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# The Impact of Court Ordered Sobriety: A Test of Labeling Theory

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Every year, the United States alcohol industry nets nearly \$200 billion in sales through exposure to the American public (Bender 2016). This profit has climbed steadily over the years making alcohol consumption an accepted, and arguably expected, behavior in contemporary society. Many norms have the ability to shape thoughts and influence behaviors in people, and alcohol use is no exception. However, while many enjoy indulging in an occasional alcoholic beverage, others consume to a dangerous excess. Those who fail to understand their limitations can even reach dependency by making alcohol a way of life. Poor judgement calls made as a result of excessive consumption can have serious health and legal repercussions on not only the individual, but also innocent victims who are harmed by the actions of those under the influence.

Annually, thousands of people in the United States are charged with and convicted of alcohol related crimes including disorderly conduct, domestic violence, and operating a vehicle while impaired. The American court system then seeks to provide justice by mandating offenders to terms of incarceration, rehabilitation, or other community-based corrections such as continuous alcohol monitoring. Programs such as Secured Continuous Remote Alcohol Monitoring (SCRAM), work to ensure the safety of the public by requiring that alcohol related offenders remain sober for a sustained period of time. Some participants who are required to wear the alcohol monitoring tags may find this measure to be excessively harsh as would proponents of the sociologically accepted theory of labeling. This suggests that applying labels which result in stigma further perpetuates criminal and deviant behavior. This study seeks to test labeling theory by surveying SCRAM participants in one Ohio court to collect feedback on perceived benefits and drawbacks of court ordered alcohol monitoring.

# ALCOHOL STATISTICS

# Crime and Alcohol

Alcohol has had a significant impact on this country's criminal justice systems as well as the lives of many Americans. According to the National Council on Alcoholism and Drug Dependencies, more than one million people are arrested each year for driving while intoxicated making this the third most commonly reported crime in the United States and the number one cause of death and/ or injury for people under the age of 21 (NCADD 2015). Annually, 40% of all accidents resulting in a fatality cited alcohol as a contributing factor. Every single day, 36 people die and 700 more are injured in motor vehicle accidents involving an alcohol-impaired driver (NCADD 2015). Crimes in which alcohol is involved extend beyond the roadways to include incidences of domestic violence and assault as well. Alcohol plays an instrumental role in both of these crimes as it has been found that 66% of instances of intimate partner violence and 27% of aggravated assaults are committed by perpetrators who are under the influence (NCADD 2015).

#### Impact on Incarceration Rates

Consistent with these findings, the country's incarceration rates have seen an influx due to alcohol related offenders. The Department of Justice has found that, on average, nearly 40% all inmates currently incarcerated for violent offenses were under the influence of alcohol during their crime and many were over three times the legal limit at their time of arrest. Furthermore, nearly 80% of all jail and/or prison inmates have been found to be alcohol abusers while 50% are considered to be clinically addicted (NCADD 2015). Alcohol abuse and subsequent crimes are therefore one reason why jail and prison facilities are operating beyond capacity. In consideration of overcrowding as well as the high cost associated with incarceration, policy

makers and community leaders have implemented criminal justice reforms that look to favor alternative community-based interventions to punish and rehabilitate offenders while continuing to protect the public.

## LABELING THEORY

Labeling theory, which derives its name from the formal and informal process of "labeling" certain members of society, is a criminological theory that seeks to explain the cause and effect of deviant behavior. The theory is rooted in the broader sociological theoretical perspective of Symbolic Interactionism which posits that how an individual see themselves, in terms of attitude and values, can be tied back to society through their interactions with others. Special emphasis is placed on communication and shared meanings exchanged during face-toface interactions with focus given to "symbolic" elements including speech, gestures, and body language (Akers 1997). It is contended that, through the process of these interactions, people pick up on the perceptions others have of them, which sets in motion the embodiment of those labels and self-meanings suggested by others. This approach is elaborated on through Cooley's concept of the "looking-glass self" which suggests that people take on the identity that others have defined for them by developing a sense of "self" through interactions within society (Akers 1997). In other words, when an idea is consistently reinforced to an individual, that person will begin to believe these ideas and then start to reflect them through their behaviors. Akers (1997) explains that this process can be extended to criminology through the sanctions and labels applied by society following an individual's deviant behavior.

Behavior serves to influence the way in which people interact with one another, which further means that how someone acts affects public perception. Most people try to form and maintain stable identities so that others consider them to be "normal." For people who do not fit the status quo, labeling theory would argue that societal members react by sanctioning them and applying the label of "deviant" (Bernburg, Krohn, and Rivera 2006). This process may entail the criminal justice system shaming perpetrators through a display of disapproval that ultimately leads to further social condemnation (Akers 1997). Akers (1997) explains that labeling and subsequently applying social sanctions to someone may increase deviance because it puts actors at higher risk for behaving according to their label. The theory further suggests that exposure to the criminal justice system and stigmatization can lead to interactions with new social groups comprised of other misfits because deviants are no longer accepted into "normal" social groups (Bernberg et al. 2006). The central point of labeling theory emphasizes that "secondary deviant acts" would not have been committed had perpetrators not been labeled as criminals in the first place.

