

Empirical Research on Sentencing Guidelines for DUI Recidivism in Taiwan and The Interventional Effect of Psychological Counseling

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Abstract

Driving under the influence of alcohol or drugs (DUI) refers to operating a motor vehicle under the influence of alcoholic beverages or analogous narcotics. Such behavior is considered a traffic offense in many countries and typically constitutes a criminal act when it causes loss of life or property. In Taiwan, DUI has been criminalized. In addition to prison sentences, Taiwan provides certain resources and treatments such as psychological counseling for DUI inmates. In light of increasingly frequent DUI incidents, Taiwan's media have raised the question of legal amendments to increase criminal responsibility for DUI. Some members of the public are supportive of this. However, whether any increase in criminal responsibility can curb DUI incidence requires further investigation. In addition, the question of whether current psychological counseling treatment effectively prevents DUI recidivism indicates the importance of this research question. Accordingly, this article-its focus on the problems surrounding current DUI recidivism in Taiwan-utilizes literature review methods to analyze and evaluate the following: (1) the appropriateness of sentencing discretion in relation to DUI recidivism and the reasons for divergence from media and public opinion; (2) psychology practitioners' understanding of DUI (as established in counseling practice) and the current effectiveness of psychological counseling; and (3) suggestions from academic, clinical, and forensic psychologists regarding the future treatment of DUI recidivists.

Introduction

Recent increases in the incidence of drunk driving causing death have captured much public attention. The grief of bereaved families and the stark contrast with the insouciance of offending drivers tend to generate significant public outrage. Meanwhile, though prevention and control of drunk driving has been a policy focus for many years, the annual number of deaths caused by drunk driving nonetheless continues rising, arousing much public anger (87 people were killed in drunk-driving crashes in 2017 and 100 people in 2018). Moreover, numerous severe drunk-driving crashes causing death have occurred within the first two months of 2018's lunar year. The perceived inadequacy of drunk-driving penalties and the failure of laws and regulations to restrain repeated instances of drunk-driving offenses foster an impression that the law cannot secure the lives and personal safety of citizens.

The resultant public outcry has caused legislators to reconsider the effectiveness of current laws and regulations in terms of DUI prevention. Democratic Progressive Party (DPP) Legislator Chou Chun-mi (周春米) has pointed out that, according to statistics provided by the Judiciary and Organic Laws Committee on February 25, 2019, 63.7% of penalty decisions delivered in district courts (i.e. courts of first instance) since legislative amendments in June 2013 are lower than the minimum applicable punishment. Judicial Yuan Secretary-General Lu Tai-lang (呂太郎) indicated that he would raise this issue with judges through applicable channels, such as round-table fora. Chou Chun-mi also points out that harsher penalties were imposed by the Amendment to Article 185-3 (2) of the Criminal Code of the Republic of China ("Criminal Code") promulgated on June 11, 2013. Originally, the enactment stipulated: "If the offense results in death, the offender shall be sentenced to imprisonment for not less than one year and no more than seven years." As amended, it provides: "If the offense results in death, the offender shall be sentenced to imprisonment for not less than three years and no more than ten years." However, since this amendment, the average penalty term has stood at 2 years 6.42 months; that is, 63.7% of decisions impose a term shorter than

the stipulated minimum. Judicial sentencing is, it seems, at odds with legislative intent [1].

In response to these concerns of the Legislative Yuan and the public regarding increasing rates of DUI recidivism, the Ministry of Justice, the highest organ of judicial administration, has recently announced amendments to impose stiffer punishments for deaths caused by drunk drivers, including the possibility of capital punishment. This has alarmed members of the legal profession and human rights advocacy NGOs, who consider the changes potentially imprudent. It may be that improved treatment for alcohol addiction, not harsher penalties, offers more promise. Legislator Huang Kuo-chang (黃國昌) urged this approach, arguing for the simultaneous use of both treatment for alcohol addiction and the imposition of criminal penalties in order to reduce DUI recidivism. "Compulsory treatment is a rehabilitative measure regulated in the Criminal Code. However, among those convicted for drunk driving leading to death or aggravated injury last year, only 5% of offenders (9 out of a total of 152) were forced to undergo compulsory treatment at the request of the prosecutors," he said. The percentage is confusingly low [2].

