WHAT'S THE DEAL WITH THE MORGUE?

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Abstract

In 2018, amid an escalation of drink-driving problems, the Moldovan authorities adopted a package of laws to tighten the penalty framework. Part of this package is the initiative to make the restoration of the right to drive lost as a result of drink-driving conditional on the completion of a Drink and Drive programme run within the probation system in the Republic of Moldova, which also includes a 10-hour visit to a hospital emergency ward and a morgue, as well as activities in the morgue involving participation in autopsies or the handling of corpses. The article aims to summarise the background to these measures, take stock of the information we have on similar initiatives in other jurisdictions and discuss the factors that may influence the effectiveness of such an approach and ethical issues.

Keywords

Drink and Drive, community service, morgue, probation, Republic of Moldova, drunk drivers.

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1. Introduction

"VIDEO! Unbelievable! Drivers caught drunk behind the wheel wash the bodies at the morgue and take notes at autopsy! It happens in Moldova!" [†] Paid "trips" to the morgue have begun for drivers caught drunk behind the wheel"[‡]. "Re-education at the morgue: Drivers caught drunk, made to wash bodies at the morgue"[§]. Drunk drivers, morgue and body washing... Clickbait? Probably. However, it seemed that the government in Chisinau had identified the solution to a problem that is causing headaches not only in Moldova, namely driving a vehicle under the influence of alcohol. It was not the first time the country's governments had resorted to radical solutions to problems. For example, in 2016, all gambling operators' licenses were suspended in a single day and gambling halls and casinos had to be sealed in a vast police operation. The approach to sanctioning drivers would also bring to the fore the work of probation, an institution that is not usually the subject of systematic media attention (Maguire & Carr, 2013; Sučić, 2016). In turn, part of the public seemed to agree with the new approach, as evidenced by the comments on social media to the above news (*Well-done, stop putting alcohol in their*

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[†]<u>https://ciao.ro/soferii-prinsi-bauti-la-volan-spala-cadavre-la-morga-si-iau-notite-la-autopsie/</u> (accessed 17.07.2023)

[†]<u>https://autoblog.md/video-au-inceput-excursiile-contra-plata-la-morga-pentru-soferii-care-sunt-prinsi-bauti-la-volan-primele-impresii/</u> (accessed 17.07.2023)

<u>https://cotidianul.md/2019/05/05/reeducarea-la-morga-soferii-prinsi-bauti-pusi-sa-spele-cadavre-la-morga/</u> (accessed 17.07.2023)

mouths when they drive, maybe they won't act brave anymore! They should do the same in Romania; An excellent idea, congratulations! A very inspired initiative!). However, not everyone seemed as enthusiastic; with some voices questioning the morality and legality of the initiative (This is called torture. And international regulations forbid it; it's a good lesson, but it still seems monstrously illegal to force someone to do it).

The news about Moldovan drivers (or former drivers) had all the ingredients of a sensational story so that soon it would appear on the news stream of countries such as

Romania, Ukraine, the Republic of Northern Macedonia or the Russian Federation.

In a context where, as a rule, community sanctions are perceived to be quite lenient (Roberts & Stalans, 2018), the probation system in the Republic of Moldova seems to have found the "recipe for success" in correctional matters, i.e. an approach that is in line with public expectations (harsher community sanctions) and that contributes to the rehabilitation and thus to the reduction of the risk of those in conflict with the criminal law.

Although four years have passed since "morgue visits" were introduced as part of drink-driving rehabilitation, evaluations of the approach's effectiveness are lacking. In one TV programme, a manager from the probation system reported that only one person in the programme had reoffended.

Given the fact that, as we shall explain, the model in the Republic of Moldova is not a unique one and that there is even a "temptation" on the part of the political factor in various jurisdictions to replicate it, we believe that based on the information available to us, it is necessary to investigate the issue of the "rehabilitation" of drivers convicted of driving under the influence of alcohol (and) through visits and even the performance of activities in morgues or hospitals or other equivalent measures.

2. Factors associated with the decision to implement "morgue visits" in the Republic of Moldova

The Republic of Moldova is a country belonging to the former Soviet bloc, having gained independence in August 1991. Its three decades of existence as an independent state has marked by a transition from a centralised economy to a market economy burdened by several endemic problems such as a high level of corruption, political instability, massive labour migration, a high level of poverty and it ranks last in Europe in terms of gross domestic product/capita (3473.71 \$, in 2022 according to World Bank estimates)**(Cazacu & Crudu, 2019; Hachi, 2023; Putina & Iatco, 2020).