While labeling theory is primarily concerned with the process of stigmatization and the resulting deviance from labels, it also considers the role of social power in determining who is labeled. The theory argues that there is a hierarchy in society based on social and economic variables that form a chain of power both socially and politically. Those who are positioned at the peak of power determine what is and is not considered to be "deviant" behavior for the society as a whole. By creating laws and behavioral guidelines in this manner, minority groups are subject to criminalization on a much greater scale than others (Akers 1997). If this theory holds true, then it can be argued that the criminal justice system may be designed to favor some individuals over others rather than creating a just system for all. Labeling theory addresses this by taking into consideration all levels of this power complex in the examination of the criminal justice system. However, greater emphasis is placed on labels which come from formal social

agents including the police, courts, and government officials. These labels are considered by many sociologists to be an independent cause of further delinquency which, ironically, the criminal justice system is trying to prevent (Akers 1997).

Few studies have examined the validity of labeling theory by analyzing the link between labeling and subsequent delinquency. For that reason, research on this topic is relatively limited and studies exploring the specific relationship between societal ties and deviance are rare (Bernberg et al. 2006). Bernberg and colleagues (2006) studied the impact of criminal labeling on involvement in deviant social networks and the effects that this had on delinquency. Their research examined the consequences of formal labels assigned to urban adolescents who were defined as juvenile delinquents by the criminal justice system. The authors used labeling theory to assess whether the label of "criminal" placed on juveniles would heighten the probability of their involvement in deviant social groups and result in increased delinquency (Bernberg et al. 2006). This logic stems from the labeling perspective which argues that formal reactions to crime can "be a stepping stone in the development of a criminal career" (Bernberg et al. 2006:68). The results of the study indicated support for the authors' hypothesis by showing that juvenile justice intervention substantially increased the probability of subsequent involvement in deviant networks (Bernberg et al. 2006). It was further found that the justice system had a positive effect on peer delinquency by enabling networking with deviant peers, and exposing youth to further drug use and criminal activity. The results of this study give support to labeling theory by showing that formal labels can have serious consequences on future criminal activity, particularly when focusing on juveniles who are navigating through a critical stage of life development. (Bernberg et al. 2006).

# Arguments Against Labeling Theory

While there is some degree of recognition that the labels placed upon individuals may not always perpetuate criminal behavior, it seems that there is little acknowledgement of the possibility that labels may actually deter further crime and even rehabilitate. Labeling theory focuses very little on the offender's personal responsibility to own up to their own criminal behavior and sheds little light on the importance of accountability. As sociologist Ronald Akers (1997) argues, labeling is not arbitrary. People are labeled based on the acts that they have committed or are believed to have committed. Society does not, "identify, tag, and sanction individuals as deviant in a vacuum" (Akers 1997:105). Rather, it can be argued that offenders earn their labels as a result of their own actions.

The criminal justice system reacts to deviant behavior by applying and enforcing sanctions, including labels. It seeks not only to punish offenders for their crimes, but also to potentially use labeling as a method of rehabilitation through community-based correctional programs. Some recent research backs this in showing that programs designed to address delinquency can result in outcomes that are beneficial to not only the individual but society as a whole ("South Dakota" 2009).

Research conducted from one such program is the 24/7 Sobriety Project which originated in the South Dakota court system and has been adopted by several other states in the last decade. The 24/7 Sobriety Project set a strict standard for defendants that allowed them to avoid incarceration and continue to work and/or drive on the condition that they abstain from alcohol and all illegal drugs. The program utilized several methods for achieving its goals including breath testing, alcohol monitoring bracelets, and drug testing. Research conducted to evaluate the program found that over 66% of the 11,000 breath test participants were totally compliant during their term. Approximately 1,244 defendants were ordered to wear an alcohol monitoring bracelet of which 75% were completely compliant and 95% had two or less violations. For the 1,000 offenders who were required to regularly drug screen, there was a 97.6% passage rate overall ("South Dakota" 2009). Upon completion of the program, participants were asked to fill out a survey about their experiences. The majority indicated that the program helped them to stop using substances altogether which improved their family functionality and allowed them to maintain/ improve their employment ("South Dakota" 2009). Overall, the research found that the program reduces recidivism rates, improves public safety, serves to provide an alternative to incarceration, allows offenders to maintain employment, and saves tax dollars. All of these successes have led the 24/7 Sobriety Project to receive the Award of Innovation in Drug Abuse Prevention from the Institute for Behavior and Health, Inc. in 2009 ("South Dakota" 2009).