This study focuses on current issues regarding DUI recidivism in Taiwan. The authors approached a judge, prosecutor, psychologist, and DUI offender to conduct in-depth interviews regarding treatment for DUI recidivism. With their solid training and background in law, the judge and prosecutor focus on the legitimacy and effectiveness

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of compulsory treatment and rehabilitation as applied to DUI offenders suffering from alcohol addiction. Compulsory treatment and rehabilitation are compulsory security measures to be adopted when judicial punishment fails to improve delinquents' behavior. The purpose is to ameliorate the threat to society and assist them in adapting to societal rules. Although personal freedom is restricted by compulsory treatment and rehabilitation, the aim is not to punish inmates but to prevent potential future crimes. The goal of Article 89 of Criminal Code is to bring about swift implementation and reduce drunk driving recidivism by subjecting inmates to suitable compulsory treatment before carrying out punishment. In terms of legal objectives, compulsory treatment and rehabilitation are measures that maximize the benefits and interests of DUI offenders suffering from alcohol addiction. Why, then, are these not more widely accepted by law enforcement officers?

Judicial Perspectives

Behavior and disposition

Many of the issues discussed above centered around a crucial topic, that being the judiciary's views in relation to DUI recidivism. We have interviewed a judge at the district court level who has heard cases and imposed sentences in many DUI traffic-violation cases.

"Undeniably, there are still many judges who put themselves in 'justice mode' when it comes to DUI recidivism. After all, inadequate punishments are nothing to those repeat offenders in DUI cases! If the penalty is not strong enough to deter crime, let's make it harsher to strengthen a criminal's perception of the severity of it! Such thinking draws upon the judge's cognitive context, personal experience, and public opinion. It reflects how the public desire stiffer penalties with deterrent effect to stop DUI related crimes."

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If segregation is effective, and most people as well as law enforcement officers would like to believe that harsh punishment will deter crime, "No wonder such comments as 'those drunk drivers who kill people should be sentenced to death' exist," said the judge forthrightly. Therefore, whether the current amendment is appropriate is debatable from the perspective of penalty assessment. If death results from the commission of the offense, where the defendant "fails to exercise the duty of care that they should and could have exercised" and engages in negligent conduct then, based on Article 276 of the Criminal Code, a person who negligently causes the death of another shall be sentenced to imprisonment for not more than five years, short-term imprisonment, or a fine of not more than five hundred thousand dollars. Homicide offenses are intentional crimes; the major difference between homicide offenses and offenses of causing injury is the "intention to kill." The perpetrator in a homicide case is aware of "the elements of crime" and takes actions to make those happen intentionally and knowingly. We must therefore ask: "Are drunk drivers capable of knowing that their behavior could lead to death? Did they intend the crime to take place or not?" The judge indicated that it is hard for the public to accept and comprehend those drunk drivers are too drunk to monitor their behavior once their alcohol level exceeds the legal limit. And so, the public will question the

offender in this situation: "Don't you realize a fatal accident can take place when drunk driving? You have the right to get drunk, but you should not drive! You knew you were drunk and you still insisted on driving; how is that not intentional?"

"But are we willing to comprehend that in some fatal cases with drunk drivers suffering from alcohol addiction, it is true that they have lost the capability to judge whether their behavior could lead to fatal accidents, do you really think criminal penalties can help in this situation?" said the judge.

Any person addicted to alcohol may be required to undergo compulsory treatment before the administration of punishment. It is considered an exercise of state power to require them to receive professional help and abstain from alcohol. However, the judge also shared his concerns with us: "Not all law enforcement officers are familiar with how to assist offenders to recover from alcohol addiction. More importantly, do they believe that those who committed these DUI crimes are able to recover and are willing to provide them a second chance?" There are too many offenders with alcohol addiction, DUI recidivism or not; these are the so-called "habitual offenders" in terms of Japanese legal concepts. The relation between their alcohol addiction, DUI, and real-life contexts is one of reciprocal causation.

