme was the use of treatment. This category included references to almost all forms of treatment facilities; many participants referenced how the WATCh Program has changed them. Most participants stated they wanted to see treatment used either in place of or in conjunction with incarceration. Many of the individuals who identified the need for treatment to be used more frequently also stated the importance of treatment coming earlier to all offenders. One participant affirmed this by stating, "...because if I would have had that the first time instead of just having my hand slapped I wouldn't be sitting in this room right now."

Incarceration

The theme of treatment was commonly combined with the next dominant theme: incarceration. Almost every participant that referenced incarceration stated they do not believe that incarceration alone does anything to stop someone from drinking and driving. A few participants stated that incarceration can actually be more damaging to the offender. In fact one participant stated, "I think that incarcerating alcoholics ... is

just ridiculous; all your doing is putting somebody with a behavior in a situation where they are going to learn more negative behaviors instead of trying to change those negative behaviors.” Along with this belief, many participants remarked on how incarceration is not taken seriously by most offenders. One participant stressed this point by stating, “Jail doesn’t do anything. You go in there you sleep, you gripe, you watch TV, it doesn’t teach you anything about what you are doing; your just doing time.”

Accountability

Another commonly occurring dominant theme was the need to increase accountability. One sub-category that arose out of this theme was how the participants would like to see accountability increased after an individual who gets a DUI is released from treatment or jail. One offender indicated this by saying, “As long as my fines were paid they never checked.” However, most of the offenders who discussed this sub-category talked about how they would like to see the state of Montana utilize pre-release centers or half-way houses to make certain that offenders are following their probationary regulations better. They remarked how these places could help them, “...get back into the community”, “...have a place to make money and have a good place to live”, and could “...learn to quit drinking.”

The other sub-category that emerged out of this theme was to hold bar owners and servers more accountable. In this sub-category participants discussed topics such as over-serving. As a matter of fact, one participant had this to say about bar owners and servers: “They’re just as bad as the damn drug dealers.” The participants who discussed this as a prevention measure thought that bar owners needed to provide more training and education to their staff. They also thought that servers who are caught over-serving should be held legally accountable if caught.

Killing someone

The second to last dominant theme was the raised awareness that drinking and driving could lead to the death of another person. The individuals at WATCh West spoke openly about this since the focus group took place a few days after two teenage girls were hit by a drunk driver in Missoula and killed. The participants at WATCh West also stressed how the stories of WATCh Knights have changed their views on drinking and driving. (Knights are individuals in WATCh who were convicted of a homicide in

connection with their DUI charge). One participant stated, "...hearing their stories, it throws a scare into you to ever drive again you know cause that could be you in a white shirt."

Transportation in rural areas

The final dominant theme brought up by participants in the study was the lack of accessible transportation in rural areas of Montana. This theme was focused on how there is a lack of transportation in rural areas around Montana. Many participants commented on how the access to taxi cabs in rural areas is very limited. One participant emphasized this by stating this about taxi cabs, "Most of them close down at eight o'clock at night. I get tanked all day and all night." Participants stated this has a considerable impact on how they are able to get home when they have been drinking.

CONCLUSION and DISCUSSION

Neither this report nor the preliminary report were designed to advocate for specific changes to DUI laws. The goal was to simply poll a cross section of the Montanans most intimately involved in drunk driving: felony and multiple felony offenders and determine what they thought would work best to reduce drinking and driving. Looking at both reports together it is very clear the offenders identify a need for earlier and stiffer intervention. In the words of one: "Hit us hard and hit us early."

There is substantial consensus among felony offenders that their problem is drinking and that driving follows. By the time they reach felony status, 94% answered yes to the question "By your own estimation, do you think that you meet the diagnosis for alcohol dependence?" Of all 229 pages of dialog the single most poignant quote uttered became the title of this final report: "To drink is to drive."

Short term physical control efforts such as bracelets and breathalyzers are endorsed by offenders as a necessary first step to buying them enough abstinence time for treatment of the alcohol dependence disorder to take hold. We asked offenders what clinicians call a "magic question:" "If you could imagine yourself many, many years in the future with all your DUI troubles behind you, what would you say finally made the difference?"

Why did you never drive drunk again?” The answers inevitably came down to some variation of “I quit drinking,” “treatment finally worked” or “I left that lifestyle behind.” In a few cases, at the prisons, offenders had lifetimes of failed treatment attempts and were incapable of envisioning a life without drinking and hence without drunk driving again. Most however had hope, and welcomed the opportunity for their devastating experiences to potentially help others.

Final acknowledgment

While this work was a team effort with broad support (see Acknowledgement section of the preliminary report), the final push to complete the qualitative analysis came from undergraduate student, Kim Spurzem. She has been invited to present these results at the 15th Annual Undergraduate Poster on the Hill sponsored by the Council on Undergraduate Research, Capitol Hill, Washington, D.C. in April of this year.