These results have gained the interest of other courts who are implementing similar reforms. The findings from the program indicate that the label of "offender," may not always have negative repercussions. In fact, the use of community-based correctional programs that focus on alcohol monitoring may result in labels or "tags" that lead to both positive outcomes and feedback from participants. Rather than returning to drinking and dangerous decision making upon release from the 24/7 Sobriety Program, offenders continued to maintain sobriety which was shown to reduce recidivism. While these results may have been launched by the criminal justice system to ensure short term sobriety, it can be argued that the long term effects shown after completion of monitoring were the result of the program's effectiveness in modifying behavior in participants. These results thus challenge labeling theory by finding that not all deviant labels are negative. Studies such as this provide the groundwork for additional

research to be conducted with the intent to examine the implementation of court ordered sobriety and the effects that programs have on both individuals and the public as a whole.

# ALCOHOL MONITORING PROGRAMMING

#### Secured Continuous Remote Alcohol Monitoring (SCRAM)

One community-based criminal justice reform that has been implemented with great success is the use of continuous alcohol monitoring bracelets. This technology is the product of a team of innovative engineers out of Denver, Colorado who, in the late 1980's, were interested in meeting the needs of the criminal justice system by creating a more sophisticated product for alcohol monitoring (SCRAM Systems 2017). After several years of research and development, they released their first prototype in 1991: the SCRAM bracelet (McKnight, Fell, and Auld-Owens 2012). Following their launch, the team strived to take their product and partnership to the next level by founding Alcohol Monitoring Systems, Inc. (AMS) in 1997 (SCRAM Systems 2017). A small court in Orange County, California was the first to use the bracelet in 2003 and very quickly the technology gained the interest of other correctional agencies nationwide. Today, AMS works with over 200 service providers in over 1,800 courts across the nation which serve to actively monitor thousands of SCRAM users (McKnight et al. 2012).

#### Evolution of SCRAM Technology

In the years since its release, AMS has worked to evolve the SCRAM bracelet to better fit the needs of the participant as well as the court system. Since the introduction of the first prototype, several new "generations" of the bracelet have been released which have taken substantial weight off of the device and modified the bracelet strap so that it is more comfortable and user friendly (SCRAM Systems 2017). Today, it is viewed as the premium tool in providing valid and reliable measurements of the frequency and quantity of alcohol consumption in the most unobtrusive and noninvasive manner possible (Leffingwell et al. 2013). The company has additionally continued to develop their technology to expand beyond just the SCRAM bracelet and alcohol monitoring generally to include house arrest and GPS capabilities. These advancements have enabled participating court systems to have greater flexibility in choosing a monitoring program based on the individual needs and risk factors of an offender. The company's continued research and development has made them the premiere provider for court systems and community correction agencies across the country.

# Application and Explanation of SCRAM

In many local municipal courts and county criminal courts alike, judges and magistrates are opting to require high risk offenders to be subject to continuous alcohol monitoring programs as a means to ensure sobriety and protect the public as their cases proceed through the court system. AMS's flagship product, the SCRAM bracelet, is worn on the ankle of an individual who is ordered to abstain from the consumption of alcohol. The bracelet monitors for sobriety by using a fuel cell to conduct transdermal alcohol readings every half hour by sampling for alcohol vapors on the skin through perspiration (Tison et al. 2015). These samples are used to determine transdermal alcohol concentration (TAC). The equipment additionally records body temperature and skin reflectance by using an infrared beam to measure and regulate the distance between the bracelet and the subject's ankle (McKnight et al. 2012). All three of these factors combined are monitored to ensure that there is no tampering with the device— such as placing an object in between the monitor and the skin to avoid detections. The readings are stored on a hard drive within the bracelet and transferred periodically to a stand-alone receiver, or base station. This transmits data through an internet connection to a web-based interface known as SCRAM Net for

analysis (Leffingwell et al. 2013). When the presence of alcohol or a tamper is detected, all relevant data is graphed and reviewed remotely by an analyst at AMS headquarters in Denver. If alcohol consumption is suspected, all information is subjected to a rigorous review process for final determination. This evaluation considers several factors including the rate in which an individual's body absorbed the alcohol and the rate in which it was eliminated through perspiration (McKnight et al. 2012). If an event is found to be a confirmed consumption, a non-compliance report is generated and submitted to the directing agency or court for review and action is taken against the offender.

Consequences for violating SCRAM vary. However, it is typical that probation/ parole officers have the authority to impose sanctions ranging from verbal admonishment to judicial involvement (Tison et al. 2015). If an offender is placed on SCRAM as a condition of bond at the time of their arraignment and are subsequently found to have violated SCRAM, their bond may be revoked and they may be confined to jail until their case is closed. If an offender is ordered to SCRAM as a condition probation or community control in lieu of a term of incarceration, a confirmed consumption event may lead to sanctions that include inpatient rehabilitation, house arrest, mandatory attendance at Alcoholic Anonymous meetings, and in some cases the imposition of suspended time in jail or prison (Tison et al. 2015).

