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SAN DIEGO COUNTY

FIRST CONVICTION PROGRAM

POPULATION DESCRIPTION

Prepared by

BARBARA E. RYAN AND LANCE B. SEGARS

COUNTY OF SAN DIEGO-ALCOHOL PROGRAM

2870 FOURTH AVENUE, SAN DIEGO, CA 92103

Robert I. Reynolds

Alcohol Program Administrator

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EXECUTIVE SUMMARY

Individuals entering the San Diego County First Conviction
Program (FCP) under provisions of AB 541 exhibit a wide range of
both drinking and drinking driving behavior. All individuals in
the sample population are drinking regularly, and the vast majority
report that they have driven after drinking on numerous occasions
that did not result in an arrest and conviction. However, despite
the pattern of regular alcohol consumption, only 19.4% are character-
ized as "problem drinkers". This finding has major implications for
the content and structure of the FCP if it is to be appropriate for
the population being served. Appropriate services appear to be those
designed to:

1. Motivate participants to modify their drinking driving
   behavior.

2. Promote the consensus that drinking driving is unacceptable
   behavior.

3. Acquaint participants with the risks associated with
   alcohol/drug use.

4. Familiarize participants with local alcohol recovery re-
   sources.

In addition, this study also demonstrates that efforts to identify
problem drinkers in the FCP population for purposes of service different-
iation are not valuable activities given the unreliability of problem in-
dicators and the structure of the DUI law.

FIRST CONVICTION DRINKING DRIVER PROGRAM

POPULATION DESCRIPTION

INTRODUCTION

Under provisions of the new California Driving Under the In-
fluence (DUI) law which became effective January 1, 1982, individuals
convicted of a first misdemeanor DUI offense are, as a condition of
probation, referred to a County Alcohol Program Administrator and
Board of Supervisors approved First Conviction Program (FCP). Be-
cause the FCP is a new program, no description of the population
to be served was available at the time of program implementation.
Therefore the initial design of the San Diego County FCP was based on
a review of the literature from the ASAP programs and the UCLA DUI
demonstration project. The County Alcohol Program also initiated
this study to provide a detailed description of these court ordered
participants to assist in future program development and evaluation.

The findings of this study essentially validate the underlying
assumption of the San Diego County FCP that although participants are
both regular drinkers and drinking drivers, they are not, for the most
part, alcoholic. The vast majority of participants can therefore benefit
from an early intervention program of alcohol education and group dis-
cussion and are not in need of alcohol treatment services.

METHODOLOGY

This study was conducted by personal interview. A 95 item question-
naire was developed to collect data in the following areas: demographic
and lifestyle characteristics, alcohol consumption, personal and social
alcohol problem indicators, alcohol treatment involvement, DUI behavior
and prior legal involvement, and the DUI event resulting in the most
recent conviction. Some items were selected on the basis of previous

research. Items on the DUI event were developed specifically for this study. Assessment scales were developed by combining items as shown in the tables.

Due to time limitations purposive rather than random sampling was employed to assure that the sample was representative of the popu- lation as a whole: In May and June, 1982, trained, independent in- terviewers interviewed six to eight participants out of the approximately 30 participants attending registration sessions at each provider site. Interviews lasted approximately one half hour (mean time 22.6 minutes, range 15-40 minutes). After each registration session demographic data on the sample was compared to data reported on the County Mangement In- formation Indicator System (MIIS), to determine if a specific demographic subgroup would require oversampling at the next registration session. Ultimately 168 individuals were interviewed prior to commencing services at all five service providers, representing approximately 15% of the total population entering the FCP during the interview period.

Upon completion of the interviews, questionnaires were reviewed for completeness and then keypunched for electronic data processing. As this is a descriptive study, analysis consisted primarily of scale construction and cross-tabulation using a standard statistical package (SPSS).

DEMOGRAPHIC DATA

Table I compares selected demographic data for the sample population with the total FCP population for the period 7/1/82-11/30/82. For the most part, there are no significant differences between the two groups.

The FCP sample population is predominently male (83.3%) and young (51.2% under 30). The majority (80%) are fully employed with a median

monthly gross income of $1,002. The composite demographic profile of the first offender population is a single white male under the age of 30.