**APPENDIX 1: Assessing Montana's Multiple Offender Drunk Drivers for
Strategy ideas: Preliminary Report for the Law and Justice
Interim Committee**



The University of
Montana

School of Social Work

**ASSESSING MONTANA'S MULTIPLE OFFENDER DRUNK
DRIVERS FOR PREVENTION STRATEGY IDEAS
Preliminary Report for the Law and Justice Interim Committee**

January 29th, 2010

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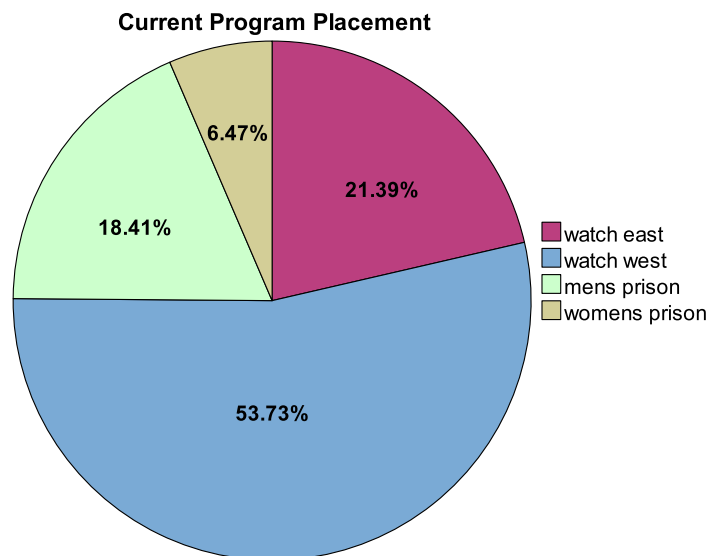
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Executive Summary

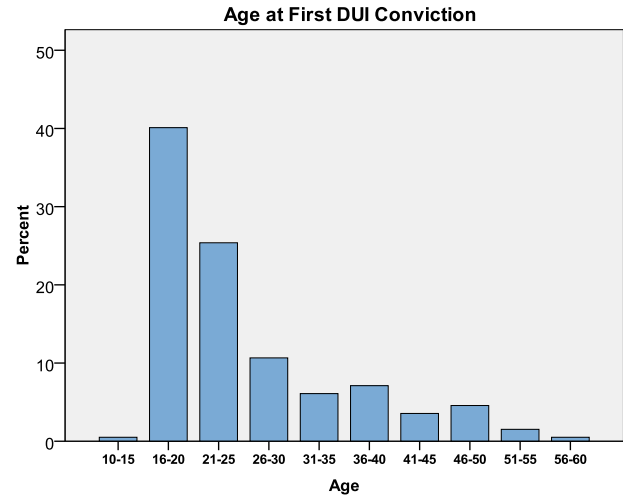
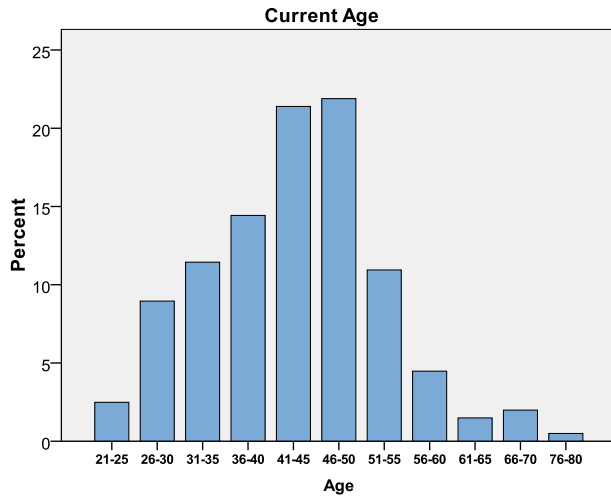
INTRODUCTION

This preliminary report is the result of a pro-bono research effort conducted by The University of Montana (UM) School of Social Work. Dr. Tim Conley was assisted by Sociology graduate student Sara Shapiro and undergraduate Social Work students Kimberly Spurzem and Stacy Hardy. This team questioned incarcerated felony drunk drivers using a combination of survey research methods and audio-taped focus group interviews, to determine what they thought would prevent Montanans from drinking and driving. The paper survey portion of this study included 201 incarcerated individuals with at least one felony conviction for Driving Under the Influence; 80 of the participants had 2 or more felony convictions and anticipated in audio-taped focus group discussions.



The study was approved by the University of Montana's Institutional Review Board for the protection of human subjects and every effort was taken throughout to protect participant's confidentiality; it was also clear to participants that the only benefit they received was the opportunity to have a voice in possibly contributing to DUI policy change. Ultimately, the researchers sought to have these voluntary participants answer the question: "In your own words, what do you think will prevent Montanans from committing multiple DUI offenses?" Participants were asked if they thought they were alcohol dependent; if incarceration or if treatment was more preventative; to rate the effectiveness of the Assessment Course and Treatment (ACT) program for each offense; and which conviction should result in a felony charge. Additional questions arose during the focus groups.

The average age of those participating in the study was 43. The average age at the time of their first DUI conviction was 26, though 50% of participants were under the age of 21 when first convicted. This single variable is a strong indicator that multiple DUI offenders begin their progression in the teen years and that underage drinking and DUI felonies are correlated.



Participants were asked: “By your own estimation, do you think that you meet the diagnosis for alcohol dependence?” 94% answered yes. This finding is consistent with other published studies concerning alcohol dependency rates among multiple offender DUI cases, including previous work by Dr. Conley. An indirect approach was taken to determine lifetime frequency of driving under the influence; the question was posed such that participants were asked to estimate, on average, how many times in their lives the offenders they were residing with (in their program or prison setting) had engaged in DUI activity. Their responses resulted in an average of 1662 lifetime DUI events. Assuming a conservative 4.5 convictions for each participant, this means 369 driving events per conviction.

