

**OPERATING UNDER THE INFLUENCE: PROGRAMS AND TREATMENT FOR CONVICTED OFFENDERS**

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**Abstract**

Legislation passed in September 1982 increased the penalties for operating under the influence of alcohol (OUI) and was followed by a dramatic change in the processing of drunk driving offenses. This report examines what is currently available and proposed in terms of programs and facilities for individuals convicted of OUI and presents suggestions concerning the further development of programs. The information was collected in a series of semi-structured interviews with representatives from agencies and institutions providing programs and/or custody for the OUI population.

A first offender is usually placed on probation for two years with a special condition that the person attend a Driver Alcohol Education Program. A second offender has the option of a minimum seven day jail sentence or attending a fourteen day residential treatment program followed by probation supervision for two years. A third or subsequent offender receives a mandatory minimum sixty day jail sentence.

County correctional officials reported that the OUI offender is generally a chronic alcohol abuser with a non-criminal history. They stressed the importance of developing treatment programs aimed at re-entry into the community. Most counties offered limited programming for the OUI offender. Many programs focused on AA. Several counties did report special programs that were available. Program development was constrained by length of sentences, lack of resources, and overcrowding. County officials supported the development of regional facilities for the custody and treatment of the OUI offender.

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## Introduction

In 1982 the Massachusetts General Court passed legislation (M.G.L. Chapter 373) which increased the certainty of punishment and stiffened the penalties for the offense of "operating a motor vehicle while under the influence of intoxicating liquors" (OUI). The new law, effective September 1, 1982, increased the fines imposed for drunk driving, established mandatory license suspension, and included provisions for minimum terms of imprisonment, especially for repeat offenders.

The penalties for driving while intoxicated correspond roughly to the number of prior convictions for that offense. Along with a minimum fine of \$100 and loss of license for a year, first offenders are subject to a period of probation supervision or a maximum of two years imprisonment. Second offenders are assessed a fine of \$300, lose their license for two years, and can be incarcerated for a minimum of seven days if they do not choose to participate in a 14-day residential alcohol treatment program. Multiple offenders or individuals assigned to an alcohol program two or more times in the preceding six years are fined a minimum of \$500, lose their license for five years, and must serve a term of imprisonment of at least 60 days but not more than two years. In addition to the more stringent penalties for drunk driving, the new law incorporates provisions for alcohol education and treatment. Attention to alcohol programming is reflected particularly in the sentencing guidelines for first and second offenders.

Two independent reports have indicated that the new law has resulted in substantial changes in the processing of OUI cases. The Office of Probation reported that guilty findings for OUI offenses increased 245 percent from 1981 to

the spring of 1983 (Brown, Argeriou and McCarty, 1984). The Department of Correction found that commitments to county facilities for operating under the influence increased by 173 percent during the first sixteen months after the enactment of the new law (Williams, 1984). These two studies suggest that the OUI population has had a tremendous impact on the criminal justice system within a short period of time.

Given the changes brought about by the passage of Chapter 373, a question arises as to whether existing facilities and programs can adequately accommodate the influx of this new offender population. This report examines the programs and treatment which now exist and are proposed for the sentenced OUI population. Particular emphasis is placed on the range of services and programs available to the multiple OUI offender and the kinds of problems encountered in meeting the needs of the repeat offender population.

Chapter 373 of the Acts of 1982 targets first offenders, second offenders and multiple offenders for different types of penalties and treatment in order to deter further drinking and driving. Court dispositions for the calendar year 1984 indicate that while the majority of offenders (63 percent) processed under Chapter 373 were required to attend Driver Alcohol Education classes, a significant number were placed in a residential alcohol treatment program and/or incarcerated (see Table 1). This report focuses primarily on the programs established and envisioned for the latter groups, the repeat offenders.<sup>1</sup>

<sup>1</sup>The survey of programs and facilities was conducted in August 1984 under the supervision of Linda Holt and Larry Williams, DOC Research Unit. Patricia Tobin revised and edited the final draft of this report.

**Table 1**  
**Court Dispositions of OUI Cases Heard**  
**between January and December, 1984**

<u>DISPOSITIONS</u>	<u>CASES</u>	<u>PERCENT</u>
Not Guilty	1,741	( 5)
Driver's Alcohol Education (24-D)	21,594	( 63)
Residential Alcohol Treatment	4,221	( 12)
Residential Treatment/Jail*	534	( 2)
Incarceration	1,208	( 4)
Other (Probation/Fines)	4,902	( 14)
<b>Total</b>	<b>34,200</b>	<b>(100)</b>

**Note:** The categories of dispositions are mutually exclusive. Continuances are not included in this table.

\* A split sentence involving a jail term and a 14-day hospital treatment.