TABLE I

DEMOGRAPHIC CHARACTERISTICS OF FCP POPULATION AND STUDY SAMPLE

CHARACTERISTIC	SAMPLE[1]		POPULATION[2]	
	N	%	N	%
SEX				
Male	140	83.3	2392	80.8
Female	28	16.7	565	19.1
AGE				
15-19	6	3.6	117	3.9
20-29	80	47.6	1398	47.2
30-39	44	26.2	751	25.3
40-49	16	9.5	360	12.1
50-59	13	7.7	228	7.7
60+	9	5.4	101	3.4
ETHNICITY				
Caucasion Anglo	133	79.2	1995	67.4
Caucasion Latino	22	13.1	494	16.7
Black	10	6.0	134	4.5
Native American	2	1.2	234	7.9
Other	1	0.6	100	3.2
MARITAL STATUS				
Single	75	44.6	1260	42.6
Married	52	31.0	948	32.0
Div./Sep./Wid.	41	24.4	745	24.9
EMPLOYMENT STATUS				
Employed Full Time	132	80.0	1978	66.8
Employed Part Time	7	4.2	363	12.2
Unemployed	17	10.3	588	19.8[3]
Not in Labor Mark.	9	5.5	N/A	
MONTHLY HOUSEHOLD INCOME				
0	4	2.5	455	15.3[4]
$1-$300	8	4.8	127	4.2
$301-$500	20	12.4	226	7.6
$501-$700	14	8.7	341	11.5
$701-$900	19	11.8	322	10.8
$901-$1100	26	16.1	292	9.8
$1101-$1300	13	8.1	212	7.1
$1301+	57	35.4	982	33.2
Median Income	$1002		N/A	

[1] Sample N=168
[2] Participant management information indicator system (MIIS). Includes all registrants to FCP 7/1/82-11/30/82 N=2957.
[3] Unemployed includes those not in labor market
[4] Includes no response

DRINKING BEHAVIOR

Table II describes the drinking patterns of the FCP population in comparison with both the general population excluding abstainers, and a sample of participants in the San Diego County alcohol programs·(detoxification, residential treatment, recovery home, and non-residential services) who were interviewed at point of intake. Consumption patterns were determined by both the amount consumed on drinking days and the number of drinking days in a month.

Essentially the FCP population drinks significantly more than the general population and dramatically less than the Alcohol Program population. While 56.7% of the general population who drink are considered light drinkers, only 9.1% of the FCP population drink at this low level. However, at the other end of the spectrum, only 7.9% of the FCP population drink at high enough levels to be considered high risk drinkers in comparison with 86.9% of the alcohol program population. The FCP population drinks both regularly and at relatively higher levels than the general population. Given the demographic profile of the FCP population this pattern of consumption is not unexpected. The literature suggests that this pattern of drinking is modified with the maturation process. (Cahalan and Room, 1974)

TABLE II

COMPARISON OF CONSUMPTION OF FCP WITH GENERAL POPULATION
AND ALCOHOL PROGRAM PARTICIPANTS

CONSUMPTION	DAILY AVRG. OZ. ETHYL ALCH.	EXAMPLE	FCP %	GP[1] %	AP[2] %
Light Drinker	0.01-0.21	Up to 3 drinks per week (or 12/mo)	9.1	56.7	0.6
Moderate Drinker	.22-.99	Up to 13 drinks per week	50.3	28.4	3.2
Heavier Drinker	1.0-2.99	2-5 drinks per day	32.7	12.2	9.3
High Risk	3.0+	Six or more drinks per day	7.9	2.7	86.9

1. General population 1976 excluding abstainers. Data taken from Johnson, et.al.(1)

2. Alcohol program population at intake from San Diego County Client Outcome Study, 1983.

Table III differentiates consumption patterns between males and females in the FCP population in comparison with the general population. Of significance in this comparison is the greater percentage of light and moderate drinking patterns for females than males in the FCP population. However, the consumption patterns of FCP females deviates from general population females to a greater extent than that of FCP males from general population males.

TABLE III

ALCOHOL CONSUMPTION BY FCP MALES AND
FEMALES IN COMPARISON TO THE GENERAL POPULATION

POPULATION	FCP %	G P %
MALES		
Light	8.0	44.0
Moderate	48.9	.32.0
Heavier	33.6	24.0
High Risk	9.5	A
FEMALES		
Light	14.3	71.0
Moderate	57.1	24.2
Heavier	28.6	4.8
High Risk	0.0	A

[A] Included with heavier drinkers

Table IV describes self-reported alcohol problem indicators in both personal and social areas. Personal indicators, such as skipping meals or tossing down drinks are reported by 38.2%, and 41.2% report some social indicators of alcohol problems, with 29.9% reporting that friends or relatives have suggested that they quit drinking. Despite the relatively high percentages of the sample that self-report personal or social alcohol problem indicators, as Table V demonstrates, only 10.1% report a prior program involvement, with AA being the most common.