In addition, alcohol consumption is an acute social problem relevant to our approach. According to data from the World Health Organization (WHO), the Republic of Moldova is at the top of the world ranking regarding the amount of alcohol consumed per capita. For example, in 2019, the Republic of Moldova ranked third in the world regarding the amount of alcohol consumed/per capita, i.e. 12.85 litres of pure alcohol/per capita^{††}.

^{**} https://tradingeconomics.com/moldova/gdp-per-capita (accessed 23.07.2023)

^{††} <u>https://worldpopulationreview.com/country-rankings/alcohol-consumption-by-country</u> (accessed 23.07.2023)

The global average water consumption in 2023 was 5.5 litres per day. In the same year, this person consumed 7.1 litres per day, 1.6 litres more than the global average^{‡‡}.

The Republic of Moldova has an agro-industrial economy in which viticulture and the production of alcoholic beverages are important sectors of the economy but also elements that are part of the country's tradition (Tirdea *et al.*, 2011).

We believe that the WHO alcohol consumption data may be inaccurate due to factors such as alcohol smuggling. For example, some networks smuggle alcohol from Moldova to neighbouring countries, such as Romania and Ukraine. This alcohol is then reported for tax purposes in Moldova but consumed in neighbouring countries. Also, regarding the population where consumption is reported, the phenomenon of migration which has significantly affected the Republic of Moldova, must be considered^{§§}.

Alcoholism is likely to generate both health problems, which place a significant burden on the already precarious material resources of the state and social problems (broken families, abuse of family members and considerable pressure on the family budget with expenditure on alcoholic beverages) or economic problems (low productivity). For example, the Ministry of Health mentions 86.2 cases of chronic alcoholism per 100,000 inhabitants (a figure three times higher than the European average). However, the phenomenon is characterised as decreasing^{***}. The mortality rate related to alcohol consumption was, according to a document prepared in 2017 for the Parliament of the Republic of Moldova, 222 cases per 100,000 inhabitants, considered one of the highest in the world^{†††}.

The high rates of alcohol consumption in the country would likely lead to increased traffic offences committed by drunk drivers.

We will choose for reporting the period 2017-2019. The reason for these choices is that traffic restrictions related to the pandemic period (2020-2021) were expected to decrease traffic values on public roads.

In 2017, according to the annual report made by the traffic police, there were 2512 road accidents, of which 88 (3.50%) were caused by drivers driving under the influence of alcohol^{‡‡‡}. In 2018, the number of accidents recorded in the Republic of Moldova was 2613. In 127 cases (4, 86%), they were committed by drivers who had consumed alcohol^{§§§} and in 2019, there were 2572 accidents recorded, of which in 157 cases (6, 10%), the determining factor was all alcohol consumption^{****}. A doubling percentage of drivers involved in alcohol-related road accidents can be observed in three years.

According to the same traffic police reports, the 88 accidents in 2017 resulted in 12 fatalities and 102 injuries. In 2018, there were 19 fatalities and 154 injuries and in

^{‡‡}<u>https://www.who.int/data/gho/data/indicators/indicator-details/GHO/total-(recorded-unrecorded)-alcohol-per-capita-(15-)-consumption</u> (accessed 24.07.2023)

^{§§} For example, in 2020 the Republic of Moldova will have more than 1,150,000 international migrants out of a population of about 4,000,000 inhabitants (https://www.etf.europa.eu/sites/default/files/2021-11/etf_skills_and_migration_country_fiche_moldova_2021_ro.pdf).

^{*** &}lt;u>https://old.msmps.gov.md/ro/content/ziua-nationala-fara-alcool-marcata-republica-moldova</u> (accessed 25.07.2023)

^{##} https://www.parlament.md/LegislationDocument.aspx?Id=fc387ef9-f4e4-438a-8aeb-896623786827
(accessed 25.07.2023)

https://politia.md/sites/default/files/nota informativa privind situatia accidentara pentru perioada a 12 luni 2017.pdf (accessed on 02.08.2023)

https://politia.md/sites/default/files/accidenta__inp_in_rm_pentru_12_luni_a_anului_2018.pdf (accessed on 02.08.2023)

^{***} https://politia.md/sites/default/files/situatia_accidentara_12_luni_2019.pdf (accessed 02.08.2023).

2019, the figure was 37 fatalities and 155 injuries. Therefore, we can talk about a tripling in three years of the number of people killed in road accidents caused by drivers who have consumed alcoholic beverages.