KEY FINDINGS: The Survey

Participants were asked to report the number of times they had previously participated in other specific programs including Assessment Course and Treatment (ACT), Montana Chemical Dependency Center (MCDC), Warm Springs Addiction Treatment and change Program (WATCh), Missoula Assessment and Sanction Center (MASC), etc. As figure 1 indicates, 26.9% report having never attended ACT (despite having 4 or more convictions). While an unknown percentage of participants came from other states, focus group discussions about ACT indicated that many in Montana had simply never gone to ACT, despite being sentenced to do so. Participants reported that ACT was not accessible in rural areas, that the penalties for non-attendance were not motivating enough and that despite a second or even third conviction that they just continued to not think about ACT requirements and to drive anyway – most often without a license or a plan to get one back. The focus groups

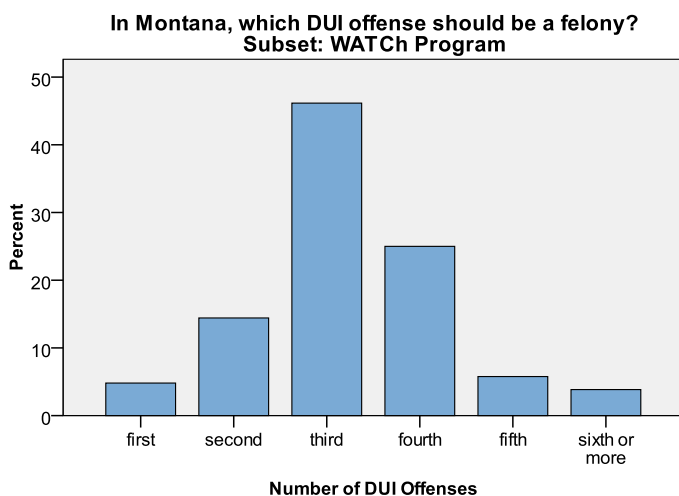
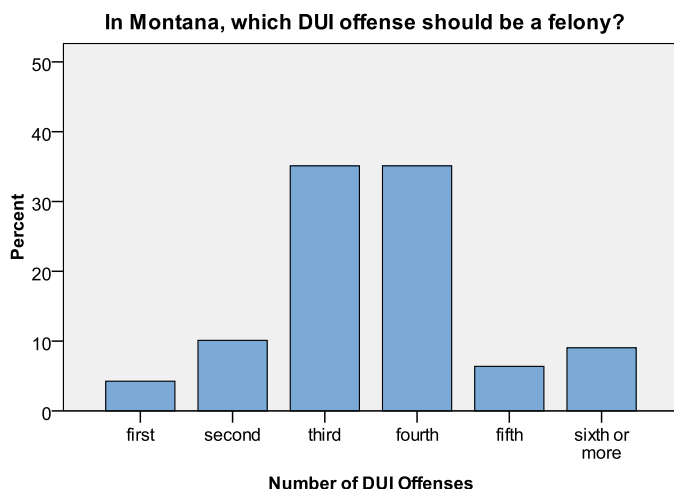
Program Name	Participation	
	Yes	No
ACT	73.1%	26.9%
MCDC	28.4%	71.6%
Pre-Release	28.4%	71.6%
WATCh	95.0%	5.0%
MASC	31.8%	68.2%
Boot Camp	4.0%	96.0%

suggest that only incarceration interrupted this process. Another 40.3% had been to ACT once or twice indicating that all told, for this felony/multiple felony offender population, 67.2 percent had been to ACT twice or less. In many cases where the participant had been to ACT following their first conviction they simply did not go again and continued to drink and drive until their felony conviction resulted in incarceration.

Participants were asked specifically: “On a scale of 1-10 (with 1 being not at all and 10 being the most) how effective do you feel that ACT is in preventing Montanans from committing future driving under the influence offenses?” They were asked this same question for each offense. For the first, second, third and fourth the most frequently entered response was 1, “not at all.” The average rating for ACT’s preventative effectiveness on this ten point scale was 3.0 for first, 2.9 for second and 2.8 for third offenses. Survey participants were also asked: “Overall, do you think that current Montana laws and sanctions regarding DUI are effective in deterring people from committing multiple offenses?” 66.3% answered “no” and 33.7% “yes.” One

common sense comment from a 5th offender was “I don’t think they are effective or we wouldn’t be sitting here in the ‘five DUI’ group.” This question was explored further with multiple felony offenders in the focus groups and is discussed again below.

Participants were asked directly: “In Montana, which offense do you think should constitute a felony?” The split was perfectly even between third and fourth offense, with 66 participants endorsing each. WATCH West participants constituted just over half the sample and those 108 treatment participants were looked at separately. For these, the preference shifted much more heavily toward third offense as felony; they saw this as the ticket to the treatment they needed to address addiction. A t-test found that there was a statistically significant difference between WATCH West participants and others; the results were not due to sampling errors or



random chance. Participants in this treatment are more likely to suggest 3rd offense as a felony than those incarcerated. In the whole sample, a small percent indicated that a 6th or later offense should be a felony and some did not answer. Focus group dialog indicated that some offenders do not think DUI should ever be a felony as it criminalizes a symptom of their alcohol dependence, essentially punishing them for having a disease. Note, too, 15% of participants indicated that a first or second offense should be a felony; for WATCH this was closer to 20%. Those indicating the earlier imposition of a felony generally saw this as the only means to access sorely needed treatment for their alcohol dependence.