TABLE IV
REPORTED OCCURRANCE OF PERSONAL AND SOCIAL
ALCOHOL PROBLEM INDICATORS

PROBLEM INDICATORS	LIFETIME (% yes)	LAST 6 MONTHS (% yes)
PERSONAL		
Skip meals	15.2	14.5
Toss down drinks	15.8	13.3
Blackouts	20.0	9.7
Morning drinking	9.7	8.5
Shakes	8.5	6.1
Drinks to intoxication alone	21.8	17.6
Total with some PC	38.2	32.1
SOCIAL		
Spouse suggested quit	27.4[1]	Social indicators assessed for life-time only
Friends or rel. sug. quit	29.2	
Job problems	4.8	
Health problems	4.2	
Loss of control	16.1	
Total with some SC	41.2	

[1] % of those with spouse only n = 73

TABLE V

PREVIOUS ALCOHOL PROGRAM INVOLVEMENT

BY FCP PARTICIPANTS

PROGRAM INVOLVEMENT	N	%
Ever Received Help		
No	151	89.9
Yes	17	10.1
Type of program		
Detox	4	2.4
Recovery Home	3	1.8
Hospital Program	2	1.2
NRC	3	1.8
Private Counseling	4	2.4
DDP	7	4.2
EAP	7	4.2
AA	14	8.3

Table VI presents problem indicator data by consumption group.
Not unexpectedly the high risk consumers report the greatest percentage
of 2+ indicators (61.5%) and the light consumers report the greatest
percentage of no problem indicators (80%). Generally the number of
self-reported problem indicators increases with higher levels of consump-
tion.

PERCENTAGE OF FCP CONSUMPTION
GROUPS REPORTING ALCOHOL
PROBLEM INDICATORS

TABLE VI

CONSUMPTION	TOTAL NUMBER OF PROBLEM INDICATORS			
	0	1	2+	n
Light	80.0	0.0	20.0	15
Moderate	54.2	37.3	8.4	83
Heavier	38.9	24.1	37.0	54
Hi-Risk	7.7	30.8	61.5	13
TOTAL	47.9	29.1	23.0	165

DRINKING PROBLEM SCORES

Drinking problem scores were determined by combining consumption levels with alcohol problem indicators. As Table VII demonstrates 47.3% of the FCP population can be considered social drinkers in that they are not drinking sufficient quantities to be considered high risk drinkers, nor have they experienced problems related to their alcohol consumption. Only 19.4% are consuming high enough levels and are experiencing enough problems to be defined as problem drinkers.

TABLE VII

DRINKING PROBLEM SCORES OF FCP SAMPLE

DRINKING PROBLEM SCORE	DEFINITION	n	%
Social drinker	Light, moderate or heavier drinker no problem indicators	78	47.3
Potential problem drinker	Light or moderate with 2 PI's, Heavier with 1 PI or high risk no problem indicators	55	33.3
Problem drinker	Heavier 2+PI's or High risk 1+ PI	32	19.4

DUI HISTORY AND BEHAVIOR

Table VIII describes participant DUI behavior. Self report on the number of times individuals drove after drinking in the prior year demonstrates that for this population drinking driving is not an unusual occurrance, as 61.2% report driving after drinking on more than 10 occasions. Indeed, 21.2% report driving after drinking 51+ times in the prior year, or a once a week average. Prior drinking and driving behavior combined with the alcohol consumption patterns of this population confirm the initial assessment that this population both regularly drinks and regularly drinks and drives.

Prior convictions reported demonstrates that the majority (86.9%) of the sample population are first time DUI convictions. Given the structure of DUI sentencing alternatives, recent restrictions on plea bargaining, and requirements that courts review DMV records prior to sentencing the percentage of first convictions only being referred to the FCP should gradually increase over the course of time.

TABLE VIII

DUI HISTORY
OF FCP PARTICIPANTS

DUI BEHAVIOR	N	%
Times driving after drinking previous year		
1 - 10	62	38.8
11 - 20	21	13.1
21 - 50	43	26.9
51+	34	21.2
Prior DUI Stops		
0	130	77.4
1	28	16.7
2+	10	6.0
Prior DUI Convictions		
0	146	86.9
1	18	10.7
2+	4	2.4
Prior Reckless Convictions		
0	142	84.5
1	22	13.1
2+	4	2.4

THE DUI EVENT

Table IX describes the specific DUI event resulting in the DUI conviction and referral to the FCP. Of particular note is the participant self-assessment of the level of impairment. While 80.4% believed that they were "under the influence", only 46.4% believed that they were "drunk". Despite the relatively low percent believing themselves to be "drunk", 71.5% acknowledged that they were guilty of DUI. The median B.A.L. of the sample population was .17 which is significantly above the .10 legal limit for DUI offenses. A 175 pound person would have to consume twelve drinks over a four hour drinking period to reach a .17 B.A.L.

Also of interest in Table IX is a description of where people were drinking prior to the event. The largest number (43.5%) were coming from a bar when they were stopped. Not surprisingly the largest number (64.7%) were on their way home.