**Source:** Memorandum from Linda Druker, Manager of Research, Office of Probation, February 27, 1985.

### Methodology

The findings in this report were based on a series of semi-structured interviews with administrators and staff of agencies and programs charged with responsibility for sentenced OUI offenders. Appendix I contains a list of the names and affiliations of contributors to this research.

The disposition and management of OUI offenders was examined in four major areas of programming currently available or proposed for individuals convicted of driving under the influence. The four program areas include: existing correctional facilities which accept OUI offenders; proposed specialized regional correctional facilities; residential treatment; and alcohol education programs. With the exception of the alcohol education classes, these areas of programming are sentence conditions imposed on repeat OUI offenders. The sampled programs resulted in a total of nineteen interviews from the following agencies and administrators:

- 1) A representative from each of the 13 county correctional facilities as well as a spokesperson from the Massachusetts Correctional Institution (MCI) at Framingham.
- 2) Administrators from the Department of Correction involved in the proposed special regional facilities for OUI offenders.
- 3) Representatives of the Residential Treatment Program at Rutland Heights operated by the Department of Public Health.
- 4) Administrators of the Division of Alcoholism which sponsors the Driver Alcohol Education Program.

A separate interview schedule was prepared for each of the program areas in order to address issues relevant to the particular facility. Appendix II presents a composite version of the four interview schedules. Each interview was conducted in person by a research intern and lasted approximately an hour.

### Findings

Figure 1 presents a summary of the sentence conditions established by Chapter 373 for the offense of operating under the influence.

**Figure 1**  
**The Conditions of Sentence by**  
**OUI Offense History**

<b>Sentence Conditions</b>	<b>First</b>	<b>Second</b>	<b>Third or Subsequent</b>
Minimum Fine	\$100	\$300	\$500
Revocation of License	1 Year	2 Years	5 Years
Reduced License Revocation	30 Days if attending DAEP*	1 Year if special hearing	2 Years if special hearing
Minimum term of Incarceration	none	7 Days or 14 Days in Residential Treatment	60 Days

\*DAEP: Driver Alcohol Education Program

What follows is a review of the four areas of programming for drunk drivers -- alcohol education and counseling, residential treatment, incarceration, and regional confinement centers -- and a description of the experiences of county correctional authorities dealing with OUI offenders. It should be noted that some changes may have occurred in specific details of the programs since this study was completed.

### First-Offender Program: Alcohol Education

Individuals convicted of operating under the influence for the first time can be incarcerated up to 2 years, but it is not usual for a judge to sentence them to jail. Generally the offender receives a term of supervised probation and must participate in the Driver Alcohol Education Program (DAEP). These educational programs are run by the Division of Alcoholism in the Department of Public Health. There are 29 such programs throughout the state. Participants are charged a fee of \$280 to cover the basic costs of diagnosis and instruction.

According to the Department of Public Health the Driver Alcohol Education Program served approximately 25,258 clients between July 1, 1983 and June 30, 1984. DAEP consists of four principal components: (1) two or three initial diagnostic interviews; (2) eight weeks of alcohol instruction and counseling; (3) final evaluation and disposition; and (4) follow-up case management.

DAEP participants receive instructions on alcohol use and abuse, are made aware of the dangers of drinking and driving, and are encouraged to assess and change their drinking behavior. The DAEP also screens clients, assesses their alcohol problems, and recommends treatment. The evaluations are shared with clients. Sixty percent of the clients in the Driver Alcohol Education Program are referred to additional treatment programs. There are eighty treatment programs throughout the state which provide a variety of counseling services to alcohol abusers. The court is informed of the assessment, and a progress report is sent to the court shortly after completion of the program. After a client completes the diagnostic/educational component, aftercare management is provided to all clients for the duration of the probation period. The goals of aftercare management are to link the client to treatment services, to motivate the client to remain in care, and to monitor the client's progress for probation purposes.

### Second-Offender Program: Residential Alcohol Treatment

Under Chapter 373, judges may place second offenders on probation instead of the minimum 7-day jail sentence provided that a condition of probation be confinement for no less than fourteen consecutive days in a residential treatment program. There is one such program currently operating at Rutland Heights Hospital. Another 60-bed unit recently opened at Lakeville Hospital in January 1985, and two more facilities are due to open in March 1985 at Middlesex County Hospital and Tewksbury Hospital, each with 60 beds. These programs are aimed at addressing the alcohol-related problems of second-time offenders. The Rutland Program opened on October 1982 with a capacity of 88 beds and expanded to 131 beds in February 1984. Participants pay a fee of \$480 to cover the expense of treatment at Rutland.