Participants were asked to compare the relative effectiveness of incarceration versus treatment for reducing their drinking/driving behavior. Two questions were posed: “On a scale of 1-10 (with 1 being not at all, and 10 being the most), how much do *treatment experiences* reduce your drinking and driving behavior?” and “On a scale of 1-10 (with 1 being not at all, and 10 being the most), how much do *incarceration experiences* (jail, prison) reduce your drinking and driving behavior? For “treatment experiences” the most frequent rating was 5 and the average for all participants was 5.99. For “incarceration experiences” the most frequent rating was 1 and the average for all participants was 4.26. The responses on these two items were inversely and significantly correlated ($r = -.23$; $p < .05$); the more a participant endorsed treatment the less they endorsed incarceration. This population clearly indicates that treatment is more preventative. The “incarceration/treatment” question was explored further through three additional survey sub-items which asked them to agree or disagree with three statements: “Treatment is more likely to prevent DUI re-offenses than incarceration” (90% agree; 10% disagree); “Incarceration is more likely to prevent DUI re-offenses than treatment” (14% agree; 86% disagree); and “Incarceration and treatment are equally likely to prevent DUI re-offenses” (44% agree; 56% disagree). In this survey, felony offenders indicate that Montana DUI laws and sanctions need substantial revision to prevent recidivism. Their collective opinion indicates that treatment, when adhered to, is the most preventative element.

KEY FINDINGS: Question 13

The final question on the report (question 13) asked for a written essay by stating: “We have one final question, and this is the most important one. In your own words, what do you think will prevent Montanans from committing multiple DUI offenses?” Of the 201 surveys collected, 165 responded to this open-ended question. All responses were transcribed into a 22 page document and subject to extensive content and thematic analysis by Dr. Conley and Ms. Spurzem. Seven distinct categorical themes emerged from the review: 1) treatment and counseling; 2) incarceration; 3) increasing early penalties; 4) comments on the ACT program; 5) community and youth education; 6) the use of external control mechanisms; and 7) self

efficacy or self awareness. Each of these is discussed below individually followed by the researcher's summary.

Treatment and counseling

Of the 201 surveys, 63 participants responded that the most important action the state of Montana should take in order to prevent citizens from committing multiple offenses of driving under the influence was treatment. This category included references to almost all forms of treatment facilities; as analyzed here it does not include any references to the Assessment Course and Treatment (ACT) program as those were treated separately. Of these 63 responses, 4 clearly indicated that early treatment was imperative. Along with a focus on earlier treatment, the 63 participants had a variety of other treatment ideas ranging from longer intensive outpatient treatment with more accountability being placed upon them, to a universal model developed from the Warm Springs Addictions Treatment and Change Program (WATCh). In general, participants strongly suggested that more intense treatment should come earlier in the process, earlier in their drinking/driving history. Many participants emphasized the importance of treatment but heavily stressed that the state should employ "more qualified counselors". Finally, they indicated that treatment should be unavoidable.

Participants advised a restructuring of the criminal justice system. For example, one participant stated: "...DUI courts, I also feel would be helpful in helping clients get the help they need because they are specialized." Many of these participants also stated that they did not believe that incarceration was at all valuable when treating multiple offender drunk drivers. For instance, one participant stated, "I just spent 2 ½ years in prison, these 3 months at WATCh I have learned more than in the 2 ½ years – I have learned to surrender."

Incarceration

The next most frequently occurring theme was the use of incarceration as a punitive measure for driving under the influence (DUI). This theme garnered 22 responses on the survey with 12 of those responses consisting of individuals stating they believed the current law should be amended to include more and lengthier sentencing to the Department of Corrections (DOC). However, 8 participants argued that there should be less incarceration used to combat the social dilemma of driving under the influence. Those 8 participants referenced how they believed treatment to be more effective than incarceration. For example, one participant wrote, "Putting people in jail does not do any good at all. But having to look at my behavior and the way I think is far more worthwhile. Taking accountability for my behavior, thoughts and actions is a lot harder than sitting in a cell." Along with these 8 participants were 2 who clearly stated that the use of incarceration is ineffective at treating the offender and it only

“makes one more angry” and has the possibility to “add to your guilt and misery, which is a good excuse to keep drinking.”

Increased Early Penalties

Along with incarceration a group of participants clearly were concerned with the laws regarding first and second time offenders. In fact, 24 participants stated they believed the justice system should create and enforce tougher restrictions on first and second time offenders. Of these 24 participants, 15 focused mainly on the 1st time offender. The participants feel that the punitive measures taken by the criminal justice system for their early offenses were not valuable to their learning processes because the participants were not held accountable for their actions. One participant stated, “In my past offenses I feel that the courts were too lenient, too easy on me. I don’t think twice about drinking the first day out of jail.” Another participant stated, “If I would have caught 30 days jail time the first time, it would have changed my way of thinking. I would most likely not be here today. I have never served time until now, and it has been very eye opening.” After a review of the paper survey and initial review of the focus groups, it appears that most offenders feel that the current punitive measures related to early offense DUIs are a “mere slap on the wrist” and have accomplished little in changing the attitudes of these multiple offender drunk drivers.

Approximately 20 participants created charts of what changes they believe should be made to the current penalty system. The participants mainly focused on an increase in punitive measures for the 1st or 2nd DUI. The three most frequently occurring statements made by participants in reference to the 1st DUI were: 6 months at the Warm Springs Addictions Treatment and Change Program (WATCh), 30 days in an intensive inpatient treatment center and 30 days in an intensive outpatient treatment. All three recommendations were relatively similar in frequency of response. However, the participants had vast differences of what punitive measures should be taken for the offender who receives a second DUI. Most participants who created a chart stated they believe the law should be 1 year in WATCh. ‘One year in WATCh’ garnered as many responses as ‘60 days in a treatment program’ and ‘receiving a felony’ combined. The 3rd DUI garnered half of the total responses, stating they believed that the WATCh program is essential. Despite this, a clear division occurred amongst the participants on whether going to the WATCh program should include a felony or not. A majority of the participants stated they believed there should be no felony attached to attending the WATCh program after a third offense. Nearly all participants stated they believed the 4th DUI should remain a felony in the state. They believe this felony should be accompanied with another time through WATCh and prison or jail. These exact sentiments were repeatedly paralleled in all of the focus groups.

