



Short-term outcomes of a motivation-enhancing approach to DUI intervention

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ABSTRACT

Objective: We compared a group-delivered, theory-based, motivation-enhancing program (PRIME For Life® – PFL, $n = 450$) to an intervention as usual (IAU, $n = 72$).

Method: Individuals convicted of a substance related offense in North Carolina, typically first offense alcohol and drug-impaired driving, participated in a PFL or IAU group. We compare the interventions on program satisfaction and changes made from preintervention to postintervention, and examined the moderating effects of demographics and alcohol dependence level.

Results: When significant, findings varied in magnitude from small to medium effects. Participants in both interventions showed intentions to use statistically significantly less alcohol and drugs in the future compared to their previous use, and differences between the groups were not statistically significant. Otherwise, findings favored PFL. PFL exhibited greater benefit than IAU on understanding tolerance, perceived risk for addiction, problem recognition, and program satisfaction. Additionally, IAU perceived less risk for negative consequences postintervention than they had at preintervention. Moderation analyses showed that the between-condition findings occurred regardless of gender, age, education, and number of alcohol dependence indicators. Additionally, younger people and those with more dependence indicators – groups of particular concern – showed the greatest change.

Conclusions: Findings suggest that a motivation-enhancing approach can be effective in producing short-term change in factors that can help facilitate and sustain behavioral change. This is consistent with previous research on the use of motivational approaches, and extends such findings to suggest promise in group-based settings and with people across demographic categories and dependence levels. Future research should focus on larger studies looking at long-term behavioral change, including recidivism.

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1. Introduction

The need remains for effective interventions with substance-impaired drivers. While driving under the influence (DUI) has decreased dramatically in the past few decades, it is still a major cause of death, injuries and suffering. For example, 10,839 persons died in crashes where a driver had a blood alcohol concentration (BAC) at or above .08% in 2009 (National Highway Traffic Safety Administration [NHTSA], 2010). Lawmakers have enacted numerous legal approaches to prevent driving under the influence (National Highway Traffic Safety Administration [NHTSA] and National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2006), including tougher laws, administrative license revocation,

intensive supervised probation, random alcohol and drug testing, community service, ignition control devices, license plate and vehicle impoundment, and home confinement. Despite these efforts, Compton and Berning (2009) report that in 2007, 2.2% of U.S. weekend night drivers were found (in roadside testing) to have a BAC at or above the legal limit of .08%, and 11.0% of daytime drivers and 16.3% of nighttime drivers tested positive for at least one illegal drug. It seems clear that legal remedies alone will not end impaired driving.

Not surprisingly, states have turned to mandated educational and treatment programs for addressing offenders' substance use problems. Research suggests that such interventions have beneficial effects. Wells-Parker et al. (1995) conducted a meta-analysis that included 215 independent evaluations of remediation approaches. For inclusion, remediation could have included, but not been limited to, education and psychological treatments. The authors concluded that combinations of mandated strategies, especially those involving education and counseling components, were effective in reducing recidivism. Subsequently, Wells-Parker and Williams (2002) found reductions in drinking-driving and

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