#### Challenges to the Technology

Time and time again SCRAM violations have been challenged and subsequently upheld by higher courts. The science and methodology behind SCRAM has become the accepted standard for courts across the country due to its admissibility in legal proceedings as it meets the Daubert Standard for scientific evidence. This standard is used to determine whether the methodology and science is valid and can be considered expert in a particular field. To make this determination, several factors are taken into consideration including testability of the technology, subjection to peer review boards, potential error rates, existence and maintenance of standards, and the widespread acceptance of the technology in relevant scientific communities (Fradella, O'Neill and Fogarty 2004). SCRAM analysts have provided in court testimony for thousands of hearing across the country and have never been defeated or struck down. While other companies have attempted to duplicate SCRAM technology, SCRAM remains the only transdermal alcohol detection product that is admissible in American courts. For these reasons, the Stow Municipal Court in Summit County, Ohio was an early adopter of the technology and has followed the trends of the field of community corrections in implementing alcohol monitoring. Since its introduction to this court in 2005, many defendants charged and/or convicted of alcohol related crimes have been subject to the program as a means to reduce incarceration rates and costs while protecting the public.

#### STOW MUNICIPAL COURT

#### SCRAM Implementation

Every year, the judges and magistrates at Stow Municipal Court preside over nearly 20,000 misdemeanor cases many of which are crimes involving alcohol-impaired offenders. Their combined 30+ years on the bench has given them insight into the effects that alcohol has had on individuals and families. In the 12 years since the SCRAM programs implementation in this court, its use has grown substantially. The intent is to identify defendants with alcohol abuse tendencies by taking into consideration their prior criminal history and/or the role that alcohol played in their charged offense. Based on this assessment, those considered to be high risk offenders are put on alcohol monitoring either as a condition of bond or as a requirement of their probation. SCRAM is typically used in addition to ordering further interventions including entry

into treatment, educational programming, and attendance at Alcoholics Anonymous meetings. Each year, nearly 250 defendants are placed on SCRAM for an average of 4 months during which the Court monitors them for sobriety, compliance with substance abuse assessments, and their progress with recommended treatment (SCRAM Report 2017). For many offenders who struggle to maintain their sobriety in the context of everyday life, being held accountable for their actions and addressing underlying dependency issues can not only keep them out of jail and allow them to continue working, but also heal damaged relationships and serve as a launching pad for long-term self-improvement. In order to better gauge the effects that SCRAM has had on defendants at the Stow Municipal Court, a survey was distributed via email to give participants an opportunity to express their thoughts and provide feedback about their experiences while subject to monitoring.

Proponents of labeling theory would argue that measures taken by courts to prohibit the consumption of alcohol through use of SCRAM devices would have detrimental impacts on participants. Because having to wear the device is a visible sign of being found deviant, the bracelet can lead to a process of labeling and cause personal and public stigmatization. However, I hypothesize that those ordered to alcohol monitoring programs will report positive feedback as it relates to their experience while wearing the bracelet. Rather than accepting the label and fulfilling the idea that the alcohol monitoring bracelet makes them appear to be deviant, I believe that participants will view the device as a positive label. Just as participants in the 24/7 Sobriety Project did, SCRAM participants will view the monitoring as a way for them develop healthier habits and potentially overcome alcohol misuse and/or abuse. Further, I would propose that the effects of the monitoring on the individual's health as well as their personal journey to sobriety

outweigh the potential drawbacks or possible stigmatization resulting from the program. Thus, this may be an instance in which labeling is perceived as rehabilitative rather than punitive.

# STUDY

# Sample

To measure the impact and effectiveness of Stow Municipal Court's SCRAM program, participants were invited to complete a survey upon their release from the Court's alcohol monitoring program between January and March 2017. The survey asked for candid feedback on a variety of topics including self-perceptions of alcohol abuse/ dependency, assumed perceptions from outsiders, ease of use, lifestyle changes, and outlook on continued sobriety. Respondents included those who have recently completed their monitoring, many of which continue to be subject to periods of community control. Of the 64 individuals who were released from Stow Municipal Court's alcohol monitoring program in the study period, all were given the opportunity to participate in the survey. Within that time frame, 32 individuals submitted responses amounting to a 50% response rate.

# Design and Analysis

The survey was comprised of 16 multiple choice and short answer responses all designed to form a better understanding of individual reactions to wearing the SCRAM bracelet (Appendix 1). Working with others in the electronic monitoring department, I developed the initial draft of the survey to focus on ideas of stigma and labeling. The main focus of the survey was to assess how SCRAM wearers felt about the program and how it impacted their lifestyles. The survey was reviewed by the judges and administrators of the Court before final approval was granted by the Court and IRB approval was obtained from the University of Akron. Because of the nature of the questions being asked and the desire to obtain candid responses despite many of the participants continuing to be subject to community control supervision, the anonymous and confidential survey was distributed via email and hosted by Survey Monkey. With this design, those who volunteered to contribute to the data were free from any repercussions by the Court, including community control violations. Upon release from alcohol monitoring, each defendant received an email inviting them to engage in the survey with a web link that redirected them to the questions. Prior to completion, individuals were instructed to read a more thorough explanation of the questionnaire which detailed the purpose of the survey and their rights as participants. Upon completion, they submitted the survey and were given no further instructions or follow up contact.