"When everyone around you is drinking and not drinking makes you feel like an outcast, what would you do? Surely you will drink! After drinking, you will need to go home, or go back to work, or run some errands; what if there's no other way that's more convenient than riding your motorbike? Would you ride back? When we condemn those drunk drivers, we are not standing in their shoes. No wonder our current treatments for habitual or repeat DUI offenders are not effective!"

Even when offenders undergo compulsory treatment and rehabilitation, the results might not meet our expectations, the judge we interviewed told us forthrightly. National Taiwan University College of Law Professor Hsu Heng-da (許恆達) once addressed this topic in a keynote address:

"Not only are there many problems with rehabilitative measures from the perspectives of enforcement and effectiveness, but also from the perspective of regulation and legalization. Segregation is the only approach in many current rehabilitative measures, in which correctional services do not exist to achieve crime prevention purposes. More importantly, existing rehabilitative measures do not include medical, psychological, and social work structures to collaboratively evaluate cases, provide treatment suggestions, execute relevant measures, provide advice on diversion action, or evaluate effectiveness; and hence they fail to achieve full effect"[3].

When evaluating the effectiveness of rehabilitative measures, we have found that the actual enforcement rate of rehabilitative measures is very low. It may be that enforcement is only able to be carried out after gaining requisite approval and that current resources for rehabilitative measures are inadequate. When judges decide whether to impose rehabilitative measures for a DUI offense, the major philosophy behind the decision is that rehabilitative measures are not criminal punishment. Instead, they are preventative measures linked to social defense and the risks presented by an inmate in relation to broader society; they are not levied to punish or condemn the actor and hence they are conceptually more lenient. As mentioned above, these rehabilitative measures commit offenders to professional help

funded by national resources and, in theory, benefit the offenders. Therefore, we must think carefully about those eligible for these limited resources. Law enforcement officers must undergo time-consuming application assessment procedures involving other professionals; moreover, due to the large number of DUI cases, it is unlikely that all inmates will be able to undergo treatment. It is worth considering whether these factors reduce judges' willingness to order rehabilitative measures.

Sentencing Guidelines

Societal expectation of increasingly severe punishments for drunk driving has increased in conjunction with the ongoing rise in prevalence of drunk driving offenses. Drunk driving constitutes an offense against public safety under Article 185-3 (1) of the Criminal Code. While impaired drivers lack certain capacity for judgment and this may entitle them to commutation of imprisonment, voluntary intoxication may not be relied upon under the Criminal Code to deliberately avoid punishment. Criminal responsibility regarding DUI offenses is currently regulated in the Criminal Code and Administrative Law. If the offense results in death, the offender shall be sentenced to imprisonment for not less than three years but no more than ten years (Article 185-3 (2) of Criminal Code); if the offense results in serious physical injury, the offender shall be sentenced to imprisonment for not less than one year but no more than seven years. This does not seem especially lenient. However, some still claim that punishments are insufficiently harsh to dissuade recidivist offenders from repeatedly committing DUI crimes. In response to such criticism, both civil society and the judiciary have argued that penalties for DUI crimes should be increased. In March 2021, the Ministry of Justice even mulled an amendment applicable to repeat drunk drivers who intentionally kill their victims that would impose a 10-year term of imprisonment as standard punishment and a maximum potential penalty of capital punishment. Amended laws regarding drunk driving take effect on January 30, 2022 and impose heavier criminal punishment and administrative penalties; the penalty for repeat offenders who commit two offenses within a 10-year period is extended by five years, and their names and photos, as well as information about their crimes, will be published, and they can be fined up to NT\$3 million, an amendment from NT\$1 million. The fine on passengers of NT\$6,000 has been increased to a maximum of NT\$15,000. There has been an amendment from NT\$600 to NT\$3,000 of the penalty for those who use alcohol or drugs before taking an alcohol test to avoid punishment, who will now be punished as if they refused to take a test. If the accident does not result in serious injury or death, the penalty term is extended from 2 years to 3 years, with a fine of NT\$300,000 (an increase from NT\$200,000), this done in order to deter DUI offenses. What is the attitude of the judicial community toward these legislative changes? The judge we interviewed raised the concept of sentencing guidelines.