Initially, few offenders were attending the Rutland heights program. Courts were giving the second offenders the option of seven days in jail or fourteen days at Rutland. Offenders were opting for jail since the sentence was shorter and there was no fee of \$480. During the summer of 1983 an intensive orientation regarding the residential treatment program was given to judges, prosecutors, probation officials, and parole officials. After this orientation, many courts started giving longer jail sentences making the Rutland Heights program more attractive. The consequence was a six-month waiting list of about 1,700 for the residential treatment program.

Approximately 2,416 clients were admitted to the program at Rutland Heights between July 1, 1983 and June 30, 1984. The Rutland program is similar to a minimum security institution. At every meeting there is a head count and clients may leave the building only with a pass or a staff member. When clients are admitted to the program, they are given a schedule to be followed for the two-week period. The schedule consists of recreation and a series of alcohol

rehabilitation lectures on such topics as OUI laws, alcohol related diseases, Alcoholics Anonymous, and stress management. The clients each have a counselor who assesses their alcohol problem and develops an aftercare program. At the end of the fourteen days, the counselor sends a letter to the court which evaluates the client's progress in the program. Upon completion of the program at Rutland Heights the client attends an aftercare treatment program. The length of stay in aftercare treatment depends upon the degree and nature of the client's alcohol problem.

#### Multiple Offender Program: The County Correctional System

Under the new legislation, a third or subsequent offender must spend a minimum of sixty days in jail. While it is possible for individuals convicted of OUI for the first time to serve a jail sentence, it is more likely that the OUI offender sentenced to a term of imprisonment is a repeat offender who may already have been through a Driver Alcohol Education Program. Because the sentences for OUI offenses carry a maximum length of two years, the sentences are most often served in county houses of correction.

This section will examine the perceptions of county authorities regarding the unique characteristics of the OUI population currently entering the county correctional system and the range of programs available to OUI offenders while serving time in county houses of correction. Following this, the report will highlight management issues and recommendations made by county personnel for program development to meet the special needs of the OUI population.

The OUI Offender in County Facilities. In 1983 OUI offenders represented about 25 percent of all admissions to county houses of correction (Williams, 1984).

This proportion varied dramatically among the various counties. In Suffolk County only 7 percent of the commitments were for OUI; while in Middlesex, Essex and Hampshire counties commitments for OUI accounted for 30, 33 and 35 percent, respectively, of all commitments (see Table 2). Thus, as the statistics suggest the impact of the OUI offender on the county facility varied considerably.

**Table 2**  
**Commitments to County Correctional Facilities**  
**in 1983 by Offense Type**

County	Operating Under The Influence		Other Offenses	
	Number	Percent	Number	Percent
Middlesex	650	(35)	1213	(65)
Essex	361	(33)	719	(67)
Hampshire	73	(30)	169	(70)
Worcester	406	(26)	1165	(74)
Norfolk	170	(26)	480	(74)
Plymouth	139	(26)	404	(74)
Barnstable	81	(25)	240	(75)
Bristol	132	(20)	512	(80)
Berkshire	66	(18)	299	(82)
Hampden	188	(17)	911	(83)
Franklin	25	(15)	145	(85)
Dukes	12	(13)	81	(87)
Suffolk	69	(7)	907	(93)
<b>Total</b>	<b>2372</b>	<b>(25)</b>	<b>7245</b>	<b>(75)</b>

Source: Williams, County Commitments for Driving Under the Influence of Alcohol, 1984.

The county houses of correction handle almost exclusively a male population. Only Franklin County and Berkshire County currently have any facilities for female offenders. Most female offenders serve their sentences at the women's state prison, at MCI-Framingham. In 1983 ten percent (N=68) of the commitments at MCI-Framingham were for OUI, an increase from two percent in 1980. Like other offense categories, only a very small proportion of the OUI population is female.

County officials generally agreed that the new drunk driving legislation has had the most noticeable impact on the house of correction inmate population rather than the county jail awaiting trial population. Driving under the influence was an offense for which individuals were often released on a pre-trial basis (Brown, Argeriou and McCarty, 1984).

Many of the county correctional officials interviewed mentioned differences they observed between the incarcerated OUI offender and the typical county inmate. However, these perceptions were not unanimous among the county authorities; some respondents saw more similarities than differences between the two types of inmates. The distinguishing factors stressed were: (1) differences in background and social characteristics of the two types of inmates; (2) the non-criminal nature of the OUI offender; and (3) the seriousness of alcohol abuse among OUI offenders.