Similarly, to the need for clarification on the accuracy of statistical data on alcohol consumption, there is also a need to clarify the adequacy of information on the extent of drink-driving.

In the case of the Republic of Moldova, at least for the period under review, it is possible to discuss a reduced capacity of the police to investigate the phenomenon of driving under the influence of alcohol. Several reports refer to the fact that the police frequently faced some problems that could negatively influence their response capacity (e.g. insufficient staff, lack of alcohol tests, etc.)^{††††}. In addition, there is the phenomenon of corruption in the police, a phenomenon recognised both by the Moldovan authorities and also reported by Moldova's international partners (e.g. the US Department of State, the Council of Europe or the European Commission). In this context, there is a high likelihood that many drink-driving violations go unreported.

Beyond the statistical data, the fact that driving under the influence of alcohol is a real problem in the Republic of Moldova is also proven by adopting preventive measures among the companies that carry out transport operations, referring to the "drinkdriving control" function^{‡‡‡‡}. These companies have a 'driving inspector' whose task is to check the fitness of drivers to carry out their work based on a check carried out in the morning or evening, with the particular aim of preventing drivers who are under the influence of alcohol or psychotropic substances from carrying out their work.

The extent of alcohol misuse and associated phenomena was to lead to a series of measures to combat/limit it.

At a general level, we mention the adoption of Law No 713/2001 on the control and prevention of alcohol abuse and illicit use of drugs and other psychotropic substances, which sets out some guidelines for action to reduce the demand for and supply of alcohol (e.g. banning the sale of alcohol to young people under 18, limiting the advertising of alcoholic beverages) or the assessment and treatment of alcohol-dependent people.

Law 1100/2000 on the manufacture and circulation of ethyl alcohol and alcoholic production imposed several regulations restricting the sale of alcohol, even prohibiting the sale of alcoholic beverages in grocery stores between 10 pm and 8 pm. These measures were to be complemented by awareness-raising campaigns on the harmful effects of alcohol consumption.

While there is no official assessment of the effectiveness of the aforementioned legal measures, we believe that they have not yet achieved the desired results. We base this on the fact that, for example, wine has been classified as a food product, which means that it can be sold after 10 pm and that alcoholic beverages are still affordable. Additionally, no systematic measures have been taken to limit the amount of alcoholic beverages produced in homes outside of state control. In some cases, even regulations established to control the production and marketing of alcoholic beverages are not consistently enforced due to factors such as corruption or lobbying by interested parties.

Another relevant aspect is that the number of those included in counselling and treatment programmes increased approximately four times between 2016 and 2020, i.e.

titth://www.expert-grup.org/ro/biblioteca/item/1064-politia-aa/1064-politia-aa?category=187
(accessed on 02.08.2023)

¹¹¹¹ See in this regard the provisions contained in the Order of the Ministry of Health No 269 of 31 March 2014

from 12,000 people in 2016 to 51,000 people in 2020, while the number of institutions offering these services has remained constant^{§§§§}.

News about road accidents caused by people under the influence of alcohol frequently takes up much space in the media. Often these accidents are described as "serious", "terrible" or "tragic", with video footage or photographs of the scene of the accident accompanying the reports.

With the media exerting a strong influence on government decisions (Van Aelst & Walgrave, 2016) coupled with pressure from social media (Lewandowsky *et al.*, 2020; Zhuravskaya *et al.*, 2020) as well as the specific context of alcohol consumption in the Republic of Moldova, the governmental reaction aimed to a tightening of the sanctioning regime.

This tightening was sometimes rather apparent, as there were several possibilities to circumvent the legal provisions. An example of this is the 2016 amendment to the Contraventions Code, which was to lead to a drastic increase in traffic fines. Thus, if the act was not an offence, the penalty for driving a vehicle under the influence of alcohol was set at between 17,000 and 25,000 Moldovan lei (approximately 800-1,150 Euro), accompanied by a ban on driving for 2-3 years. The average salary level in 2016 was around 230 Euros. In addition, if the offender refused to pay the fine or could not do so, they could be sentenced to imprisonment for up to 30 days or required to perform community service instead of the penalty.

If we refer to the statistical data I referred to earlier, it is evident that this increase in punitiveness has not had the expected effects. In reality, people who lacked the financial means either did community service or even served days in prison, with those whose material situation allowed them to pay the fines benefited. We must also not overlook the likelihood of bribery of those who were to enforce the legal provisions.