Sentencing is the process of judges deciding penalties based on applicable laws and regulations. Sentencing guidelines bridge both legally prescribed punishments and pronounced punishments and provide a set of standards for sentencing in criminal cases, making judgements predictable [4]. If sentencing standards are revised, this affects certainty in relation to legally prescribed punishments and discretion in relation to pronounced punishments and should be handled carefully. The judge's position echoes the discussion regarding the draft of the Amendment to Act 185-3 of the Criminal Code in the Executive Yuan's routine meeting on March 28, 2021. As human rights groups have warned, DUI offenders

who cause the death of others could incur capital punishment and, although intention to kill is considered in this amendment, it may undermine sentencing guidelines, allowing overly stiff punishments and undermining the core aim of deterrence [5].

Although societal expectations may be met by stiffening penalties for drunk driving up to and including capital punishment, this could also create imbalances within the legal system. More discussion on the balancing of these legal and emotional aspects is needed.

Psychological Counseling Practitioners' Perspective

Alcohol addiction is a brain disorder

Addiction issues have captured attention in the medical and psychological professions. According to medical science and neurobiology research, positive hedonic effect is generated after the reward system is activated and is the physiological basis of addiction [6]. Severe alcohol addiction may contribute to illnesses such as mood disorders and psychosis. More psychiatrists and psychologists are dedicating themselves to alcohol and drug addiction treatment; the "J-shaped curve," which interprets the relationship between the level of alcohol use and cognitive functioning, has become widely acknowledged. The concept that the alcoholism patient at different ages may express different types of brain function impairment is acknowledged, and comprehensive cognitive functional impairment is the most common type of these [6].

In contrast to the lay impression of alcohol addicts as being individuals who "lack willpower to quit drinking and through self-indulgence allow themselves to fall into binge drinking," which is somewhat censorious, psychology professionals apply a cognitive behavioral model using illness perspectives to patients suffering from alcohol abuse. Due to differences in perspective, those who work in prisons to provide psychological counseling are also concerned whether DUI offenders in fact receive adequate addiction treatment.

In order to offer patients with addiction integrated assistance, the addiction treatment model often combines pharmacotherapies (the disease treatment model) with psychotherapies. Whether adequate resources exist to provide inmates proper assistance during and after incarceration is debatable. A prison psychologist reports:

"It is very difficult to do your job when everyone in your working environment has a very different mindset from yours toward patients with alcohol addiction. I understand that law enforcement officers have a fixed pattern of thinking about criminal punishment, prison, and prisoners, but to me they're patients with brain functional impairment. Explaining tons of laws and regulations to them won't change anything as they might not be able to comprehend, what they need to get rid of alcoholism is medication and intensive psychotherapy for alcohol addiction. This is where our point of view is fundamentally different from that of a law enforcement officer. Moreover, there are really few people who can provide mental health and psychotherapy services. Existing laws and regulations might limit the medical assistance that DUI inmates can receive."

Abstinence vs. punishment

As mentioned in the previous section, addiction treatment in prison incorporates elements of both punishment and assistance; the key is to balance these. Aside from the aforementioned punitive, public safety-related measures, Chi Chih-kuang [7] has written an

article regarding rehabilitation treatment during a period of deferred prosecution (i.e. deferred prosecution conditional on the completion of addiction treatment). Rehabilitation treatment during deferred prosecution is a therapy that continuously runs for six months to a year. The process requires prosecutors to collect evidence and evaluate individual willingness before transferring the offender to a medical institution to undergo evaluation. After that, discussion and approval from second-level assessors must occur before offenders with drug addiction issues can undergo such treatment. It is currently the only option other than segregation in a rehabilitation facility for drug addicts, and it also refers to an important judicial measure denoting a transition “from offender to patient” [7].