The study is descriptive in nature and uses both frequencies from the closed ended questions and a qualitative content analysis of the open ended responses in the survey to answer the research questions. Qualitative questions sought to examine the positive and negative effects that monitoring had on SCRAM participants in several categories including health, relationships, and personal achievement. This feedback was organized and interpreted to reflect themes that were found consistently within responses.

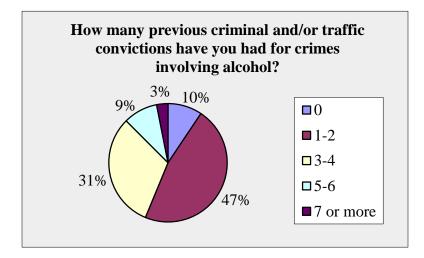
The information provided by the survey allows for an in depth look into the benefits and pitfalls of alcohol monitoring at Stow Municipal Court specifically, though the feedback may also be applicable in other alcohol monitoring programs which utilize SCRAM technology. Further, responses allow me to test my hypotheses related to labeling theory by examining data to determine whether participants found the program to be rehabilitative rather than punitive.

## Results

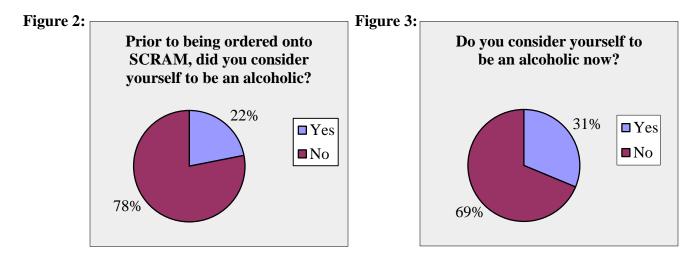
While specific identifying information was not collected from each person, questions

were designed to form a snapshot of who comprised the monitoring caseload. The survey started by collecting data on the criminal history of each participant. These responses are valuable in gauging the severity of participant's past relationship with alcohol as well as the risk factors for future offenses. The results of the data showed that while there were a few who had no similar prior convictions, the majority were repeat offenders. A total of 47% of respondents disclosed having one or two prior convictions while a combined 43% reported having three or more (figure 1). These results were anticipated because SCRAM devices are typically reserved for offenders whose records show a history of substance misuse. Criminal records can also be important in identifying who may have tendencies which would be indicative of frequent alcohol abuse.





While not everyone who is placed on the program may have habits that would classify them as addicts, many people disclosed their drinking patterns and express awareness of their misuse as part of their survey responses. In order to gauge participant's self-assessment both before and after completion of monitoring, the survey asked each respondent if they considered themselves to be an alcoholic prior to being placed on SCRAM. They were later asked to reevaluate that same question following completion of the program. Approximately 22%, answered that they did identify as an alcoholic before SCRAM while the other 78% of individuals replied that they did not (figure 2). The numbers shifted when each person was asked to reevaluate their identification following the program. Upon completion, 31% people responded that they now see themselves as alcoholics while 69% respondents' answers remained the same (figure 3). This reflects a nearly 10% jump in those whose monitoring and court experience had changed their self-perception. Though it is shown that this label of alcoholic was internalized as a result of alcohol monitoring, individual responses suggest that this self-label does not always have a negative impact. The questionnaire shows that patterns of alcohol misuse which subsequently lead to the implementation of court ordered sobriety can have a positive impact on one's social and personal identity.



In addition to these quantitative findings, several themes emerged in reviewing qualitative data which suggest that program participants experienced changes in their day to day interactions, particularly within peer groups. Labeling theory would suggest that mandating an individual to wear an alcohol monitoring device could result in backlash from society particularly from those who are closest to the offender such as family, friends, and coworkers. Therefore, in order to gain insight into the impact of SCRAM on these interpersonal relationships, the survey asked respondents to discuss the reactions that each of these groups had while the individual was in the program. Of all respondents, 87.5% reported that others in their lives were made aware of the SCRAM device as well as their requirement to abstain from alcohol. As would be expected, the feedback varied across participants as some reported that their interpersonal relationships suffered while others indicated that they experienced improvement. These findings additionally varied considerably depending on the type of relationship examined.

The responses showed that family members of alcohol monitoring participants, in general, were found to be less accepting of the offender's situation than friends and coworkers were. Of the 31 respondents, 26% reported that they had received negative feedback from family. Some disclosed that they were "belittled for getting in trouble" and perceived to be an "alcoholic" while interacting with this group. In contrast, 10% reported that their familial relationships improved as a result of their sobriety. One individual even wrote that their family "thought it was good that [they] sat down from drinking for a while." Another stated that they were able to "regain [their] family" as a result of the program. The majority, or 74%, reported that either their family was unaware of the SCRAM or they did not experience any changes in their relationship as a result of the monitoring (table 1).