Due to procedural loopholes, the provision for a driving ban of 2-3 years could not be implemented. The law stipulated that the ban would not take effect immediately after the imposed penalty. Instead, the driver could appeal the fine and continue driving on a provisional license while the case was pending in court. Additionally, the legal framework gave judges ample discretion to overturn tickets, even on minor technicalities. In addition, if the act constituted a criminal offence, criminal law offered judges and prosecutors the possibility of replacing criminal liability with administrative liability under the provisions of Art. 55 of the Criminal Code of the Republic of Moldova, which provided that in the case of a person who had committed a minor or less serious offence for the first time, criminal liability could be replaced by administrative penalty, i.e. by the imposition of a fine in cases where he had admitted his guilt, had repaired the damage caused by the offence. It was considered that similar legal problems could be avoided without the need for a criminal penalty. This lawful provision was to be misused by drivers under criminal investigation or prosecuted for drink-driving offences to prevent criminal liability.

Given that the penalty framework had been tightened, in theory, there should have been a reduction in the number of drunk-driving offences on public roads. However, as we have shown, the dynamics of the phenomenon between 2016 and 2019 continued to be upward.

^{§§§§ &}lt;u>https://ms.gov.md/wp-content/uploads/2021/08/Raport-PN-Alcool-perioada-2020.pdf</u> (accessed on 02.08.2023)

In 2018, the government of the day was to adopt the "anti-alcohol package"^{*****}, a series of legislative changes to address the previous shortcomings I have referred to. The Prime Minister himself was to state that the legislative initiative aimed to combat not only the phenomenon of alcohol consumption but also corruption in law enforcement institutions^{†††††}.

In short, what was new was that the possibility of issuing a provisional driving license was removed, and the courts were obliged to rule on suspending the right to drive within a maximum of three days, eliminating the possibility of delaying the resolution of the case. The driving disqualification period was also differentiated, ranging from six months for a first offence to three years for multiple offences. For those with a high alcohol concentration, the possibility of a fine was ruled out, and the penalty was community service of up to 240 hours. The option of applying the provisions of Article 55 of the Criminal Code to which I referred earlier was also excluded. At the same time, provision was made for the cancellation of driving licenses (a novelty for the Republic of Moldova), with drivers being able to obtain the right to drive again after four years from the time of conviction and after completing an 'anti-alcohol and anti-drug programme run by the probation system in the Republic of Moldova.

Subsequently, a government decision^{‡‡‡‡‡} was to be drafted, stipulating that the programme under the probation mentioned above system would last 20 hours, with participants paying a fee of 4000 lei (approximately 200 euros) to the National Probation Inspectorate.

Regarding the program, it was a "Drink and drive" program implemented in 2016 as part of a partnership between the probation systems of Moldova, the Netherlands and Romania. The initial programme consisted of 8 sessions, the objectives of which were to raise awareness among the supervised persons of the effects of alcohol consumption; legal issues related to driving under the influence of alcohol; re-evaluation of beliefs that facilitate alcohol consumption among drivers and strengthening motivation for change. Subsequently, following the entry into force of the anti-alcohol legislation, the programme was to undergo some changes and was extended to 12 sessions over three months. The changes included the active involvement of representatives of the Moldovan traffic police structure in some sessions and two sessions at a morgue and an emergency hospital, each of the latter two sessions lasting five hours. It is compulsory for all drivers wishing to recover their cancelled driving license to complete this programme.

3. Moldovan exceptionalism?

The earliest identified information on morgue visits imposed by judges dates from the early 20th century. For example, drivers in Chicago who behaved recklessly in traffic were ordered by a judge in 1919 to visit the city morgue in the hope that the sight of bodies mutilated in traffic accidents would be a moment of reflection for the driver. A similar initiative is reported in 1920s Detroit^{§§§§§}.

In the 1930s, when the automobile ceased to be a luxury good and went into mass production, North American circles debated the most effective ways to punish drivers

^{*****} Law No 138/19.07.2018 on the amendment of some legislative acts

tittit <u>https://www.moldpres.md/news/2018/05/18/18004147</u> (accessed on 03.08.2023)

¹¹¹¹¹¹ Government Decision 556/18.06.2018 on the approval of amendments and additions to some Government Decisions

^{\$\$\$\$\$&}lt;u>https://strangeago.com/2019/10/04/visits-to-the-morgue-as-entertainment-and-punishment/</u> (accessed on 14.08.2023)

who broke the law. The proposal to require drunk drivers who cause bodily injury or wrongful death to perform morgue duty or attend autopsies was discussed during the debate. However, this proposal was rejected because it was considered too harsh and unnecessary. Punishment aims to deter future offences and rehabilitate offenders, and this proposal would not achieve either of those goals (Baker, 1939; Jayne, 1956).