Assessment Course and Treatment

One of the measures that received the most attention on the survey and in the focus groups was the Assessment Course and Treatment (ACT) program. On the paper survey 13 participants clearly stated that the ACT program was undoubtedly a failed program – echoing the findings of the specific ACT related survey items summarized above in the section on “Key Findings”. One participant affirmed this common sentiment by stating, “First offense ACT classes are no way of reducing from drinking and driving. I’ve been to a couple myself. Everyone I knew laughed at the program.” Beyond this participant the most common reoccurring statement about ACT was that there was “no accountability” in the program and overall “was not a deterrent”. This was a theme was echoed by a large portion of the focus groups at both WATCH programs. On question 13 and in the focus groups, individuals repeatedly would comment about how it was common practice for them to leave an ACT class and go straight to a bar for a drink. Along with this, these participants heavily stressed the importance of improving the ACT program to be used as an educational tool for younger generations. Many of the participants referenced their past experiences in ACT from receiving minor in possession (MIP) tickets and how alcohol use was a social norm among teens in their generation and they would like that norm to change.

Community and Youth Education

The increased use of education in the state of Montana was a common sub-theme for this question; education was a more dominant theme in the focus groups. With 34 participants listing education as a high priority, 16 clearly stated the importance of early education for youth in schools and driver’s education. There were a number of ideas presented on early education. The most common reoccurring proposals for early education included using felony offenders and those involved in fatal or near fatal accidents as educators.

External Control Mechanisms

Another theme was labeled by the reviewers as “external control mechanisms”. This category, which had 38 comments, included anything designed to physically prevent DUI such as: increased use of probation officers to take random urinary analysis (UAs), the use of devices such as the Secure Continuous Remote Alcohol Monitor (SCRAM bracelet) and the ignition interlock system, the addition of orange or brightly colored license plates, more frequent use of random check points and the use of tax dollars to fund a free public cab service in the state of Montana. Along with these 38 participants, 7 listed other external factors such as an increase in punitive measures towards bars, casinos and restaurants that over-serve patrons and holding alcohol companies more liable for the effects of their product. The use of all of these external

control mechanisms were also highly referenced during the focus groups held for this study at the Montana State Prison (MSP), the Montana Women's Prison (MWP) and at Warm Springs Addictions Treatment and Change Program (WATCH West and East).

Self Efficacy or Self Awareness

The last theme that surfaced in the survey was self efficacy: sustaining change in oneself over time. The participants who listed this as a means of preventing repeat offending stated the individual must be compelled to reflect on their actions and then be capable to control, limit or stop their drinking. Many also emphasized a change in attitude about the severity of their actions. For instance one participant stated, "I treated my first 3 DUIs no different than a speeding ticket..." No participants inferred any guaranteed way for an individual to arrive at this self awareness. Nevertheless, they did list ideas such as: "ability to recognize when I need to ask for help," increased self awareness of the addiction, intervention methods used at WATCH, family, the fear of injuring others and self, and a "need to make amends to the community".

Researcher/Reviewer Summary of Question 13

Responses to question 13 were not always straightforward - many comments were mixed. The dialogue was heavily populated by persons in various developing stages of treatment at WATCH West. Many were involved in an extended process of personal change with regards to their worldview. Nonetheless, they invariably expressed a collective opinion that a residential treatment program, like WATCH, be required of them earlier in their drinking and driving history. They indicated that incarceration and other punitive measures alone were not preventative. The preference seemed to be for a more sustained mandatory treatment that spared them the social burden of the felony. Previous studies have indicated that as many as 85% of second offender drivers are chemically dependent, and it was discussion of how to best intervene in these earlier offenses that received a lot of ink on this survey. To prevent drinking and driving among the youth in Montana, those surveyed believed that children must be educated, early in their lives, about the consequences of drinking and driving.

KEY FINDINGS: Preliminary analysis of the focus groups

A sub-sample 80 participants with five or more lifetime DUI convictions (as identified by their DOC records) were invited to engage in semi-structured focus group discussions with the researchers. These were divided into 10 groups of between 4 and 17 members each. Four groups were from: Montana State Prison, one group from the Women's Prison, one group from WATCH East and four groups from WATCH West. All focus groups were logged with digital voice recorders and later transcribed word for word into a single document (totaling 229 pages in all). By design, there was a degree of flexibility with the focus group discussion, as they formulated additional questions and

topics of their own during the meetings. If the discussion drifted too much from the suggested topics at hand (became tangential), the researcher would re-direct the conversation. The start-point questions included:

- Do you think that current Montana laws regarding DUI are effective in deterring people from committing multiple offenses? Why or Why not? What would you change?
- In your experience, what factors, besides legal penalties, effect whether or not people drive under the influence of alcohol? (For example, employment, family, friends, etc.). In your view, which is the most important factor?
- Have your views towards drinking and driving changed during the course of your detention? How so? What's different?
- If you could imagine yourself many, many years in the future with all your DUI troubles behind you, what would you say finally made the difference? Why did you never drive drunk again?
- Bottom line: What will prevent Montanan's from committing DUI offenses?

