

Substance abuse: driving under the influence argumentative essay

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According to the National Highway Traffic Safety Administration (NHTSA), 16,694 people died in 2004 in alcohol and drug related traffic collisions, representing 40% of all traffic related deaths in the United States. (" 2004 Traffic Safety... " 2005) In addition about half of the one million people injured in road accidents were also due to driving under the influence (DUI). These are startling statistics, which underscore the enormity of the problem posed by the vast number of people who drive while intoxicated.

Another point of concern regarding drunk driving or DUI is that repeat or hardcore offenders are the cause of a large proportion of traffic accidents with one out of eight intoxicated drivers in fatal crashes having had a prior DUI/DWI conviction within the past three years. (Pena, 2005) As a result, a number of programs have sprung up around the country seeking to rehabilitate the repeat DUI offenders through education, counseling, and treatment. The laws against DUI and rehab programs have resulted in a gradual but steady decline in fatalities from drunk driving since the 1980s.

In this essay, I shall focus on such programs that seek to address the problem of DUI, particularly programs for the chronic and repeat offenders. The laws and penalties against driving while intoxicated have been made stricter in the US since the 1970s. The drinking age has also been uniformly raised to 21 years, while it was 18 in several states prior to the 1980s. 1 Currently, driving while intoxicated (DWI) or driving under the influence (DUI) is a criminal offense in most jurisdictions within the United States.

The punishment for DUI includes jail terms, monetary fines, mandatory DUI programs, and confiscation of driver's license for repeated offenders. Some

states even treat DUI as a felony under certain circumstances such as the presence of a very high blood alcohol content (BAC), the severity of the accident caused by the drunk driver, or in cases where the driver is a repeat offender. (" Drunk Driving-United States" 2005) In case of alcohol consumption, most states laws have designated the legal limit of blood alcohol content (BAC) for drunk driving at 0. 08 (i. e. , 80 mg of alcohol in 100 ml of blood).

In cases of driving under the influence of prescription medication or illicit drugs there is no " per se" or legal limit. Instead, in cases of driving under the influence of drugs other than alcohol, the key factor is whether the driver's faculties were impaired by the substance that was consumed. Due to this reason, the detection and successful prosecution of drivers impaired by prescription medication or illegal drugs is difficult. Besides performing a chemical test (blood, urine, or breath analysis) in order to determine the BAC of the offender, a law enforcing officer may also administer a Field Sobriety Test (FST) on a suspect driver.

There are certain standardized FSTs such as the " Walk and Turn" test, the " One-leg Stand" and " Horizontal Gaze Test," which can reliably determine the level of impairment of an intoxicated driver. (Ibid.) The Transportation Equity Act (TEA-21) enacted in 1998 encourages States to enact Repeat Intoxicated Driver laws providing for minimum penalty for repeat offenders such as:

a) Suspension of driver's license for not less than one year b) Impoundment, immobilization, or installation of ignition interlock system on vehicles) An assessment of the individual's degree of abuse of alcohol and treatment as appropriate d) Not less than 30 days community service or 5 days of imprisonment for 2nd offense and not less than 60 days community service or 10 days of imprisonment for 3rd and subsequent offense. (" Minimum Penalties for Repeat offenders" n. d.) As mentioned in the introduction, there are a number of DUI programs in the United States that seek to control the menace of drunk driving through education, counseling and treatment of the offenders.

Some of these programs are described below: California's Driving Under the Influence (DUI) Program: California was among the first states in the US (along with New York) to introduce laws pertaining to drunk driving. It has also introduced an effective DUI Program, which is governed by legislation enacted in 1978. The State has a system in place that determines the need for DUI program services, licenses DUI programs, establishes regulations, approves participant fees and fee schedules, and provides DUI information.

A person convicted of a first DUI offense are required to complete a state-licensed three-month, 30-hour alcohol and drug education and counseling program. Drivers detected with a blood alcohol content of 0. 20 or higher must complete a state-licensed sixmonth, 45-hour alcohol and drug education and counseling program. These programs are designed to enable participants to consider attitudes and behavior, support positive lifestyle

changes, and reduce or eliminate the use of alcohol and/or drugs. (" An Overview of California's... 2004)

Repeat DUI offenders (second and subsequent DUI convictions) must complete an 18-month multiple offender program. Such programs provide 52 hours of group counseling; 12 hours of alcohol and drug education; 6 hours of community reentry monitoring; and biweekly individual interviews during the first 12 months of the program. A county in California may elect to provide 30-month DUI programs for third and subsequent DUI offenders, which provide longer periods of counselling, education, and community service, i. e. 78 hours of group counseling; 12 hours of alcohol and drug education; 120-300 hours of community service; and close and regular individual interviews. Presently, such services are available in Los Angeles and San Francisco Counties. (" An Overview of California's... " 2004)

The California Association of Drinking Driver Treatment Programs (" CADDTP") has been formed to help promote understanding of, and improve the role of the DUI programs in California. Most people agree that California's DUI program network is " the most inclusive, structured, and complex" and its entire programs are self-supporting through fees paid by participants.