From the perspective of implementation, compulsory treatment and rehabilitation are mandatory measures, while rehabilitation treatment during deferred prosecution prioritizes “treatment” over “compulsion.” As a matter of principle, this option should be available to offenders affected by alcohol addiction, as this is a type of substance abuse just as drug addiction is. However, as a matter of fact, this option is only available for inmates with drug addiction issues. Why is that? The judge we interviewed provided his point of view on the potential reasons:

“Limited professional workforce resources! More judges are willing to rule that drug addicts should receive rehabilitation treatment during deferred prosecution, but only in recent years, before that it was rare. Other than that, offenders must pay for drug treatment and if they can't afford it, this approach itself won't achieve anything. Not to mention how time-consuming it is when deferred prosecution is involved in such therapy, if prosecutors were to apply this kind of treatment often, they might end up dealing with lots of unsolved cases. It is hard to expect that they would apply this treatment for every inmate with drug addictions unless they are exceptionally passionate.”

“Moreover, alcohol addiction isn't as recognizable as drug addiction on the surface, it is hard to convince prosecutors or judges to initiate professional services like this for offenders.”

What might be the obstacles for frontline professional psychotherapists and law enforcement officers in terms of treating DUI recidivism in the same manner as drug addiction now, with a transition in focus from punishment to therapy? Below we continue to discuss this by reference to the present circumstances of rehabilitation treatment provided during deferred prosecution for offenders with drug addiction.

Behavior and disposition

Prosecutor Lin Ta (林達) has previously set out his views in relation to the actual provision of treatment in prisons as follows [8]:

“There is an obvious problem in relation to existing rehabilitation treatment services during deferred prosecution, which is that the entire evaluation process is initiated by prosecutors within the legal profession instead of by medical professionals. How can we evaluate if therapy is needed when medical expertise is only involved after a deferred prosecution is issued? I have to be brutally honest, prosecutors do not have adequate professional expertise in this regard.”

That the legal profession initiates the process of application for rehabilitation treatment instead of the medical profession could lead to the following consequences: 1. Some individuals who are actually in principle eligible for rehabilitation treatment during deferred prosecution might fail to receive such treatment due to misjudgment by prosecutors; 2. Individuals who subsequently prove to be ineligible for treatment might have their treatment subsequently withdrawn; as a matter of fact, the actual withdrawal rate is statistically high [9].

Having regard to rehabilitation treatment during deferred prosecution in the context of existing treatment programs, are current DUI offenders provided with adequate treatment? If this treatment process is available in the future, how can a cross-professional platform be established to facilitate appropriate treatment for offenders with alcoholism? The psychologist we interviewed offered the following viewpoints:

A. An understanding of physiological mechanisms: like every type of substance addiction, alcoholism has its own physiological basis. Addiction created in the alcohol addict is fundamentally different physiologically from other forms of drug addiction, and it also differs in terms of the type of harm caused to the brain. Both medical and legal professionals should improve their physiological understanding of addiction.

B. Even if rehabilitation treatment is to be applied during deferred prosecution to offenders with alcohol addiction, they will have to pay for the treatment as health insurance does not subsidize it. This would unduly burden those who cannot afford such treatment.

C. There is an undersupply of case managers who bridge judicial and medical aspects as well as professionals relating to hospital-based abstinence treatment. Extending rehabilitation treatment to offenders suffering from alcohol addiction may substantially increase the burden on medical resources and fail to be effective.

Understanding DUI Behaviors in Practice

As part of this research, the authors interviewed a frontline psychologist who provides services to DUI offenders, providing us with first-hand insights based on close observation. The psychologist indicated that many DUI offenders are unwilling to receive treatment due to the positive emotions elicited by drinking.

“DUI offenders are aware that drinking could only be a short-term escape from daily stress and source of momentary relief, they also know that the same stress will be waiting for them when they're sober. However, they still want to consume alcohol to ease the pain in their stressful life. They could not find better solutions for stress relief than alcohol consumption.”