Completing a thorough analysis of the immense volume of dialog generated in these groups in time for the February 8, 2010 Law and Justice Interim Committee meeting proved exceedingly challenging; what follows is preliminary. Co-author Ms. Shapiro has volunteered/agreed to make a comprehensive systematic qualitative-methods research analysis of focus group dialog as the topic of her master's thesis. For this preliminary report, select typical responses were organized according to the questions asked and direct quotes are presented below with commentary or clarification by the research team. The goal at this point is to bring the actual words of felony DUI offenders to the ears of legislators and other interested parties. Dr. Conley and the team will be available for questions during the February 8th meeting and will discuss their overall impressions of what participants said.

On an additional note, WATCh participants were invariably eager to help and joined participation enthusiastically. The participants from the prisons, while a bit more subdued, were also enthused by the idea that their thoughts would be heard by others. Universally, all wished that what has happened to them would never happen to another.

Specific questions and researcher comments that follow are in straight-type; participant quotes are italicized with quotation marks delineating separate comments.

- Do you think that current Montana laws regarding DUI are effective in deterring people from committing multiple offenses? Why or Why not? What would you change?

"No. Prison didn't even deter me and I was just gonna wait my six months so I could get out and drink again and go back to my life. I learned more about criminal behavior there than anywhere

else I ever have and I think education really helps, but there also has to be the threat of prison too because obviously we are stubborn and trying to think we can do things our own way and without the threat even like WATCH here, I believe it wouldn't be nearly as effective if they didn't have the threat."

"I think that yeah, that jail time, the threat of it should be there but I think more of the learning and knowledge of alcohol."

"I completely agree, I think going through this program on a third DUI having a third DUI as your felony."

"My first couple DUIs was just yeah like a speeding ticket."

"I feel that at the first offense it should be harsher because I think that offense you just get slapped on the hand on that offense...and you just think oh ok you know no big deal you know and you don't understand really the consequences of continuing to do it."

"Yeah, uh, on my first few DUIs it was like everyone else it was just, uh, slap on the back of the hand a fine and a couple days in jail and the rest all suspended and it didn't deter me, I thought well, ok well I'll go out and do it again."

"No, [laws are not effective] they give you time to pay the fine and all that so it wasn't any deterrent but I do feel that uh like the third one should be a felony uh and the second one give them a taste of the treatment for say two months...you know."

"Jails not the ticket that don't work...I went through it over and over and over and over and this is the first time I have considered changing."

"Your rationality goes right out the window when you're drinking you don't think, you think you can handle it you think can drive I thought I was a better driver when I was under the influence I wanted to (inaudible 36:20) and listen to music, that's my opinion okay it just didn't deter me, that's the way it was I think laws just need to flat out get stiffer."

"I know for myself when I got my first one it was 24 hours that was nothing...and not really any you know any real punishment about it except for fines...and the second one wasn't any much better, 48 hours, if you had to spend on a second offense if you were looking at a bottom line was 30 days in jail or 60 days your gonna think about going out and getting another DUI cause man, the penalties are stiff...and then you know treatment on the next one is gonna educate em and then make a big big difference..."

"...Uh, the first one you get slapped on the wrist the second one still, up until the fourth one, you don't have any punishment I don't feel um personally I uh spent a total of oh 60 days in jail before coming here for four DUIs until I got my fifth one I got let off quite or very easy on all of

them I had a couple of laws that applied where I could get out of them easier and stuff like that so...it all felt like a slap on the wrist."

These quotes echo the sentiments of most participants that the laws in place did not deter them from ending up where they did. With regards to 'what would you change' nearly all advised stiffer penalties earlier on that included mandatory residential treatment. A good deal of information concerning ACT was garnered with the paper survey and an extensive discussion of this program was diverted during the groups. A couple of comments here though are good examples of multiple felony offenders' experience with earlier sentences:

Facilitator: 'So the ACT class requirement really isn't... that's not a deterrent'? *"No, it's nonsense. Well it really was to me anyway, but uh, on the well, all the way through my third DUI I, on my third one I got 48 hours jail on the first two you know I bonded out like somebody else said like within 10 or 12 hours of even getting it, so I had no sort of jail time. I think I had 10 days of house arrest on my third one which you can drink and smoke pot and do whatever else you want to do at home while you are on house arrest, you still go to work you still do everything...I mean so that to me wasn't a deterrent either."*

"Yeah I agree with him on the ACT classes they didn't do me any good and people are resentful anyway going into them so you ain't gonna teach a person who doesn't want to be there anything..."

Here is a quote which Dr. Conley made while facilitating the focus group at WATCH East:

"Huh, interesting. I'm gonna comment again, because I'm hearing something and I want to be sure I'm hearing it right. A couple of times you have to go to ACT, you have to pay for it, walk away, nothing's changed you feel like you haven't got your money's worth and it's not preventing much is what I'm hearing...let the record reflect that I've got 14 nods."

➤ What would you change?

"Unfortunately you might have to make the laws so stiff that you get the public to change its outlook on it...unfortunately you have to do that."

"When I got my third DUI if I would have been allowed to come to a program like this, I doubt seriously that I would have gotten my fourth and fifth."

"Something besides laws for me would be more education to my family because if I was to lose them like they talk about tough love, but if my family realized and was educated more about how they support my alcoholism sometimes by not meaning to but allowing me to not facing the consequences that I have ...that's something that would have really deterred me."

"...the first offense should be a treatment evaluation, second, my second wasn't harsh enough so, second should be like a 30 day jail sentence not seven day jail sentence and if that didn't work a third offense should be the six month WATCH treatment program...or something of the like...um because on your third jail time is not going to deter you on your third...and so third one fourth one should still be your felony I believe and after, you know, if not the fourth one, the fifth one you should lose your car...but then again like (name omitted)said, after 15 years or something you should be able to clean your record up at the same time."