However, the idea of involving drivers in mortuary activities would not go away quickly.

The Moldavian initiative is, therefore not new. We have information that similar programmes are/were developed in at least three jurisdictions (United States, Thailand and Taiwan). In Ethiopia, the possibility of implementing such a programme is being discussed^{*******}.

We have found detailed information about the US initiative, including the target group, eligibility criteria and activities. However, we have only found news articles for the initiatives in Thailand and Taiwan. We have not found any scientific studies or evaluation reports by independent organisations providing information about these initiatives' local specifics.

As for the California programme, the initiative originated in the 1980s out of concern among judges concerned about the many cases they had to deal with involving young people aged 18 to 21 who were driving under the influence of alcohol. Also, in the early 1980s, the "Mothers Against Drunk Driving Association" was founded and campaigned for stricter laws against drunk driving, an attitude shared by the public (Fell & Voas, 2006; Laurence, 1988). These initiatives considered that a counterbalance to agespecific drunkenness could be to oblige young people to "visit" morgues or emergency hospitals where road accident victims were admitted as part of sanctions, including supervision by probation services and financial penalties. (Corey, 1987; Kerr & Elwell, 2003). Judicial precedent would later be incorporated into California law, creating zero tolerance for drunk driving by youth, as expressed in California Vehicle Code Section 23136^{††††††}. Mandatory participation in a rehabilitation program occurs, according to Section 23140 of the Vehicle Code, following a finding of driving under the influence of alcohol of at least 0.50 g/l of pure blood alcohol, the length and type of program is determined by the blood alcohol content, the convicted person's history, if any and in the case of an accident or the number of victims (Dill & Wells-Parker, 2006).

Under California Vehicle Code sections 11750 - 11975, rehabilitation programs in California can last from 3 to 30 months and vary depending on the convicted person's case, emphasizing individualized intervention (Dill & Wells-Parker, 2006). Thus, the judge may add to the standard curriculum of rehabilitation programmes the obligation for the offender to attend a certain number of meetings in associations such as Alcoholics Anonymous, individual sessions with a therapist specializing in alcohol therapy and visits to the morgue and hospital.

As mentioned above, visits to the morgue and hospital are generally aimed at young people aged between 18 and 21 and are part of the "Hospital and Morgue Programme". The procedure for enrolling in such a programme is rigorous: participants are told in advance what the programme entails and then sign a confidentiality declaration regarding the person's identity and the information mentioned in the programme, the latter

^{*******} https://www.pd.co.ke/news/drunk-motorists-to-work-in-morgue-as-punishment-186677/ (accessed on 14.02.2023)

^{#####&}lt;u>https://law.justia.com/codes/california/2022/code-veh/division-11/chapter-12/article-1-3/section-23136/</u> (accessed on 14.08.2023)

consisting of 4 main steps. The first is an initial induction into the programme, which includes an examination of drinking behaviour with a focus on road safety. This stage is followed by a hospital visit lasting approximately 8 hours. During this time, a primary emergency medicine physician, a paramedic and a pre-hospital emergency nurse present to the participants their experience and that of the patients treated. Medical staff use a series of real-life images showing the violence of drink-driving accidents to explain the protocol for examining injuries caused by such an accident and the interventions needed to save the victims. The third stage consists of about 4 hours to the morgue, where participants visit the area where the bodies are stored and examined. Last but not least, the programme also has a reflective component aimed at consolidating the main ideas of the programme by writing a final essay in which participants have to evaluate their experience and clarify what they have learned from the programme.

In summary, from our perspective, the specifics of the Californian initiative consist of a precise selection of the target group, a preliminary assessment of the suitability of the programme with the potential subjects, gradualness, emphasis on learning and avoidance of exposure to the pursuit of medical procedures performed on cadavers.

As for the Thai approach, we obtained information from the English-language media. Drink-driving drivers are required to work 12-48 hours in morgues or emergency hospitals, which the authorities see as a last resort that could work. Their work consisted mainly of preparing bodies for burial or cremation and the convicted persons were to hear a series of presentations highlighting the dangers associated with drink-driving and the impact of accidents on victims or their families. However, the Thai government's initiative was criticised for potentially traumatic, but this was dismissed in light of the imperative to save lives. Although no evaluation of the programme's effectiveness has been conducted, government sources report reduced alcohol-related accidents. A series of measures including tougher legislation, an awareness-raising campaign and improved road infrastructure, complemented this initiative^{‡‡‡‡‡‡‡}.