There was general agreement among the county correctional authorities that the drunk driving offenders who went through their facilities were repeat OUI offenders with serious alcohol abuse problems. Few could be characterized as "social drinkers" exhibiting behaviors easily deterred by the threat of imprisonment. Alcohol problems, reportedly, were so serious for some that their sobriety lasted only as long as the period of incarceration. Chronic alcohol abuse problems made detoxification a critical issue in managing the OUI offender population. County correctional personnel reported using the medical units of their facilities for the purposes of detoxification and monitoring of health problems associated with alcohol abuse.

County correctional officials identified a number of factors which they felt distinguished OUI offenders from other county inmates. They indicated that OUI

offenders tended to be better educated, have more steady employment records, be more settled, and be older than typical county commitments. There is some empirical evidence to support these observations. A 1983 study by the Department of Correction (Williams, 1984) found that, in contrast to the general county population, the OUI population was older, more educated, and more likely to be married. Generally, it was concluded that the OUI population presented less of a security problem than the rest of the county correctional population.

The county interviews also revealed that there was a lack of consensus on whether or not the OUI population could be considered "non-criminal" or different from the typical property offender or "career" criminal found in the county correctional system. Those who argued that OUI offenders were atypical maintained that: (1) their criminal history was usually limited to traffic or alcohol-related offenses; (2) most were experiencing their first incarceration; and (3) the offense itself stemmed from an alcohol problem better handled through treatment than incarceration. County officials also felt that because of age differences and limited prison experience, most OUI offenders would undergo unusual difficulties adjusting to the youthful inmate culture found in many county facilities.

In spite of certain classification criteria related to age, education and prior incarceration which dictate confinement in minimum security, some county authorities expressed the opinion that OUI offenders were much like other county commitments. It is not unusual for county offenders to be charged with multiple offenses including driving under the influence, but committed for just one of the crimes. Because of plea bargaining the committing offense may not always be the most serious offense. For example an individual may be charged with operating

under the influence and operating after revocation of a license but be committed on the revocation charge. Similarly, an individual charged with motor vehicle theft and operating under the influence could, on the basis of plea bargaining, be sentenced only for the OUI offense. To the extent that these sentencing outcomes are widespread, the OUI population in the county correctional system may not be as distinct as some believe.

**Existing Programs in County Facilities.** Representatives from each of the 13 county correctional systems and MCI-Framingham provided information on programs available in the facilities for the OUI offender. Most counties offer alcohol-related programs to the general offender population that are also available to OUI offenders. Some county correctional facilities have developed specialized treatment programs and segregated housing targeted specifically for the OUI population. Figure 2 summarizes the types of programming reportedly available to OUI offenders in each of the county's correctional facilities.

The most common program available to the OUI offender was Alcoholics Anonymous (AA). This program usually met two or three times a week in the institution and was open to all inmates in a facility. AA was generally run by persons from the community and depended upon voluntary attendance by inmates. Alcoholics Anonymous was available to county inmates in all counties except Suffolk. It should be noted that Suffolk county officials reported no alcohol programming, whatever, either for the OUI population or the general inmate population. Moreover, three counties -- Franklin, Hampshire and Norfolk -- offered no special alcohol programs other than AA. Together these four counties received approximately 14 percent of the OUI commitments in 1983, although the

proportions in the county correctional populations which were OUI offenders ranged from a low of seven percent in Suffolk to a high of 30 percent in Hampshire (refer to Table 2).

Some counties are able to provide special alcohol abuse counseling to OUI offenders. In Plymouth County, a volunteer social worker who is a former alcoholic is available one evening and one day for special alcohol counseling. In Worcester County all OUI offenders are assigned to an alcohol case worker who

**Figure 2**  
Existing Programs Available to OUI Offenders

Correctional System	AA	Alcohol Counseling	Other Alcohol Programs	Re-Entry Program	Minimum Security	Community-Based Programs
Barnstable	X	X				
Berkshire	X	X	X	X		X
Bristol	X	X	X	X		
Dukes	X			X		
Essex	X	X	X	X	X	
Franklin	X					
Hampden	X	X	X	X	X	X
Hampshire	X					
Middlesex	X				X	
Norfolk	X					
Plymouth	X	X		X		
Suffolk						
Worcester	X	X	X		X	
MCI-Framingham	X	X	X	X		



deals with them on a one-to-one basis setting up an individualized alcohol treatment program. Other counties provide special substance abuse educational services to OUI offenders. Bristol County correctional facilities, for example, offer a course on the disease of alcoholism which covers the physical and mental effects of alcoholism. The course, which is run by a teacher trained in alcohol abuse, meets once a week for three weeks.