"Just for the third offense throw you into treatment you know mandatory treatment for a second offense mandatory outpatient."

"Education and really have more intense punishment (inaudible) earlier in the game..."

"Jails not the ticket that don't work..I went through it over and over and over and over and this is the first time [while in WATCH] I have considered changing."

- In your experience, what factors, besides legal penalties, effect whether or not people drive under the influence of alcohol? (For example, employment, family, friends, etc.). In your view, which is the most important factor?

The responses in this section clearly speak for themselves:

"You know it is just our culture. Everybody drinks. Where I come from everybody drinks whether they drive or not."

"It is too easy to find. A person wants to drink; they will find a way to drink. They want to drive, they are going to drive."

"Uh, I think if a good portion of the money that was spent our tax money, after the fact if we had more things for people to do, adolescents and even in your twenties and things more non-alcohol related activities, gyms, things free to the public more of more boys and girls type clubs you know just things to keep people."

"Well, um, circumstance is everything I know I've been at the bar and had a few drinks and uh I live four miles out of town...so it's pretty difficult to find somebody sober enough to drive me 12 miles and then drive back uh so you just take the chance."

"I think peer pressure and a lot of the peer pressure from my family and friends and uh and they feed from the media."

"If I get another DUI I am going to spend the next 20 years here next time and I can't do it to my family."

"Lots of my family is mad and they are starting to look down on me for drinking and you know that is why I want to change."

"Transportation! Montana is limited on transportation when you go to a bar no matter where you go."

"I am gonna have to say peer pressure um people my age I am 28 um so friends my age not necessarily my friends from Montana here that I spend time with but from other places they uh, it is more demonized in other places kind of goes back to the culture here like you're entitled to drink...well it's not like that everywhere so...your gonna have to change that somehow I guess."

"I think early education would be the most, it would be the greatest to teach people what happens to you when you drink and drive."

"Get more information out there for the families the things that need to be done when you have an alcoholic in the family."

"Yes, I that that the earlier the more education earlier more youngsters will be able to spot addictions a lot sooner also because a lot of them they see it but they don't know what to do about it so they just stuck it...aside...they know something's wrong like I said I didn't know how to reach out for help I didn't know how to report to I think the more you expose it people are gonna say that person smells like alcohol or that kid smells like cigarettes or you know something the intervention can be the sooner we intervene."

"I think education is the biggest tool that this state can use um let this state know that no you don't have the birth right to drink and drive just because you live in a densely uh, uh, scarcely populated area."

"I agree there's a lot of good answers in this room um awareness, education, stiffer penalties, uh learning not to pick up that first drink uh education, knowledge is power and I think the more I know about this disease, the less likely I am to pick up another drink."

"I think yeah we should have stiffer penalties and we should have stronger education about the addiction and the behaviors."

"But we need to educate at a young age about drinking and driving. Drinking in itself is devastating and saddening."

"It should be more educational more statistical and more worthy of having to sit and listen to someone speak because my speaker told me "I have to do this just agree with me" and that's the state of Montana failing."

"I agree 100% on the education...educate kids that it is wrong to drink and drive."

- Have your views towards drinking and driving changed during the course of your detention? How so? What's different?

This question generated less discussion than we thought it would. The change most often mentioned was simply that participants went from thinking of how to get away with driving under the influence to thinking of how not to do it. As the facilitators de-briefed between groups, we concluded that those in the treatment programs were actively engaged in change and not always aware of exactly what was changing. For some of those in the prisons (men's high-security side; women's prison) they indicated they felt more hopeless. Also, scattered throughout the conversations was the idea that it was drinking that had to be addressed – it was a recurring theme that driving under the influence was a symptom of a larger personal problem; for many this was very new thinking.

"We all have been stuck in this rut and we don't even see the things that we are doing."

"It made me realize that drinking and driving is, uh, an awful thing to do. You can kill people you can kill yourself that's also showing things that you can't mask your past by drinking."

"I feel better inside about my ability to think responsibly, uh, I'm confident that I won't go out and take the chance with innocent people's lives."

"I came to the realization that if I do drink and drive it's just a matter of time before I kill myself or somebody else."

"I have something to work with because there are things there that I was not even aware of. I got look at myself in the mirror, who I am really."

"It's just you know my thinking was all wrong my behaviors my thinking, my reaction to things and anger uh this program just doesn't teach us how not to drink it teaches us how to live, how to deal with anger how to deal with everyday issues of life and uh you know I it its uh like I say the cognitive is thinking and the principles and restructuring are."

"I learned through treatment and about alcohol as a disease that the first thing that goes is judgment and reason when you start ingesting alcohol. Now then if judgment and reason go out the door right off the bat then how can you make a conscious rational choice to drink and drive? And I have, I didn't, I didn't know. So therefore I think punishment is not the answer; progressive punishment. It is not the answer. Pure incarceration is not the answer."

- If you could imagine yourself many, many years in the future with all your DUI troubles behind you, what would you say finally made the difference? Why did you never drive drunk again?

In practice circles this is considered a 'magic question.' It was not part of the original planned questions but arose during the 2nd group meeting (at the Women's Prison). It was asked at all subsequent groups. Responses varied. Many participants had a hard time envisioning a future where their trouble was behind them, though all tried.

Why did you never drive drunk again?

"The thought of 10 years here [in prison]."

"The thought of living here [in prison]."

"The only thing that is going to help me is Antibuse. It is going to help me get back in to society, on the outside."