The information we have had access to about the situation in Taiwan does not allow us to say whether we are dealing with local initiatives or a national approach. In some provinces (Taitung, Kaohsiung), on the initiative of prosecutors, drivers convicted of drink-driving have been asked to clean the bodies of the deceased, the refrigerators of mortuaries or crematoria, to bring them closer to what is known as the 'experience of death'. Again, evaluations of these initiatives are lacking, with the media focusing more on the individual experiences of those involved, emphasizing the shock of the participants^{§§§§§§§}.

<u>https://www.washingtonpost.com/news/worldviews/wp/2016/04/12/thailand-to-punish-drunk-drivers-by-sending-them-to-the-morgue/</u> (accessed 14.08.2023);

https://www.businessinsider.com/thailand-scares-drunk-drivers-with-jobs-in-the-morgue-2016-4 (accessed 14.08.2023); https://www.vice.com/en/article/qbx7aq/thailand-is-planning-to-send-drunkdrivers-to-morgues-as-punishment-vgtm (accessed 14.08.2023)

§§§§§§§ https://www.odditycentral.com/news/taiwan-punishes-drunk-drivers-by-having-them-clean-funeralparlors.html (accessed 14.08.2023); https://www.thedrinksbusiness.com/2016/11/taiwans-repeat-duioffenders-get-corpse-cleaning-as-punishment/ (accessed 14.08.2023); On the situation in Kenya, the news mentions an initiative this year by the local authorities in Nairobi to send drunk drivers to carry out administrative or cleaning activities for a day in a mortuary under the municipality as part of their punishment^{*******}.

4. On the rehabilitation potential of the mortuary

The proximity of death or suffering seems to have significant potential to rehabilitate those in conflict with the law. Although we have not identified a systematic set of evaluations, the results appear encouraging when authorities discuss the effectiveness of approaches. For example, visits to the morgue or hospital or activities carried out on corpses (washing, handling, etc.) seem to reduce recidivism and even in accidents resulting in death or injury caused by drunk drivers. And sometimes the results are spectacular.

For example, a director of the probation system of the Republic of Moldova mentioned that "*since the implementation of this program, we have only one case of recidivism. One case out of 600 subjects who completed the program* (...)"^{†††††††}. A similar situation could be found in California in the 90s when those involved in running the program estimated that out of 700 participants in the mortuary visiting program, only a few had relapsed^{‡‡‡‡‡‡‡}.

Under these circumstances, the usual question would be why don't we send all drunk drivers to the morgue? Whether watching autopsies, handling bodies or washing them or cleaning fridges or cremation sites, all these activities have tremendous rehabilitative potential beyond even the most optimistic predictions.

We must abandon the authorities' narrative to check the programme's effectiveness and get back to the facts.

If we refer to the United States, a study (Leary, 1991) on persons the court had imposed an obligation to visit emergency reception points showed that reducing the recidivism rate seemed effective. And the main reason for this failure was that most of those who relapsed were people with a significant history of alcohol dependence. Given the specific nature of this addiction, the chances of such an initiative helping reduce the risk of relapse are minimal.

Also, if we look at the Republic of Moldova, it seems that the news about drunk drivers washing bodies at the morgue does not seem to have a deterrent effect. Thus, in 2022, 6022 drivers were caught driving under the influence of alcohol, 2.2% more than in 2021^{§§§§§§§}. Apparently, after consuming alcoholic beverages, drivers do not see themselves in a morgue, hospital or crematorium due to their behaviour.

As far as we are concerned, we are faced with a practice looking for a theory to justify it and further validate its application. Let us not forget that a century ago, when visits to the morgue began to be imposed, they were based exclusively on a court decision^{********}. A "theoretical" rationale of what morgue or hospital visits mean is

^{*******} https://www.pd.co.ke/news/drunk-motorists-to-work-in-morgue-as-punishment-186677/;

https://www.kbc.co.ke/mca-kamaru-wants-culprits-of-drunk-driving-to-serve-in-mortuaries/ (accessed 18.08.2023)

tittitti https://www.libertatea.ro/stiri/soferii-din-republica-moldova-prinsi-beti-la-volan-sunt-obligati-sapetreaca-o-zi-la-morga-3971055 (accessed on 14.08.2023)

 ^{######} https://www.latimes.com/archives/la-xpm-1990-10-09-me-2001-story.html (accessed 14.08.2023).