They have caused DUI arrests and alcohol-related fatalities to decline steadily in the last two decades when it was introduced. (" California Association of Drinking Driver Treatment Programs" n. d.) Drug Courts for DUI: An American Council on Alcoholism (ACA) Program: In collaboration with the National Association for Drug Court Professionals (NADCP) and the

National Commission Against Drunk Driving (NCADD), the American Council on Alcoholism Program (ACAP) seeks to promote and establish courts that focus on alcoholism treatment for drunk driving offenders.

This is because ACA believes that the root cause of the drunk driving problem is alcohol abuse and alcoholism and unless we address the root problem of alcoholism, we will not be able to solve the problem of drunk driving. The ACA also believes that traditional means of prevention have had little or no effect on "hard core" drunk drivers or repeat offenders; therefore it is working for the application of the highly successful drug courts model to cure hardcore drunk drivers of their alcoholism. Drug Court Programs have been found to be highly successful in rehabilitating repeat and hardcore DUI offenders.

Recidivism rate in such programs is remarkably low (about 11% v 60% for most other programs). A unique feature of Drug Court is the direct involvement of the judge in the treatment process who remains in direct contact with the defendant and engages in frequent discussion of the progress. The frequent contact between the judge and the defendant creates a paternal-like relationship between them and the judge is able to give positive reinforcement, issue instant reprimands or order incarceration for up to 30 days as the situation demands.

An example of a successful DUI Drug Court Program is the Butte County ReVia Project started in 1996 for repeat drinking drivers. The key to this model of treatment is the use of ReVia (generic name: naltrexone) for

weaning the repeat DUI offenders from their alcohol dependence. (" Butt County Revia Project," 2003) The Century Council³ created The National Hardcore Drunk Driver Project in 1997 in order to coordinate efforts directed towards deterrence of hardcore drunk drivers who habitually drive while highly intoxicated.

The Council's main aim is to call attention to the serious nature of the crime of drunk driving and to provide the needed framework in order to close loopholes in existing laws and programs, enact needed legislation, and ensure that the responsible agencies and organizations work together effectively to address the problem. The Council stresses that successful DUI programs for repeat and hardcore offenders should be based on swift identification, certain punishment and effective treatment.

It conducts research on DUI and has published a comprehensive source book on the topic, which provides up-to-date data to assist legislators, highway safety officials, law enforcement officers, judges, prosecutors, community activists, corrections personnel, and treatment professionals in developing programs to reduce hardcore drunk driving. (" National Hardcore Drunk Driver Project" 2003) There are a number of other organizations in the US as well as many other countries that are engaged in conducting programs for the treatment of chronic and repeat DUI offenders.

These include the Alcoholics Anonymous (AA)-a support group of alcoholics that seeks to cure alcohol addicts from their addiction through a twelve-step process; the Al-Anon/ Al-AteenFamilyGroups--a fellowship of relatives and

friends of alcoholics who share their experience, strength, and hope, in order to solve their common problems. 4 The Al-Anon programs are based on the belief that alcoholism is a family illness, and that changed attitudes can aid recovery. Convicted DUI offenders can be sent to jail and fined, particularly in case of repeat offenders.

Other alternatives to jail sentence, apart from the DUI Programs for rehabilitation that were discussed in the preceding paragraphs are:

Electronic Monitoring (wearing of an ankle bracelet that monitors the whereabouts of the wearer); Work Release-the convicted person works at a place determined by the Probation Department and goes home to sleep; Work Furlough-an arrangement in which the participant keeps his job but returns to a dormitory style facility at night; and City Jail-operated by the local police where the participants spend the night but are released during the day. (" Jail Alternatives" 2005)

Most DUI laws are aimed at deterring driving under the influence of alcohol and drugs. One way of deterring DUI offenses is by making policies and laws that change the drivers' attitude towards DUI and by altering their perceptions of the likely consequences as a result of DUI behavior.

(Greenburg et al, 2004). Such anti-DUI laws could be enacted and public information campaigns launched that enhance a driver's perception of " the certainty, swiftness and severity of prosecution" for drunk-driving offenses, or by increasing awareness of the physical dangers associated with driving while intoxicated (Ibid. Some experts believe that the " moral component" of

the laws is much more important than the "fear factor" of apprehension and punishment in the long-term control of drunk driving.

This is mainly because the likelihood of detection for DUI offenders is very low or uncertain. According to a study quoted by Robin, "On any given outing, an intoxicated driver has less than a 1-in-1000 chance of being apprehended by the police. (Robin 1991) Tough laws against drunken driving have a moral aspect that gradually develop a culture in a society that is intolerant of DUI regardless of the perceived legal risks to the driver involved.

Hence, DUI laws are more likely to achieve their objective of controlling drunk driving if we emphasize the morality of the law rather than expect the hardcore violators to be deterred by the fear of getting caught. Despite a steady decline in the number of accidents and fatalities due to driving under the influence (DUI) in the US since the 1980s, the numbers are still unacceptably high.

It is even more alarming that a large proportion of these accidents are caused by repeat offenders or hard core drinkers. As discussed in this paper, measures taken to control DUI range from stricter punishment to rehabilitation programs aimed at changing the behavior of chronic DUI offenders. Some of these programs have contributed significantly in reducing DUI offenses. However, a sustained, coordinated, and long-term effort is required for further reduction in DUI cases.