MCI-Framingham has a number of alcohol and substance abuse programs available for OUI as well as other offenders. Al-Anon is a support group for individuals who have been affected by the alcoholism of a family member or another close associate and meets weekly within the institution. SPAN, Inc. is a substance abuse program for individuals with drug or alcohol problems. This is a program for individuals within 12 months of release and provides weekly counseling programs in group and individual sessions. Finally, Sobriety Program for the Rehabilitation of Inmates with New Goals (SPRING) provides daily group or individual counseling for inmates with drug or alcohol problems.

Most county officials stressed the importance of involving OUI offenders in a variety of "re-entry" programs during their incarceration. Re-entry programs attempt to link the offender to community services so that program participation can continue after release from prison. Re-entry programs generally try to connect offenders with a variety of education, employment, and alcohol abuse services in the community. Bristol County has a re-entry project available to all offenders within three months of release. This is a three session program in which employment, education, and social needs are discussed. While Plymouth County does not have a re-entry program per se, it does try to place OUI offenders on work assignments outside the confines of the institution to perform farm work or community service, such as painting or maintenance, under the supervision of

a correction officer. These programs are available to all offenders with a certain "classification" status - - short-term sentence, first incarceration, educated or skilled; presently, OUI offenders comprise approximately 50 percent of the Community Service and Farm crews.

Many of the county correctional systems try to establish relationships with programs operating in the community. In some cases participation can begin while the offender is in the institution and continue after the offender is released. In particular, Hampden and Berkshire Counties have developed active relationships with community-based alcohol programs that supplement programs run by the institutions and provide follow-through in the community. Some county officials indicated that ties with community-based services were difficult to establish because community programs and halfway houses were reluctant to accept referrals from correctional facilities.

Most correctional officials agreed that minimum security settings were appropriate for the majority of OUI offenders. However, many of the county facilities only have higher security areas and therefore are not able to move OUI offenders to lower security. Those counties that do have lower security housing areas use them extensively for the OUI population.

For example, Worcester County has a minimum security section where 85 to 90 percent of the OUI offenders are placed. Hampden County has a minimum security section in which OUI offenders, with a sentence of more than 7 days will be placed if they participate in an alcohol abuse program offered there. This program offers four meetings of AA and an alcohol education class weekly, and individual counseling as necessary. The inmates placed in this section are eligible to participate in community work release. Inmates who choose not to participate in the program remain in general population, and case workers recommend that they be denied parole, furlough, and work release.

In Essex County, OUI offenders with an expected stay of at least 14 days are placed in the Correctional Alternative Center in Lawrence. This is a minimum security facility that offers an extensive alcohol abuse program including Voluntary Alcohol Alert and Drug Abuse meetings every morning and three evenings a week. There is also a re-entry component to the program where offenders are referred to local services for post-release programming.

Most county officials do not believe that OUI offenders present a security problem. Most have provisions for returning the OUI offender to general population in a secure area if there are disciplinary problems. Middlesex County specifically mentioned this provision for managing OUI offenders with disciplinary problems. Plymouth County, on the other hand, excludes OUI offenders from the home furlough program because authorities there believe that these offenders are high escape risks and prone to repeat (drinking) offenses.

While most county officials agreed that lower security was the most appropriate placement for the OUI population, space constraints and policies regarding new arrivals and those with short sentences often result in the placement of OUI offenders in very secure environments. For example, in Suffolk County all offenders are placed in a new man section for the first 30 days where they are locked up for 23 hours a day. The result of this policy in Suffolk institutions is that most OUI offenders spend their entire incarceration in very secure environments.

**Issues in Management of the OUI Population.** Many of the county officials interviewed spoke about problems the correctional facilities encountered when dealing with the OUI population. Most of these management problems stemmed from the sentence conditions and special needs of the OUI offender.

Perhaps the most commonly mentioned problem was sentence length. Many of the OUI offenders have short sentences of seven days, and many have sentences that are only to be served on weekends. In 1983, 1,304 (55 percent) of the OUI offenders committed to county correctional facilities had sentences of less than one month, 965 (41 percent) had sentences of 7 days or less, and another three percent (73 offenders) were fined but might have served time in jail if unable to pay the fines (Williams, 1984). County officials find it difficult to develop effective programs for short stays. Weekend sentences pose the additional problem of occurring when treatment staff are off duty. Booking, classification, and orientation may take several days to several weeks to complete; consequently, it is not unusual for OUI offenders to have served their sentence before a treatment plan can be developed or they become eligible for general programming. "Re-entry" programming becomes critical for this short-term population.