Positive reactions were more common from friends and coworkers. Nearly 16% responded that the SCRAM positively affected their relationships with friends. One person wrote that this group was "the most accepting of the situation" while another claimed that their friends just laughed it off. Many reported that their friends "didn't care" or exhibited "no change" in behavior during interactions. A total of 57% reported that SCRAM did not impact their relationships with this group or their friends did not know about the monitor (table 1). This

desire to keep their crime secret required them to modify their socialization habits and refrain from attending nights out at bars and other social gatherings. A few reported negative impacts because of the SCRAM, stating that their friends "pitied" them or the felt "judgement" as a result of wearing the bracelet.

Reactions from coworkers who were made aware of the monitor had similar responses. One individual described how many of their coworkers were "understanding" despite the fear that wearing an alcohol monitor could negatively affect their "position... of authority." Another individual wrote that it was, "business as usual." Another respondent wrote that the program allowed them to gain employment because they were had developed a healthier routine as a result of sobriety. Although 13% of participants cited positive outcomes in the workplace, there were 20% who reported being negatively impacted by SCRAM (table 1). One individual revealed losing their job because of their court case while another admitted to having trouble finding a job while wearing the device. The survey indicated that coworkers were the least informed and/or most neutral about the defendant's monitor. 66% of participants indicated that their coworkers were either unaffected by the SCRAM or unaware of it.

# Table 1:

In what way do you feel that wearing the SCRAM bracelet affected the				
way you interacted with the following groups of people?				
	No/ Neutral	Positive	Negative	
Family	64% (20)	10% (3)	26% (8)	
Friends	57% (17)	16% (5)	27% (8)	
Coworkers	66% (20)	13% (4)	20% (6)	

Despite all of the reported ups and downs in navigating through these interactions, when asked if they would recommend wearing SCRAM to a loved one struggling with alcoholism, nearly 66% answered yes (figure 4). This would suggest that although they may not have been positively perceived by everyone in their lives, those ordered to wear a SCRAM bracelet are still able to look beyond that and understand the benefits of court ordered sobriety.

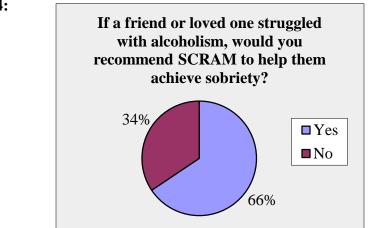


Figure 4:

Arguably the most important finding in conducting this research was the impact that SCRAM has on the participant's own health and wellness. When asked to explain what changes in their health they had experienced during their monitoring, feedback was overwhelming positive. In fact, of the 32 responses, 81% described the ways in which SCRAM has positively impacted their health. Many defendants shared that they have lost weight because they were "not consuming unneeded calories." Some described how abstaining from alcohol has given them more energy, a clearer mindset, and the ability to get more sleep. One person noted that the program allowed her to have a healthy baby as well as a "renewed strength and purpose." Another reported that they are 9 months sober and "feel great!" One comment described how reaching sobriety through SCRAM changed a participant's entire life and read,

I feel better than I think I ever have in my life. I quit doing drugs years ago, I stopped smoking two years ago so with no drinking this was the first time since I was a kid that I have had no drugs or alcohol in my system. I am much more consistent with my working out and just can't say enough about how good I feel. Overall feedback showed that reaching sobriety facilitated in defendants generally feeling healthier and thinking more clearly than before being placed on SCRAM.

On the other hand, there were only a few who felt their health suffered as a result of monitoring. In fact, when given the opportunity to discuss the repercussions of sobriety on their health, 86% of participants reported that they did not have any negative feedback about the program. Of the 14% who did express detriments, it was noted how the court process and expenses have been "stressful" to manage. One respondent in particular stated,

I was barely drinking when this happened despite my past record the daily inconvenience calling everyday having to drive all the way to Stow is very stressful I have heard several people say that all this that they make you go through makes you want to drink I do agree that having to call every day and not being able to plan and having to leave work daily without notice is extremely stressful and if someone is working hard and trying to do the right things it's a lot.

Others commented on the comfortability of the bracelet by reporting that it was difficult to get used to wearing and could be painful at times when completing tasks such as working out. One person did note that having to abstain from alcohol required them to change their socialization which they believe impacted their mental health. In looking at overall feedback regarding health, however, more people expressed that they were pleased with the lifestyle changes that they had experienced than those who felt their wellbeing suffered as a result of SCRAM.