TABLE IX

THE DUI EVENT RESULTING
IN PROGRAM ENTRY

DUI EVENT	N	%
Where Coming From		
Own home	10	6.0
Others home	47	28.0
Bar	73	43.5
Sports Event	11	6.5
Restaurant	14	8.3
Other	13	7.7
Where Going		
Own home	108	64.7
Others home	34	20.4
Bar	3	1.8
Other	22	13.2
Blood Alcohol Level at arrest		
.00 - .09	0	0.0
.10 - .14	43	27.6
.15 - .19	65	41.7
.20 - .24	34	21.8
.25 - .29	8	5.1
.30 +	3	1.9
Refused test	3	1.9
Median BAL	.17	N=156
Believe you were under the influence		
No	33	19.6
Yes	135	80.4
Believe you were drunk		
No	90	53.6
Yes	78	46.4
Guilty of DUI		
No	47	28.5
Yes	118	71.5 N=165

POPULATION DIFFERENTIATION ON THE BASIS OF ALCOHOL PROBLEM PREDICTORS

The findings of this study are particularly significant for the design and content of FCP services. Studies of the effects of short term education programs on convicted drinking drivers suggest that the success of these programs is strongly associated with the drinking history of the target population. According to studies by Swenson et al. (1981) and Maisto et al. (1979) the population convicted of DUI can be classified into three groups; 1) moderate or social drinkers, 2) heavy or mid-range problem drinkers, and 3) advanced problem drinkers. Although these groups are defined on the basis of a wide variety of drinking behaviors, a close association was found by Michelson (1979) between prior DUI conviction and advanced problem drinking behavior. In terms of outcome recent studies of ASAP programs by Nichols et al. (1978) and the CDUI project conducted by Reis (1980) suggest that short term education programs are generally successful with moderate and heavier drinkers but have little impact on the late stage problem drinker.

A number of approaches have been suggested to identify the late stage problem drinkers in the FCP population so that they receive different, and usually more intensive services than the short term education program generally offered to the first offender. However, as Table X demonstrates such differentiation on the basis of readily obtainable data is not always reliable. Neither age nor sex are significant alcohol problem predictors. The common approach of assignment to programs on the basis of high BAL (over .17) is not a reliable predictor as in the FCP population BAL's above .17 are equally distributed among social drinkers, potential problem drinkers, and problem drinkers.

Prior alcohol services or self-reported drinking problems are significant predicators. However, it is unlikely that individuals will honestly self-disclose this information in a criminal justice setting

if they perceive a greater penalty (e.g. longer program requirement) associated with such disclosure.

The most reliable and readily obtainable predictor of alcohol problems is prior DUI behavior. The structure of the new DUI Laws reflects this by requiring programs for second offenders to be year long treatment programs, and that reckless convictions that are a reduction from a DUI offense count as priors for purposes of sentencing.

In summary, given the relatively low percentage of FCP participants who are problem drinkers, the lack of reliable program indicators, and the structure of new California DUI laws, it does not appear valuable for FCP programs to attempt to differentiate problem drinkers from other referrals for more intensive services prior to service enrollment. Instead, it appears that the FCP can more efficiently and effectively provide services designed to promote self-discovery of problem drinkers during the course of the FCP with voluntary referral and involvement in ongoing recovery services following completion of FCP requirements.

TABLE X

PROBLEM DRINKING SCORE AND POSSIBLE ALCOHOL PROBLEM PREDICTORS.

	PERCENTAGE WITH PROBLEM DRINKING SCORE				
PREDICTOR	SOCIAL DRINK-ER	POTENTIAL PROBLEM DRINKER	PROBLEM DRINKER	N	SIGNIFICANCE
SEX					
Male	50.4	29.9	19.7	137	n.s. $x^2=4.5$ df=2
Female	32.1	50.0	17.9	28	
AGE					
Under 30	44.0	38.1	17.9	84	n.s. $x^2=1.7$ df=2
30+	50.6	28.4	21.0	81	
Previous Alcohol Treatmt.					
No	50.7	34.2	15.1	146	p<.01 $x^2=13.3$ df=2
Yes	22.2	27.8	50.0	18	
BAL at arrest					
≤.17	48.3	34.8	16.9	89	n.s. $x^2=0.5$ df=2
>.17	47.5	31.1	21.3	61	
Prior DUI Stop					
No	55.5	30.5	14.1	128	p≤.01 $x^2=17.9$ df=2
Yes	18.9	43.2	37.8	37	
Prior DUI Conviction					
No	50.8	34.6	14.6	130	p≤.01 $x^2=13.2$ df=2
Yes	23.8	28.6	47.6	21	
Prior Reckless Conviction					
No	51.1	32.4	16.5	139	p≤.05 $x^2=6.6$ df=2
Yes	26.9	38.5	34.6	26	
Self Report Drinking Problem					
No	53.8	33.1	13.1	145	p≤.01 $x^2=35.2$ df=2
Yes	0.0	35.0	65.0	20	

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