On a weekend sentence offenders serve their period of imprisonment over the course of several weekends. Originally this type of sentencing was intended to benefit both offenders and correctional personnel. Weekend sentencing was supposed to help correctional staff deal with crowded institutions and, at the same time, allow offenders to maintain their employment. However, correctional officials found weekend sentences caused a number of management problems. It increased the paperwork associated with admissions and releases at a time when correctional staff was already reduced. Contraband became a problem because other inmates would ask weekenders to smuggle prohibited goods into the institution for them. While weekenders might not actually deliver the goods, access to contraband created problems of supervision and control. Finally, the need for detoxification increased because weekenders with serious alcohol

problems would relapse into their former habits when on leave. Frequent detoxification taxed the resources of correctional facilities.

Several correctional authorities mentioned the lack of adequate resources as an obstacle to the development of improved correctional programming for the OUI population. Many institutions are old, overcrowded, under court order to depopulate, and lacking resources for programs for even the general offender population. One problem correctional facilities face, for example, is determining the extent to which OUI offenders are addicted to alcohol and the degree to which they require supervision. Generally, neither adequate funds nor staff are available to assess the offender's alcohol abuse problem. Under these conditions the correctional experience becomes purely punitive offering little in the way of rehabilitation for the OUI offender.

**Recommendations for Program Development.** There was little consensus about the most effective type of treatment for the OUI offender. Some felt that small group or individual professional counseling was the best type of programming, while others felt that self-help groups like AA were the most useful in dealing with these offenders.

Some counties mentioned the need for more medically oriented services including increased availability of detoxification centers and the possibility of using hospitals rather than houses of correction for the purposes of treatment of the OUI offender. Others mentioned the need for increased awareness regarding the issues of problem drinking. This could be done by more community education programs so that individuals could recognize alcohol problems in themselves or others before it resulted in an OUI commitment.

Most of the county correctional authorities supported the establishment of special regional facilities to house and provide supervision for repeat OUI offenders. However, some administrators from remote counties (Berkshire and Dukes, for example) expressed concern about the ability of regional centers to accomplish community reintegration of OUI offenders where distance and separation from family could impede effective transition to the community.

Those that argue in favor of regional correctional facilities for drunk drivers suggested that the OUI problem was really a state problem rather than a county problem. It is not unusual for drunk drivers to be arrested in counties that are contiguous to their residence. This is the case in Norfolk county where it is common for Suffolk County residents to be arrested for driving under the influence. Since Suffolk County does not receive an equal share of OUI offenders, the custody of OUI offenders creates an undue burden on Norfolk's correctional resources. Regional facilities would enable county correctional systems to ease overcrowding by accepting one segment of their population and freeing up needed space for the remainder of the county offender population.

#### **Specialized Regional Facilities for OUI Offenders**

As a response to overcrowding and treatment issues related to the OUI offender population, the Governor's Anti Crime Council plans to establish three regional centers to house OUI offenders. The centers, located in western Massachusetts, southeastern Massachusetts and metropolitan Boston, would contain about 125 beds each and be administered by the Massachusetts Department of Correction. At present, one of the facilities is scheduled to open in the Metropolitan Boston area in the spring of 1985.

It is anticipated that OUI offenders admitted to the Regional Centers would be third or subsequent offenders. These inmates would be committed to a county house of correction as is currently the practice and then be transferred to a Regional Center. Transfers would be made by the facility staff in conjunction with the classification staff of the Department of Correction. The classification decision would be based on a number of eligibility and suitability issues including criminal history and security needs. Individuals with a history of prior incarcerations in state or federal facilities for a violent offense would not be eligible for placement. Moreover, individuals with weekend or holiday sentences would not be eligible for placement.

The regional centers will be minimum security facilities oriented to alcohol treatment and community reintegration. OUI offenders at these centers will be involved in varied treatment programs during the day and evening. Additionally, offenders must be within 18 months of parole eligibility and demonstrate willingness to address their alcohol problems in order to participate in community-based programming. Since security and public safety were major concerns in establishing the regional centers, offenders who present disciplinary problems will be returned to the county facility of origin.

Upon arrival at a center, the offender's alcohol abuse problem will be assessed followed by the development of an individualized treatment program. Treatment programs will be a combination of institutionally and community-based programming. The Department of Correction will contract with professional clinicians to provide alcohol assessment, education, counseling, and aftercare referral. Evening sessions will include AA meetings and the 12-Step program, individual and group counseling, recreation and leisure time activities, use of the

library, general education classes, and other rehabilitation services. An important part of the programming will be the involvement of the offender's family, when possible, in the counseling sessions. It is felt that it is critical to involve family members in order to make an effective transition from the regional center to the community.