The final survey question asked respondents to reflect on their entire experience and explain how their relationship with alcohol would be impacted going forward. Again, comments expressing favorable results from the SCRAM program as well as court ordered sobriety were numerous. Of the 32 responses, 72% of feedback was interpreted as positive (table 2). One theme that emerged was the realization of consequences regarding alcohol misuse and how that subsequently altered the way several participants drink and make decisions. One respondent described understanding the impact of drinking and driving now that they have faced consequences from their actions. Another stated that they plan to "make better choices in the future." A third person noted that although their long term sobriety is ultimately up to them, the program was a reminder of the consequences that come from drinking. One comment discussed the repercussions of drinking in driving in stating,

The entire ordeal has just made me more aware of the consequences of drinking and the effects it has on your body and behavior. I don't think I can say that I will never drink again but... if or when I do I can guarantee that I will think a lot more about what I am doing.

It is results such as these that reflect the overarching goal of Stow Municipal Court's alcohol monitoring program. For those who are ordered on to SCRAM, the intention is not that they will remain abstinent forever, but rather that their experience will educate their decisions and affect their behavior going forward.

Although there will be some defendants who return to drinking once they have satisfied the requirements of the Court, another theme that emerged was the impact that the monitoring has had on many participant's plans to maintain their sobriety. While a few people very briefly mentioned that they planned to abstain from alcohol going forward, others delved into how the experience has completely changed their life and perspective. One individual in particular described the advantages that SCRAM had on their own life as well as perceived benefits for others:

I think SCRAM is an excellent idea that the courts have come up with to deter drinking. It truly doesn't give the individual an option or a choice to drink and could be the way to stop repeat offenders from drinking and driving. I didn't find the SCRAM part of my probation difficult. I am at a point in my life where this was truly a mistake that should have never happened. Eleven years ago it could have been a different story and I very much could have been an alcoholic. Do I have a problem with alcohol, yes. Can I abuse it, yes. But honestly, the night of my OVI I had a lot more at stake and for me to stop drinking there was no question in my mind. The SCRAM facilitated the stopping for me but I do think it would be a very useful, helpful tool for others that may not have the ability to stop on their own or if they needed something more to hold them accountable, this is what could be the answer. I know that I never want to be in a position like this again and the only way that is possible is for me to completely abstain from alcohol.

This individual was not the only one who felt they benefited from having been placed on alcohol monitoring. A second person explained that the bracelet facilitated them realizing that they could not control themselves while drinking and have decided to be "committed to sobriety with the help of AA." A third statement read, "I found this difficult in the beginning but it made me realize that life is just so much more and my focus was and is positive and productive." One of the most thought provoking comments came from a respondent who described the lifelong cycle of drinking that SCP AM helped them to break:

of drinking that SCRAM helped them to break:

I believe... the mechanism needed to help me break the cycle of regular drinking alcohol (sic). Every morning I decided it would be the day that I quit and by the end of a long, difficult day my resolve had virtually disappeared. I'm not grateful for the fines and cost associated with being arrested, but I am grateful for finally being able to have a good start on my sobriety which I am confident I will maintain – one day at a time and with support, which I have.

Comments such as these exemplify those who embrace the intention of the program by

continuing to apply what they have learned to their behaviors once the mandates are lifted.

Those who did not express positive feedback tended to show indifference in the effects of monitoring. Of the total responses, 28% indicated that the defendant's relationship with alcohol was either unchanged or even negatively impacted by SCRAM (table 2). One such comment read, "If I drink, fine. If I don't drink, fine. Either is alright with me." A second commented that they will make the decision to drink in their home to avoid driving while under the influence.

While these examples show some impact from the experience, some participants flat out rejected

the notion that SCRAM modified their future behavior. In one instance, an individual wrote,

I believe SCRAM has little to no impact on obtaining or maintaining sobriety. It's just a deterrent. The justice system way of dealing with a problem that it cannot understand or a way to make money off individuals that have a disease.

Another simply said that the program won't change their relationship with alcohol going

forward. A third comment stated that SCRAM alone cannot change who a person is in saying,

An alcoholic will always be an alcoholic. The machine is a temporary solution that tells me that if I drink I'll go to jail, so I don't drink. But what happens once it's removed, for most that means it's time to party and make up for lost time. That's what I would be doing if I wasn't at the point in my life that I've completely turned everything over to my AA program. And that's all on me, has nothing to do with the court. An alcoholic has to want to get the help for themselves forcing me into anything just makes me want to rebel. In my opinion the SCRAM is just a scare tactic, screw it I just might have a drink in celebration of this stupid thing off my leg. Peace.

While these comments are few and far between, they are clear in showing that not everyone is as

receptive to the monitoring as others. Despite the program and alcohol monitoring bracelet not

having always been well received by members of society and defendant's close peer groups,

based on commentary from the survey, it seems that the overarching takeaway from the program

was not the embodiment of the negativity and labels by others but the embracing of a new,

healthy lifestyle starting with the modification of alcohol consumption.

