

A brief intervention that works for drivers who persist in driving while intoxicated

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Driving while impaired (DWI) contributes significantly to road-traffic crashes, and is involved in more than one-third of all fatalities. Many DWI recidivists - drinking drivers who re-offend - do not participate in mandated alcohol-evaluation and intervention programs or else continue to drink problematically after their licenses have been re-issued. A comparison of the effects of two interventions on DWI recidivists with alcohol problems found that one - Brief Motivational Interviewing (BMI) - was more effective.

Results will be published in the February 2010 issue of *Alcoholism: Clinical & Experimental Research*.

"Traffic crashes contribute more to morbidity in teenagers and young adults than any other cause, and DWI contributes to about a third of the overall toll," explained Thomas G. Brown, assistant professor in the department of psychiatry and principal investigator for the study. "In dollar terms on a yearly basis, total estimated loss due to DWI is estimated at five percent of the gross national product of Canada. This is a staggering figure, associated with a huge amount of personal suffering and loss, and is all the more tragic given that DWI is preventable."

Sandra C. Lapham, senior scientist and director of the Behavioral Health Research Center of the Southwest in Albuquerque, New Mexico, said the problem is equally huge in the United States. "Approximately 1.5 million people are arrested in the U.S. each year for this crime," she said. "About one in three to one in five convicted offenders will repeat

the offense, and repeat offenders are more likely than other drivers to cause alcohol-related crashes."

"While probably the majority of drivers who are arrested and ultimately convicted for DWI will take appropriate measures to not drive again after recent use of [alcohol](#) and drugs, so-called DWI recidivists contribute to a disproportionate amount of the carnage occurring on our roads," said Brown. "As well, many recidivists do not participate in the DWI evaluation and remedial programs that are an obligatory part of regaining their licenses in most jurisdictions. Unfortunately, there is relatively little research about these individuals' characteristics and the measures that could be taken to reduce their risk, as most research is conducted with drivers who are participating in [intervention](#) programs."

Brown and his colleagues divided 184 male and female recidivists with [drinking](#) problems and not currently engaged in DWI intervention into two groups: 92 (86 men, 6 women) received a 30-minute BMI session, a brief but powerful psychosocial intervention where the client was encouraged to review personal reasons for change; 92 (79 men, 13 women) received a 30-minute "control" intervention, where the client received information about the hazards of excessive drinking related to health and DWI. Outcomes measured at six- and 12-month follow-ups included percent of risky drinking days in the preceding 6 months, biomarkers of alcohol abuse, and alcohol abuse-related behaviors.

"The drivers we studied may be among the most dangerous drivers, what some authorities call 'hardcore drunk drivers,'" said Brown. "We figured that an intervention tailored to their specifications would have to be very brief, something that could be applied opportunistically, say at the time of a court appearance. Our results indicated that BMI, compared to the control procedure, was superior in reducing by around 30 percent the number of risky drinking days for up to a year after receiving the intervention. A risky drinking day is when an individual drank enough on

a given day that he or she would probably be impaired if they were to drive shortly after."

As for why the BMI intervention was more effective than the control intervention, Lapham responded: "We all have inner conflicts, but these conflicts between how we act and how we would like to be are sometimes not obvious to us," she said. "BMI techniques expose these conflicts and allow the person to be more aware of how their harmful alcohol use is at odds with their self image; in other words, how their behavior sabotages their own personal goals for the future. Some interventions try to lead the person into setting goals developed by the therapist, whereas BMI allows the person to fashion his or her own agenda: uncover their own reasons, and motivations, for changing, and set their own goals."

"What is new here," noted Brown, "is that this may be the first published report of a beneficial effect of a very brief version of MI with individuals who are not in a clinical setting, not particularly motivated to reconsider their drinking (as an individual in an emergency room following an injury might be), and who are generally considered to be hardcore drunk drivers. Nonetheless, the results underscore how, in the right hands, even very brief psychosocial interventions can have important and enduring effects in individuals who are often seen as impervious to change."

He added that encouraging the DWI offenders to participate was rather easy: offering a monetary incentive of about \$70, which not only illustrated the power of "immediate positive rewards" but also seemed like a reasonable investment in the name of public safety.

"We need to remember that these repeat offenders reported ... drinking 23 to 24 drinks per week, indicating a need to cut down on drinking for both health and public safety reasons," said Lapham. "The take-home

message here is that brief interventions - which can be administered in a health-care provider's office during a routine visit, and in a variety of other settings - can be very effective tools for helping people change their harmful drinking patterns, changes that can persist for long periods. That said, the most important comparison has not been done yet. The authors are following up to determine what changes, if any, occur in the drinking and driving arrest statistics over time, and whether re-arrest rates will differ between the two groups."

Source: Alcoholism: Clinical & Experimental Research

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