Participation in re-entry services, which link an individual to community programs, and involvement in the interactional/didactic alcohol education programs will be stressed equally in the programming of OUI offenders serving relatively short sentences of 30 days or less. For OUI offenders with longer stays in a regional facility more emphasis will be placed on institutionally based treatment services.

It is anticipated that these regional centers will benefit both offenders and county correctional facilities. The benefits for the offender will be a more extensive and specialized treatment program in a lower security environment than many counties can provide. The benefits to the county correctional system will be some relief in the overcrowding of facilities and a transfer of costs for these offenders from the counties to the state.

### Summary

This report examines programs currently available and proposed for individuals convicted of driving under the influence of intoxicating beverages. Particular attention is paid to existing programs for multiple offenders. The information for this report was based on interviews with representatives of agencies and facilities providing programs for first, second and multiple OUI offenders.

A person arrested on a first offense for operating under the influence of alcohol would most likely be sentenced to a Driver Alcohol Education Program. This is a fourfold program consisting of initial diagnosis and evaluation, eight weeks of alcohol education, recommendations and final disposition, and aftercare management. Sixty percent of the clients are referred to additional treatment programs. The court is informed of the assessment and treatment recommendation.

A person arrested on a second OUI offense has the option of paying a fee of \$480 to attend a two-week residential treatment program at Rutland Heights Hospital with probation thereafter or a jail sentence with no probation thereafter. Until a campaign in the summer of 1983 convinced judges to give longer prison sentences to second offenders, most of those convicted were opting to serve the 7-day jail sentence. Presently there is a six-month waiting list for the Rutland program.

At Rutland Heights, residents are put through an intensive two-week alcohol treatment and education program. Upon completion, clients are connected to after

care programs which continue treatment based on client need and degree of alcohol abuse.

The county correctional system generally provides custody and treatment for multiple OUI offenders, many of whom have attended a Driver Alcohol Education Program as first offenders. Most counties offer some form of alcohol programming, commonly Alcoholics Anonymous. Several counties provide alcohol counselors, special alcohol education classes, and re-entry programs for OUI offenders. Most of the programs currently available to OUI offenders are those provided to the general county correctional population. The overall increase in incarceration rates of OUI offenders, however, has severely strained the operations of most county correctional facilities.

Many of the alcohol and community re-integration programs that do exist in the county correctional system are not fully utilized by OUI offenders for a number of reasons cited by the correctional personnel interviewed. The short stays and high turnover rate of the OUI population create management problems for county correctional authorities. Most OUI offenders are incarcerated for less than 30 days or receive weekend sentences. Such sentencing practices make it difficult to place OUI offenders in existing substance abuse programs and to develop and administer new specialized alcohol programs. Furthermore, detoxification has become a salient issue in dealing with OUI offenders; in some counties it has meant diverting limited resources to deal with chronic alcohol abuse among OUI offenders.

A number of county officials characterized the OUI offender as "non-criminal" and different from the typical county offender. Based on observations that OUI offenders were generally older, better educated, had more stable employment, and were serving their first incarceration of any kind, authorities felt they should be treated differently from the rest of the inmate

population. County officials recommended that the OUI population be removed from the general correctional population, placed in minimum security facilities, and offered special alcohol treatment programs. In most instances, county correctional facilities were constrained by resource and space limitations in meeting the special needs of the OUI population.

Except for representatives from small outlying counties, most county officials believed that establishing regional centers to house repeat OUI offenders would reduce current overcrowding in county correctional facilities and address the treatment needs of the OUI population. Presently, there is a proposal to establish three regional centers for multiple OUI offenders in western Massachusetts, southeastern Massachusetts, and Metropolitan Boston. These centers would take third or subsequent OUI offenders with minimal criminal histories. The centers would be state-funded and would offer alcohol treatment programs, individual/group counseling, and community reintegration programming. In addition, referrals to local alcohol rehabilitation programs would be made to provide aftercare treatment.

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Appendix IList of ContributorsCounty Houses of Correction

Barnstable County Jail and House of Correction  
Kathy Fougere, In Charge of Booking

Berkshire County Jail and House of Correction  
James SanSouci, Assistant Deputy

Bristol County Jail and House of Correction  
Edward Talbot, Social Worker

Dukes County Jail and House of Correction  
Michael McCormick, Deputy Superintendent

Essex County Jail and House of Correction (Lawrence)  
Paul DeJoi, Director of Human Services

Essex County Jail and House of Correction (Salem)  
Peter Russell, In Charge of Classification

Framingham, Massachusetts Correctional Institution  
George Ragusa, Division of Classification

Franklin County Jail and House of Correction  
Greg Wells, Director of Rehabilitation