# Table 2:

Please explain how your experience on SCRAM will impact your					
relationship with alcohol in the future:					
Commentary	Frequency	Percentage of Total			
Positive Impact	23 (32)	72%			
Negative/ No Impact	9 (32)	28%			

# DISCUSSION AND CONCLUSION

The results of this study indicate that the majority of respondents did not experience negative effects in their requirement to complete the SCRAM program. In fact, many acknowledge the effectiveness of court ordered alcohol monitoring and even found it to be beneficial to their health and general wellbeing. Conversely, those who did express unfavorable experiences with the program still concede that SCRAM achieved the desired objective of sustained sobriety. In the context of my hypothesis, I found that while the SCRAM bracelets may have led to stigmatization of some participants, the outcome of judgements and perceptions levied upon individuals were inconsistent with what labeling theory would argue. Rather than altering their identity by internalizing negative labels and engaging in additional deviance, many achieved a number of positive outcomes beyond sobriety alone. Overall, the end results suggest that such programs are justifiable. Despite the perception that monitoring serves to punish defendants, the data collected shows that the utilization of SCRAM has assisted in the rehabilitation of offenders who may otherwise be unable to achieve sobriety alone. Additionally, it helps to inspire personal responsibility by encouraging modifications in decision making for defendants in their consumption of alcohol going forward.

The survey conducted with Stow Municipal Court SCRAM participants is not the first of its kind to produce these results. Since 2011, AMS has conducted a similar survey among participants across the county in an effort to receive feedback about the program's effectiveness and their experiences with SCRAM. Their results, though on a much larger scale, can be paralleled to the feedback generated from the survey at Stow Municipal Court. The AMS survey posed questions to participants about how their alcohol monitoring affected both their interpersonal and intrapersonal relationships. Data collected in the last seven years showed that, on average, 52.52% of respondents believed that their sobriety as a result of SCRAM led to strengthened relationships with family and friends. Moreover, 82.87% indicated that they would recommend SCRAM to others with alcohol problems. Feedback additionally showed that, on a personal level, respondents felt that the bracelet assisted them in achieving sobriety during at least the timeframe in which they were monitored. Further, data showed that an average of 77.43% of participants in the last 7 years of the study felt they benefited from the SCRAM program. The results of the AMS survey are consistent with findings from the Stow Municipal Court study which suggests that the program's general effectiveness is applicable on both a small and large scale.

Ultimately, the results of my study have led me to believe that any labeling that offenders may experience as a result of being ordered to wear SCRAM bracelets is not detrimental. In fact, the use of SCRAM to ensure their sobriety is an effective means of rehabilitation. Thus, these results fail to support the labeling theory hypothesis that assigning labels to deviants leads to subsequent criminal behavior through a process of stigmatization and internalization of labels. Instead, as I hypothesized, alcohol offenders who have been determined to be high risk and subsequently ordered to wear a visible indicator of a label in the form of an alcohol monitoring bracelet have experienced results which suggest the program is effective in deterring further deviant behavior.

# STOW MUNICIPAL COURT

# **ELECTRONIC MONITORING OFFICE**

Judge Kim R. Hoover Judge Lisa L. Coates 4400 Courthouse Drive Stow, Ohio 44224 Tel: 330.564.4199 Fax: 330.564.4194 StowMuniCourt.com

# Electronic Alcohol Monitoring Exit Survey

 Prior to being ordered onto SCRAM, did you consider yourself to be an alcoholic? Yes 
 No 
 If not, do you consider yourself to be one now?

Yes No

- 2. Prior to being placed on SCRAM, what was your longest period of sobriety over the last 5 years? (Approximate number of days, weeks, months, etc.) \_\_\_\_\_
- 3. How many previous criminal and/or traffic convictions have you had for crimes involving alcohol?
  - $\begin{array}{c|c} \Box & 0 \\ \Box & 1-2 \\ \Box & 3-4 \end{array}$
  - 5-6
  - $\Box$  7 or more
- 4. Was the SCRAM bracelet easy to wear during your daily activities, such as preforming work duties, attending school, exercising, etc.? Yes □ No □
- 5. What effects (positive and/or negative) did wearing the SCRAM bracelet have on you at work, school, and/or home?
- Do you feel that having to wear the SCRAM bracelet caused family, friends, and/or coworkers to see you and/or interact with you differently? Family: Friends: Colleagues:
- 7. What effects, positive or negative effects, has abstaining from alcohol had on your health?
- 8. Before being placed on SCRAM, how much were you spending per day on alcohol? \$\_\_\_\_\_
- 9. Have you, or are you currently engaged in treatment or counseling? Yes □ No □ If yes, was your participation court ordered or voluntary? (Circle one)
  - $\Box$  AA or other 12 Step Program
  - □ In-patient Treatment
  - □ Intensive Outpatient Program (IOP)

□ Other? \_\_\_\_\_

- 10. Do you believe being placed on SCRAM has helped you achieve sobriety? Yes  $\Box$  No  $\Box$
- 11. If a friend or loved one struggled with alcoholism, would you recommend SCRAM to help them achieve sobriety? Yes  $\Box$  No $\Box$
- 12. Please explain how your experience on SCRAM will impact your relationship with alcohol in the future:

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