Criminal punishments may only have short-term DUI recidivism reducing effects for such DUI offenders; moreover, they might be sentenced to short prison terms as they were not engaged in other non-DUI offenses. They could easily resume alcohol abuse after imprisonment. Most DUI offenders understand that alcohol consumption is not illegal, but that it is certain behaviors after drinking that can lead to crime. Hence, it is important to investigate behavior after drinking.

“I know I shouldn't drive after drinking, but what can I do?! I had been working until late night, no bus services by then already and

it's costly to take a cab! Therefore, I drove my scooter! How could I get home if I didn't do so? I had been very focused while driving all the time! I had only drunk a little, I wasn't dangerous to other people, and it's a very short ride to my house! I didn't expect to be caught ... (sighs) ... bad luck for me!"

Behavior and disposition

Drunk drivers do not feel guilty in relation to in their DUI behaviors, and they also think that it is inevitable for them to drive a car or a scooter in these circumstances; they build up a firm belief in the course of repeated DUI behavior that they are well aware of their level of drunkenness and employ overly confident and twisted concepts such as: "I'm fully aware of my limits and I can control my behavior after consuming alcohol." This belief itself encourages them to think, "I'm capable of controlling myself and I have self-restraint," or even, "As long as I don't put myself over the limit, it will be fine and safe." Such irrationally optimistic beliefs strengthen as the behavior repeats, and the thought gradually turns solid and permanent as there is nothing motivating them to change their way of thinking, the result being that the consequences of imprisonment become unrelated to DUI behaviors in their minds.

There are also certain individuals who seek self-harm by alcohol consumption in prison.

"Some inmates feel fundamentally hopeless and desperate in life, they release stress and pain through alcohol consumption and see it as slow suicide. They don't have the courage to end their lives and hence it seems to be a solution to slowly walk into death by drinking," said the psychologist.

Criminal punishment would not be effective for those individuals as it does not deter them from their goals. To include alcohol consumption in a course of criminal behavior might eventually strengthen the motivation for them to hurt themselves. The psychologist suggested that criminal punishment has limited effects on those individuals and what they really need is stable and in-depth psychotherapy.

Discussion

This chapter organizes and discusses the experience shared by the interviewees and echoes the aforementioned points of view of the judicial system and psychological fields.

Attribution in relation to DUI behavior: judicial and psychological perspectives

Our researchers noted many different perspectives while interviewing the judge and the psychologist. Psychologists tend to be more compassionate and empathetic to DUI drivers as they bear the responsibility as a therapist. Despite the inadvisability of DUI behavior, psychologists are more open to accepting the possibilities of "alcohol taking control of the brain", "brain impairment leading to a cognitively impaired strategy", or "emotional impediments that lead to seeking solace in alcohol". Looking at DUI from this perspective, psychologists who are also therapists have improved acceptance and understanding of DUI drivers, and hence are willing to push for more humane treatments for DUI inmates in the existing judicial system.

On the other hand, the judge's point of view is closer to the public's view, which is that "people can always choose how they behave" and "behavior is the result of free will". When a person knows that DUI

lead to an accident and choose to accept that possibility in violation of the law, they are enacting free will and they bring about the resultant consequences. Moreover, in the case of DUI offenders, they did not elect to avoid the possibility of causing harm and hence they should be responsible for the results.

Different perspectives on offense, sentencing, and treatment: judicial and psychological views

The traditional approach from the judicial perspective is to incarcerate DUI offenders as a behaviorist punishment. The goal is to reduce recidivism; that is, it is made intolerable for DUI inmates to offend again. When it comes to reducing recidivism, the most direct method is the increasing of punishments, and this approach draws "threat" and "prohibition" into treatment.