Hampden County Jail and House of Correction  
Dan Hobart, Counselor  
Gary King, Assistant Deputy Superintendent

Hampshire County Jail and House of Correction  
Frank Godek, Supervisor of Records

Middlesex County Jail and House of Correction (Billerica)  
Ed Dymont, Supervisor of Records

Norfolk County Jail and House of Correction  
Peter Perroncello, Chief of Classification

Plymouth County Jail and House of Correction  
John Polio, Assistant Deputy Superintendent  
Stephen Walsh, Assistant to John Polio

Suffolk County House of Correction (Deer Island)  
Michael Trabucco, Deputy Superintendent

Worcester County Jail and House of Correction  
Paul Westberg, Assistant Deputy Superintendent

Residential Treatment Facility

Rutland Heights Hospital, Residential Alcohol Treatment Program  
Paul Deignan, Program Director of Driving Under the Influence  
Paul Ruane, Assistant Program Director

Driver Alcohol Education

Division of Alcoholism, Department of Public Health  
Edward Blacker, Director of Division of Alcoholism  
Ralph Edwards, Regional Manager

Special Regional Correctional Facilities

Massachusetts Department of Correction  
Dennis Humphrey, Associate Commissioner, Programs and Treatment

Longwood Treatment Center  
David MacDonald, Superintendent

**Appendix II**  
**Interview Schedule for Representatives**  
**of Agencies and Facilities Providing**  
**Treatment and/or Custody for**  
**OUI Offenders**

**Identification of Respondent**

1. With what program/correctional facility are you affiliated?
2. What is your position in the correctional system/program?
3. What are your responsibilities with respect to the resident population/program clients?

**Characteristics of OUI Offenders**

4. How many offenders convicted of operating under the influence (OUI) have you received in the facility/program over the last 12 months.
5. What proportion of your total population/clientele are OUI offenders?
6. How many have been convicted of prior OUI offenses?  
 What proportion of your population/clientele are first, second, and multiple offenders?
7. Are both men and women admitted to the facility/program?  
 If so, what is the ratio of male to female residents/clients?
8. Have you observed a change in the population/clientele since the passage of the new drunk driving law in September 1982?  
 If yes, what were some of the noticeable changes?
9. What is the average length of stay in the facility/program for OUI offenders?
10. What type of security, if any, is maintained for OUI offenders?  
 Are they allowed visitors or furloughs?
11. Describe the typical OUI offender in your facility/program.  
 Do they have any outstanding characteristics, problems or needs?
12. Would you say that OUI offenders are generally similar to or different from other inmates/clients in your facility/program?  
 If different, how do they differ?

13. Do the OUI offenders currently received into the facility/program differ from those admitted prior to passage of the new drunk driving law in September 1982?  
 If yes, how do they differ?

**Management of OUI Offenders**

14. What is the intake procedure used for OUI offenders?  
 Is it similar to or different from procedures used for other residents/clients?
15. Does the facility/program carry out any type of assessment or classification of new OUI admissions?  
 If so, what is the procedure and how is the information used?
16. Are first OUI offenders treated differently from multiple OUI offenders?
17. What programs are available for OUI offenders? Describe these programs.  
 Are these programs available to all offenders/clients or are they utilized exclusively by OUI offenders?
18. Are any new programs planned for the OUI offender?  
 If so, describe these.
19. Are exit evaluations conducted on OUI offenders?  
 If so, how is the information used?
20. Is there follow-up of OUI offenders after release from facility or termination from program?

**Management Problems**

21. Has the facility/program encountered problems associated with custody/treatment of OUI offenders?  
 If so, what are these?
22. Does your facility/program have sufficient capacity for inmates/clients?
23. Are there any special security problems associated with OUI offenders?
24. Are OUI offenders segregated from other inmates/clients or do they mix freely?
25. Recommendations for expansion, modification or development of programs for dealing with OUI offenders.



**Special Set of Questions to be Asked of Spokepersons  
for Proposed Regional Facilities**

1. What is the purpose of regional centers for OUI offenders?
2. How many centers would be established and where would they be located?
3. What is the target population for the regional centers?  
Would each center draw its population from a limited number of counties?
4. What is the proposed capacity for each of the centers?
5. What agency or authority would administer the programs at the regional centers?
6. From where would the funding come to support the regional centers?
7. Will there be any restrictions on the type of offender (in terms of criminal history) who can be admitted to the centers?  
Will men and women both be admitted to the centers?
8. What kind of facilities will these regional centers be? At what level of security will they be operated? What is the intended length of stay of OUI offenders?
9. Describe the types of programs that will be available to OUI offenders.  
In what way will the programs differ from what is available in a county house of correction?

**END**