"It is going to take something to stop me, you know, like electronic or Antibuse."

"One thing that I want to see in the future is these new uh drugs coming out I know there's no magical pill for any of us I think it would help as a deterrent and um stronger aftercare prevention, early education and police uh enforcement on the street."

"Um you realizing that you're accountable for your actions and there is consequences that could be deadly."

"Something made me content with life that I don't need alcohol."

"I got to find what makes me happy."

"That's therapy to me, finding what makes me happy...not herding me around like cattle going to feed like they do in our DOC place."

"Just the knowledge that I have learned here and loving my family."

"Knowing I'll be held accountable."

"Being a good role model in my community and uh not losing time with my family."

"Dedicating my life to sharing my experiences with other alcoholics who still suffer, pay it forward and uh make it my life's goal to uh help other alcoholics and save them from taking people's lives away from taking away from their lives, paying it forward and sharing being other's centered."

➤ Bottom line: What will prevent Montanans from DUI offenses?

Most participants indicated that the bottom line was drinking, not driving. Quotes show that for many, addressing their drinking and the belief system associated with it was the final solution to preventing further offenses:

"The bottom line for me is I just can't ever drink again. Not a beer or two, nothing."

"The bottom line that has been said is abstinence."

"You have to stop drinking. If you drink no matter how many plans you got set up to not drive you are going to wind up driving."

"It's gonna have to be a self help thing, you are gonna have to deal with yourself."

"You have to treat the disease of alcoholism and addiction to drugs and alcohol...you got to individually hit each person and that takes education...and that also takes willingness on the persons, that's uh, you know, receiving the treatment because otherwise..."

"The bottom line is that we need to save lives. You know us being alcoholics in this program now we have a chance to go out and make a difference..."

"I have had 6 DUI's. I think the bottom line is when you are ready to quit you will."

"Yah, I think education and treatment...is the bottom line..."

"The bottom line is you are not going to quit unless you are ready to."

"Yeah, I think bottom line is the consequences just got to get too great. I've been in prison and incarcerated for a long time I got 10 years on this DUI because I am a persistent felon."

"I think it just boils down to yourself, taking a look at yourself and realizing that you are an alcoholic. How many social drinkers really have DUIs?"

"There is nobody in this room that is going to quit drinking and driving unless they want to. So, no amount of treatment or incarceration is going to get it through their head unless they want to quit drinking and driving."

"It is really based on an individual basis, on the individual. It is easy to have a little bit of an attitude to what causes you to drink, like the basic core of what causes you to drink but some of the other things you take with you."

"...do a DARE against drugs so why can't we have something pertaining to alcohol you know get in their heads early."

"I think it is gonna have to go to the education, treatments at the right time...and they got to be long ones because short ones you don't have enough time to change your thoughts you just get

through it and boom you are out...but if you educate the younger generation because it is not going to change overnight if you start with the young ones and work your way up trying to teach the ones who are already drinking, it might work, education though I believe..."

"Yeah I have eight DUIs and four out of them are felonies and uh I have eleven total lifetime count, my juvenile, um I believe that if we were to get sent into a treatment like the WATCH program..."

"... people like us that are multiple offenders, and your question is how you are gonna stop from drinking and driving, you gotta step right in, you got to take that vehicle away..."

"I think after a certain amount of DUI's you should be required to go and speak to kids. I think that would have helped me."

"Uh, stiffer laws and more random checkpoints cause I know in the community if you are at the bar and you hear there is a road checkpoint seems like the people get effects drivers a lot more I think that would be a big one, random checks."

"There is nobody in this room that is going to quit drinking and driving unless they want to. So, no amount of treatment or incarceration is going to get it through their head unless they want to quit drinking and driving."

DISCUSSION AND CONCLUSIONS

On pages 83-84 of the book "Alcoholics Anonymous," the program's early members stated that "No matter how far down the scale we have gone we will see how our experience can benefit others." Montana's incarcerated felony drunk drivers voluntarily participated in this study with the expressed hope that their experience may benefit all citizens at this critical juncture in our state's history. This study was conceptualized shortly after the fatal accident that killed Attorney Judy Wang of Missoula. Our visit to WATCH West came the day after two young women in Missoula died and two others were injured as the apparent result of drunk driving. The atmosphere was subdued and every person we spoke to expressed some level of awareness that the driver could have been them; they would not wish this on anyone and were very willing to offer ideas on what they think works and what they think doesn't.

We perceive that the collective voices of this study's participants made several clear points:

- Repeat offenders start drinking and driving at an early age (16- 20) and by the time they commit a felony DUI, they have developed alcohol dependency.
- Education and prevention efforts aimed at youth may be helpful.

- On average, felony offenders conservatively estimate that they have driven 369 times per conviction.
- The current ACT program, when attended at all, fails to prevent repeat offending drunk driving.
- Incarceration is substantially less preventative than treatment.
- The opinion concerning which offense should be a felony split fairly evenly between third and fourth offense; treatment populations endorse third or less, seeing this as a necessary means to access residential treatment.
- Consequences should be applied reliably across cases.

Moreover, participants responses to question 13 and focus group interviews indicate that mandatory or compulsory residential treatment after the second or third offense is necessary to change the attitudes, outlooks and belief systems of offenders, to interrupt the addictive process, to achieve sobriety and hence, to interrupt a life process of habitual drinking and driving.

FURTHER STUDY

This copy of the report, dated January 29, 2010 should be considered preliminary. In particular, analysis of the focus group dialogue is ongoing and will likely yield additional valuable results. A more thorough documentation of methods and findings will follow in the spring of this year.

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