 \$\$\$\$\$\$\$<u>https://politia.md/sites/default/files/raport_activitate_12_luni_2022_.pdf</u> (accessed on 15.08.2023)

^{********} From the perspective of the reasoning behind the imposition of this obligation, the reasoning of a judge's decision "You are sentenced to go to the morgue" is enlightening. There you will see the maimed

provided by the same manager of the probation system in the Republic of Moldova, who, in an interview, stated that drivers go through all stages, from disgust to empathy and finally to awareness^{††††††††}.

How this awareness comes about, however, remains a mystery. However, several valuable insights can be gleaned from research into the activities that medical students are expected to perform in anatomy classes, which often involve participation in dissections.

Cadaver dissection is an essential part of medical education, but it can have a significant negative psychological impact on students. Constant research (Bamber et al., 2014; Hancock et al., 2004; Houwink et al., 2004; Zubair et al., 2021) have shown that at an early stage, students may experience a variety of negative emotions, including anxiety, stress, disgust and guilt, during and after dissections. Some students may even develop post-traumatic stress disorder (PTSD). Students manage to overcome these challenges as dissection is seen as an essential part of the educational process in which they have engaged. There is also a concern at the medical school level to minimise the negative impact of dissection. Strategies adopted include, for example, preliminary discussion of ethical issues, presentation of challenges that may arise and identification of coping strategies, mentoring from upper-year students who have been through the experience or debriefing sessions at the end of lessons. Empathy and understanding of human life's value usually come later, but the negative emotions and feelings associated with dissection are paramount. Under these circumstances, the fact that in the few hours spent at the morgue, drivers go through all the stages mentioned above and become empathetic is a somewhat questionable aspect, in total contradiction with previous studies.

Another aspect that needs to be considered concerning the situation in the Republic of Moldova is the respect for the principle of preserving the integrity of the programme. When we refer to this principle, we consider aspects such as the quality of the staff to implement the programme, the monitoring of progress and results or the delivery of the programme as it was conceived in its integrity without adding or removing parts of it (Duwe & Clark, 2015; Lowenkamp & Latessa, 2004). Moreover, this principle is crucially important (Vanstone, 2010); its abandonment resulted in higher recidivism rates (Duwe & Clark, 2015).

We believe that the initiative within the probation system in Moldova violated the principle of not introducing new elements into a program without first evaluating its effectiveness. The introduction of visits to the morgue or hospital was made without assessing the effectiveness of the Drink and Drive program. We also believe this approach is incompatible with the cognitive-behavioural paradigm on which the original program was based. Additionally, there is a risk that the negative impact of morgue and hospital visits will negate the positive gains made during the program. However, these issues need to be clarified in an evaluation of the program.

body of a little girl killed by a speeder. You will look at that child and her wounds will be shown to you. Learn a lesson from the fate of that little one who, but for men like you, would have grown up to have been a wife and mother. After you have seen, go home. I will continue all your cases for a week so that you can think over the matter." (https://strangeago.com/2019/10/04/visits-to-the-morgue-as-entertainment-and-punishment/ accessed on 15.08.2023)

<u>https://www.libertatea.ro/stiri/soferii-din-republica-moldova-prinsi-beti-la-volan-sunt-obligati-sa-petreaca-o-zi-la-morga-3971055</u> (accessed 15.08.2023).

We believe, however, that these changes are more an expression of a particular criminal populism, stemming from a desire by the government at the time to be perceived as being concerned about discouraging drink-driving. It should also be noted that in media reports and in the public positions of probation staff, the focus is on the aspects of the morgue or hospital visits, which may create a general perception that these activities fully describe the Drink and Drive programme. Another aspect that underlines the rather deterrence-based nature of prevention is the fact that the cumulative duration of the two activities, i.e. the morgue and the hospital, is 10 hours, which is almost equivalent to the period of the sessions in which participants are questioned about beliefs that lead to minimising the consequences of drink-driving, assessing and improving information on the effects of alcohol consumption, etc. The changes to the programme seem to indicate a lack of confidence in the effectiveness of the original approach, which is in line with the tendency to perceive community sanctions as too lenient (Harlow et al., 1995; Kahan, 2019). Under these circumstances, the authorities' reaction to affect the programme's integrity is in line with initiatives such as the extension of electronic monitoring or community service, the tightening of conditions of community supervision, the application of house arrest, etc. Their effectiveness is still a matter of debate, with several views questioning their effectiveness, as these approaches may lead to social isolation, reduced employment opportunities, increased recidivism rates or stigmatisation by society (Schenwar & Law, 2020).