Psychologists tend to view matters from DUI offenders' perspectives and to better understand their situation. They usually choose the approach that could foster acceptance by DUI offenders and that would provide them with opportunities to improve themselves. Operating on this basis, psychologists believe that an individual could change his/her behavior by learning from his/her experiences and should expect to seek a method to correct his/her behavior through his/her experiences of making mistakes. This mindset could also affect the objectivity of a psychologist's judgment and may cause the psychologist to neglect other issues, causing countertransference between a psychologist and patient as psychologists become overly empathetic.

Or perhaps one should not expect absolute effectiveness or kindness in treatment methods; even when psychologists believe that DUI offenders are motivated to change and treat them accordingly, it is also important to acknowledge that change is built upon collaboration between individuals and therapists. DUI offenders need to view themselves and take their issues seriously instead of solely depending on external restrictions (such as criminal punishments) or acceptance (such as a psychologist who is empathetic and understanding) to achieve the goal of behavioral change.

Conclusion

Whatever the reason for DUI criminal offending, as mentioned in previous paragraphs, drinking itself is not illegal: instead, it is actions after drinking that violate the law. Professionals who treat DUI offenders can identify relevant factors behind DUI behavior. The current treatment approach in prison emphasizes abstinence and the aspiration that DUI offenders can understand and increase their willingness to eschew alcohol, and its goal is to assist DUI offenders to reduce recidivism and improve life quality. From a DUI offender's point of view, alcohol consumption is the fastest and easiest way to reduce and cope with stress. When therapists attempt to discuss risky scenarios and work to help DUI offenders develop self-awareness and increase motivation to quit alcohol, DUI offenders still deem consumption as the fastest and easiest way to respond to circumstances. There is still a serious imbalance when the effort and time therapists need to develop solutions is taken into account. In the context of these treatment dynamics, it is expected that the motivation to quit drinking is low and the effect is limited.

Professional psychologists have come to realize from their work that functional brain impairment is long term and irreversible. Poor willpower resulting in repeated failures to abstain from alcohol can

actually be traced back to comprehensive brain impairment that causes diminished cognitive capacity and judgment, irritative and unsettling emotions, impulsive behaviors, and even illusions and delusions in some severe cases. Such neurobiological damage could not be mended through psychological consultation; it needs mental health intervention. If medical approaches are to be applied to offenders in prison and provide addiction assessment as early as possible in addition to the deterrence of criminal punishment our patients might be able to receive more comprehensive alcoholism treatment.

As the title of this study intimates, it is understandable that there is much public consternation in response to rising death and injury caused by DUI, and this creates expectations of stronger criminal punishment. Although the likelihood of DUI depenalization and decriminalization is very low, meaning that offenders will always be liable to criminal punishment, no solutions either from the judicial or medical fields can fundamentally eliminate DUI offending. Perhaps the most difficult aspect in DUI avoidance is the environment which DUI offenders occupy, and that is outside in the control of legal and medical institutions.

Environmental factors affect DUI offenders' performance directly. Most of them may consider reforming themselves during incarceration. However, they will face exactly the same environment after release from prison, and they will adopt identical solutions to cope with the issues that have remained unsolved for decades. Moreover, DUI offenders who have not engaged in other non-DUI offenses would have relatively short sentences that are insufficient to allow to receive proper treatment. As to those who have received treatment, current evaluation of effectiveness only focuses on drunk driving recidivism; other issues, such as the impact of criminal punishment and treatment during incarceration, are not examined in this approach. Therefore, the possibility of adding more elements to the current risk evaluation is worth consideration.

Law serves as the basis of a morally grounded society, as well as a deterrent in relation to criminal conduct. The authors of this study consider that in the context of a stable and comprehensive treatment regime, the criminal law should be used as a imperative measure to increase DUI offenders' willingness to collaborate in their treatment. A positive, dynamic relationship between criminal punishment and treatment depends on the extent and mode of collaboration between the judicial and medical fields. We expect to see both fields adopting sufficient understanding and acceptance toward each other, even to the extent of being open to the involvement of other social welfare groups and professionals, all in order to improve the effectiveness of DUI prevention and anti-alcoholism strategies.

Competing Interests

The authors declare that they have no competing interests.

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