Another issue that needs to be raised is the obligation for sentenced persons to participate in visits to the morgue or emergency hospital. When we refer to the obligation, we are referring to the fact that regaining the right to drive is also conditional on proof of attendance at all Drink and Drive sessions, with no exceptions. In these circumstances, those who, for various reasons, are unable or unwilling to participate in activities in mortuaries or hospital emergency wards are (indirectly) denied the opportunity to drive again. This approach contradicts the principles that emphasise the importance of individualising the strategies following the rehabilitation process as part of respecting the principle of responsiveness (Cullen & Jonson, 2011; Robinson *et al.*, 2014).

The initiative of the visits is also questionable from the perspective of Recommendation CM/Rec(2010) 1 of the Committee of Ministers to member states on the Council of Europe Probation Rules, which emphasises the importance of aspects such as the importance of individualised rehabilitation interventions, the application of scientifically validated programmes and respect for the dignity, health, safety and wellbeing of those under the care of the various probation systems of the member states of the Council of Europe.

5. Instead of conclusions

On a cold January morning, I visited the Medico-Legal Institute in Chisinau to observe how the condemned persons' visits to the morgue were carried out. More or less resigned, they listened to the counsellor's instructions on what to do and especially what not to do. They did not seem to have been previously instructed about the experience they had to face, but it caused them unease, which they sought to hide behind more or less macabre jokes. I explained to them the purpose of my presence there and was relatively quickly "accepted" by the group so that the discussions were entirely animated on the way to the room where the dissection was to occur. For some, fulfilling the obligation was a mere formality, as they already had driving licenses issued in countries like the UK or Germany. Still, they also needed a license issued by the Republic of Moldova to be able to legally circulate in this country, for others the situation they were in was proof of the corruption in the country, as they did not have the necessary resources to be able to skip the experience of the program at the morgue. Were they about to face a stressful situation? Probably... But how bad could it be after all? We're men. One of them even proudly said that he was an "afganets", meaning a veteran of the war waged by the former Soviet Union in Afghanistan, somehow hinting that what was about to happen in the morgue space couldn't be worse compared to what he had seen during the war.

Then came participation in dissections, handling the coffins of unidentified persons whose shelf life had expired in the Institute's refrigerators-intense activity, interrupted by short breaks for smoking. The apparent good mood would soon fade, and time would suddenly slip away more and more slowly. Unlike them, however, I had the privilege of leaving the premises when I could no longer resist the smell, the sight of dissected corpses or unidentified people. The condemned persons did not have this privilege. Still, it was evident that some avoided eye contact with the bodies as much as they could, either looking up or down or engaging in low-tone conversations with those in the vicinity, hoping not to be noticed.

We intended to discuss the experience at the end, about its possible positive impact on their conduct, but somehow words became superfluous. Discussing what they had experienced that day seemed out of place, so the fallen silence was interrupted by parting greetings and instructions from the probation counsellor about the next session. It appeared that the programme had not aroused the emulation of the probation staff either, since it was the head of the probation office supervising the programme's running due to the lack of staff to attend. Perhaps the experience of the morgue was also a difficult one for counsellors.

The way back was an opportunity to reflect on how we punish. According to the press's enthusiasm, we solved the problems raised by those who drive. Discouraging, exemplary punishments seemed to be the solution. On the other hand, a closer look at what is happening shows that the effectiveness of these approaches is more a matter of perception than fact. Those who tell us that the programme works are usually the ones who implement it, but if we look more closely at the data supporting its effectiveness, there is too little of it. And after all, even if the results claimed by the authorities were accurate, how could we judge from an ethics perspective visits or activities carried out in morgues or hospitals? Are such approaches not instead an expression of a return to the violence that characterised punishment until two centuries ago? True, the violence no longer concerns the body of the condemned, but after all, forcing them, even indirectly, to attend dissections or handle corpses is still an act of violence. And violence in the administration of sentences is more an expression of the state's inability to manage the criminal phenomenon (Braithwaite, 1998). We believe that a rigorous evaluation of initiatives of this kind, which goes beyond a sole reference to the impact on the risk of recidivism, should be a priority, especially in the context of a proliferation of penal populism and the search for rather miraculous solutions to the problems generated by crime.

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